

NSW Health

Developing health resources for people from refugee backgrounds

Best practice guide for NSW Health Staff



NSW Refugee Health Service staff assisting a client of their Disability Support Team.
Photo by Michael Amendolia

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Introduction

The “*Developing health resources for people from refugee backgrounds: Best practice guide for NSW Health staff*” aims to support NSW health services and programs to implement best practice when developing health resources to meet the needs of people from refugee, refugee-like and asylum seeker backgrounds. It guides NSW Health services and programs in the planning, development, production, post-production, and distribution phases of multilingual health information for refugee communities.

We recommend using this Best Practice Guide in conjunction with the [NSW Health Branding Guide](#), the [NSW Standard Procedures for Working with Health Care Interpreters – section 3.12 Working with translators](#) and your local translation policy and/or branding guidelines.



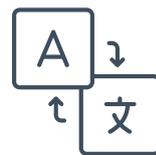
Best Practice
Guide for NSW
Health Staff



NSW Health
Branding Guide



NSW Standard
Procedures for
Working with
Health Care
Interpreters
– section 3.12
Working with
translators



Your local
translation
policy and/
or branding
guidelines



Planning

Identifying communities

Government data is available on arrivals to Australia, which supports the identification of target communities. Settlement data from the Department of Home Affairs is particularly useful as it categorises new arrivals by visa type, known as migration stream. The Humanitarian migration stream is the principal stream through which people from refugee or refugee-like backgrounds settle in Australia, however some may also settle through other streams, including the Family stream. Settlement data also provides other important information including place of settlement, country of birth, languages spoken, English proficiency, religion, and year of arrival.

The Australian Bureau of Statistics Census data is another useful data source. It provides information on country of birth, parents country of birth, language used at home, proficiency in spoken English, religion, and year of arrival. However Census data does not record refugee status and may be misleading for some language groups where there have been waves of migration over many years (e.g. from Arabic speaking countries). Census data may also miss newest arrivals, especially those who may arrive after the latest Census, e.g. Ukrainian arrivals after the 2021 Census.

Health service and Health Care Interpreter Service (HCIS) usage data can also inform and support planning of translated health information. Relevant client information that is routinely collected across NSW Health includes country of birth, language spoken, and need for an interpreter. However, interpreter usage might not accurately reflect the need for translated health information due to barriers to interpreter usage by a particular language group.

We recommend consulting with the [NSW Refugee Health Service](#) and/or the [Multicultural Health Service](#) in your district when you are planning to develop health resources for people from refugee backgrounds.

Identifying health information needs

The health information needs of people from refugee backgrounds may differ from other migrants. When developing resources for newly arrived people from refugee backgrounds, you may want to consider conditions endemic to their country of origin as well as countries of transit. Consulting with people from refugee backgrounds and health professionals working with clients from refugee backgrounds will provide insight into the specific needs of these communities. It is recommended to consult with the [NSW Refugee Health Service](#) and/or the [Multicultural Health Service](#) in your district for advice relating to specific communities.

It is also important to consider what health resources are already available in languages spoken by refugee communities and their suitability for the target audience. State-based databases of translated health resources can be found at:

- [NSW Multicultural Health Communication Service](#)
- [Health Translations Victoria](#)
- [Queensland Health](#)

Identifying the resource type

Considering the demographics of the target audience and/or type of information to be conveyed is important when deciding on the type of resource to develop. The main resource types are:



Audio



Pictorial



Social media tiles



Video



Written

The development of audio, pictorial and video resources is strongly recommended as these resource types can be more accessible for refugee communities, especially those who have low literacy in their own language, or for those who speak a language that does not have a widely used written form.

Languages that either do not have a written form or generally have low literacy include:

- Rohingya
- Kurdish-Kurmanji
- Assyrian
- Chaldean
- Dari

Other considerations when selecting resource type include:

- cost
- length of time needed to develop the resource
- access to technical support such as a graphic designer or video editor
- how frequently it may need to be updated
- how engaging the resource is
- the level of health literacy needed to access and understand the resource
- access to a device and/or technology and data and/or Wi-Fi
- use of social media platforms and other distribution channels.

Table 1: Key considerations across resource type

	 Audio	 Pictorial	 Social media tiles	 Video	 Written
Low cost	✗	✗	✓	✗	✓
Quick to develop	✓	✗	✓	✗	✓
No technical support needed	✗	✗	✗	✗	✓
Easy to update	✗	✗	✓	✗	✓
Engaging	✓	✓	✓	✓	✗
Easy to understand	✓	✓	✓	✓	✗
Easy to distribute	✓	✓	✓	✓	✓



Audio resources

Audio resources are sound-based resources. These include podcasts and radio advertisements.

Best use

- ✓ Conveying small amounts of information e.g. one key message per audio clip.

Cost	Moderately expensive	Costs may include: <ul style="list-style-type: none"> • Talent (person to record the audio) • Recording equipment • Studio • Advertising platforms e.g. radio
Development time	Moderately short	
Support needed	Moderate	Support needed may include: <ul style="list-style-type: none"> • Talent • Audio technician • Storage platform e.g. YouTube or Soundcloud
Ease of updating	Difficult	
Level of engagement	Moderate	
Ease of understanding	High	
Ease of distribution	Moderately easy	Distribution methods may include: <ul style="list-style-type: none"> • Storage platform



Pictorial resources

Pictorial resources are predominantly picture-based resources that use very few words to convey information. Pictorial resources include guides, posters, and cue cards.

Best use

- ✓ Anything requiring a demonstration e.g. “how to” guides.
- ✓ Procedures and multiple-choice responses where the person can point to an answer.

Cost	Moderately expensive	Costs may include: <ul style="list-style-type: none"> • Graphic design • Photography • Image licencing
Development time	Moderately	
Support needed	Moderate	Support needed may include: <ul style="list-style-type: none"> • Graphic designer • Photographer
Ease of updating	Difficult	
Level of engagement	High	
Ease of understanding	High	
Ease of distribution	Easy	



Social media tiles

Social media tiles are any image-based posts made for social media platforms, such as Facebook, Instagram, and Twitter. Images include symbols, pictures, and/or short key messages in visual form. Social media tiles typically have limited text.

Best use

- ✓ Conveying small amounts of information.
- ✓ Announcements and information updates.

Cost	Low cost	Costs may include: <ul style="list-style-type: none"> • Design • Targeted social media campaigns
Development time	Moderate	
Support needed	Moderate	Support needed may include: <ul style="list-style-type: none"> • Graphic designer
Ease of updating	Easy	
Level of engagement	High	
Ease of understanding	Moderate	
Ease of distribution	Easy	



Video resources

Video resources are audio-visual resources. These include standalone videos or series, and television advertisements.

Best use

- ✓ All content types.
- ✓ Anything requiring a demonstration e.g. “how to” guides and procedures.

Cost	Expensive	Costs may include: <ul style="list-style-type: none"> • Technical support • Licencing for music, images, and footage
Development time	Long	
Support needed	Significant	Support needed may include: <ul style="list-style-type: none"> • Video editor • Camera person • Digital artist
Ease of updating	Difficult	
Level of engagement	High	
Ease of understanding	High	
Ease of distribution	Easy	



Written resources

Written resources are any predominantly text-based resources in either print or digital form. These include factsheets, pamphlets, booklets, flipcharts, flyers, web pages, and postcards.

Best use

- ✓ Support documents in clinical settings as they can be explained and easily distributed to patients.
- ✓ Support documents for community education sessions.
- ✓ Providing information to bilingual community workers/leaders/organisations.

Cost	Moderately low	
Development time	Moderate	
Support needed	Minimal	
Ease of updating	Easy	
Level of engagement	Low	Level of engagement may vary based on: <ul style="list-style-type: none">• Number of words or pages• Design elements
Ease of understanding	Moderate	
Ease of distribution	Easy	

Development of resources

Principles underpinning development of health information

Core principles underpinning the development of all resources, regardless of type, include health literacy, codesign, and focus testing.



Health literacy

Health literacy refers to “a person’s ability to find, understand and use information to make decisions about their health”.¹ Health literacy principles should be considered from the beginning of all resource development.



Do:

- ✓ Write in plain English.
- ✓ Aim for a reading age of 11 years old.
- ✓ Write in short sentences.
- ✓ Use the **active voice**.
- ✓ Provide an English version of the resource.
- ✓ Check and gain approval for the English version of the text before commencing translation.

Active voice

In the active voice, the person is doing an action. They are the subject of the sentence.

e.g. “You (*person*) take (*action*) the medication (*target of the action*) once a day”.

Passive voice

In the passive voice, the target of the action is the subject of the sentence. The person may not be included in the sentence.

e.g. “The medication (*target of the action*) is to be taken (*action*) once a day”.



Do not:

- ✗ Use idioms (expressions such as “feeling blue”) metaphors (figures of speech such as “cold feet”) or slang (informal language).
- ✗ Use jargon and medical terminology (e.g. hypertension) unless it is necessary. If including these terms, provide a simple definition (e.g. high blood pressure).
- ✗ Use **acronyms**, unless essential (e.g. NSW, TIS).
- ✗ Use lengthy, multisyllable words.
- ✗ Use humour. This is difficult to translate and may be misunderstood or offensive in other cultural contexts.
- ✗ Use the **passive voice**.

Use of acronyms

Acronyms may be useful for making common terms more familiar e.g. general practitioner (GP). If you do use acronyms, provide the translated meaning the first time you use the acronym. You do not need to provide the full definition again after the first use.

1. Health Literacy Hub, *What is health literacy?*, <https://www.healthliteracyhub.org.au/what-is-health-literacy/>

There are tools available to assist with checking health literacy:

- Use the Sydney Health Literacy Lab [SHeLL editor tool](#) to check the health literacy level of the resource. For further information on how to use the tool, see the Sydney Health Literacy Lab [website](#).
- Use the [PEMAT tool](#) to check the health literacy of videos.



Codesign

Codesign is a process that brings together consumers/community members and health professionals in an equal partnership to design health resources, services, or programs.²

When developing translated health resources for refugee communities, co-design means involving key stakeholders, such as community members and relevant services already engaged with target communities, from the beginning of resource development. This may include consultations to identify target communities, health information needs and resource type. Engaging key stakeholders in the development of translated health resources can lead to improved health outcomes by making resources more accessible, useable, relevant, and culturally appropriate.



Focus testing

Focus testing involves consulting key stakeholders to test a draft of a resource before finalising and disseminating the resource. It can be included as part of a co-design process. Key stakeholders may include community members and relevant services.

Focus testing can begin before the translation process using the English resource to assess cultural appropriateness, relevance, and use of language. For multilingual resources, testing should be done with people from a variety of linguistic and cultural backgrounds to ensure that the needs of many communities are considered.

2. Agency for Clinical Innovation, *Co-design toolkit*, <https://aci.health.nsw.gov.au/projects/co-design>

Developing different resource types

Core principles underpinning the development of all resources, regardless of type, include health literacy, codesign, and focus testing.

+ Developing all resource types

✓ Do:

- ✓ Provide the date of publication of the resource (e.g. January 2023).
- ✓ Provide the name of the author/organisation producing the resource.
- ✓ Provide the language name in English.
- ✓ Provide the title in English and in language.
- ✓ Include the telephone number for the **Translating and Interpreting Service (TIS)** when a service phone number is provided.
- ✓ Speak directly to the audience by using the active voice.
- ✓ Consider any visual elements that may have cultural significance, such as representations of people, colours and symbols.
- ✓ Consider copyright for images, music, and content.
- ✓ Obtain consent to use images of community members.
- ✓ Consider what may need to remain in English, such as organisation names, addresses, branding, telephone numbers and website URLs.
- ✓ Consider accessibility issues including contrast between text and the background, text size and font type.
- ✓ Where possible, develop resources that are shareable NSW state-wide.

TIS

Example wording for TIS:

“If you need an interpreter, please call the Translating and Interpreting Service (TIS) on 131 450”.

🔊 Developing audio resources

✓ Do:

- ✓ Develop a script. Try to keep around 100-200 words (approx. 1-2 minutes in length).
- ✓ Keep to one key message per audio clip.
- ✓ Provide a clear call to action e.g. speak to your GP.
- ✓ Provide a transcript of the resource. The transcript can be in a simple format and doesn't need to be graphically designed.
- ✓ Use a bilingual health professional or trusted community member to record the audio.

✗ Do not:

- ✗ Read out a resource that has been developed as a written resource.
- ✗ Use a text-to-speech function to replace a speaker recording the resource.
- ✗ Provide lengthy website links or links to websites that are not in-language.
- ✗ Add too many messages to a single audio clip.



Developing pictorial resources



Do:

- ✓ Consider the audience of the resource when planning the cultural, ethnic, age and gender diversity of people represented in the resource.
- ✓ Use arrows to show a sequence of steps/ events.
- ✓ Provide a brief commentary/explanation of each image.
- ✓ Consider languages that read right to left as images may need to be flipped/reversed.
- ✓ Use high-quality images.
- ✓ Obtain consent to use images of community members.



Do not:

- ✗ Make images too small to be easily viewed.
- ✗ Put too many images on one page.



Developing social media tiles



Do:

- ✓ Add a caption in plain English that provides additional information.
- ✓ Ensure that any emojis you use in the caption are culturally appropriate.
- ✓ Consider the layout implications for languages that read right to left as images may need to be flipped/reversed.
- ✓ Add hashtags and tag relevant organisations.
- ✓ Consider the image post size requirements of the platform you are posting to (see below).



Do not:

- ✗ Add too much text or too many visual elements.
- ✗ Use font sizes that are too small to read on a phone screen.

Table 2: Suggested social media image post size

Platform	Post type	Pixels	Ratio
 Facebook	Facebook feed post	1200 x 630	3:2
 Twitter	Twitter in-stream post	1600 x 900	2:1
 Instagram	Instagram feed post	1080 x 1080	1:1
 LinkedIn	LinkedIn post	1200 x 1200	1:1

Source: Brandwatch. 2022. *The 2022 Social Media Image Sizes Guide*. <https://www.brandwatch.com/>



Developing video resources



Do:

- ✓ Develop a script that includes culturally appropriate imagery and visuals.
- ✓ Consider the audience of the resource when planning the cultural, ethnic, age and gender diversity of people represented in the resource.
- ✓ Provide a clear call to action e.g. speak to your GP.
- ✓ Include English subtitles.
- ✓ If using YouTube, add timestamps for key messages/sections. Time stamps are like sub-headings in a written resource.



Do not:

- ✗ Add too many messages to a single video.

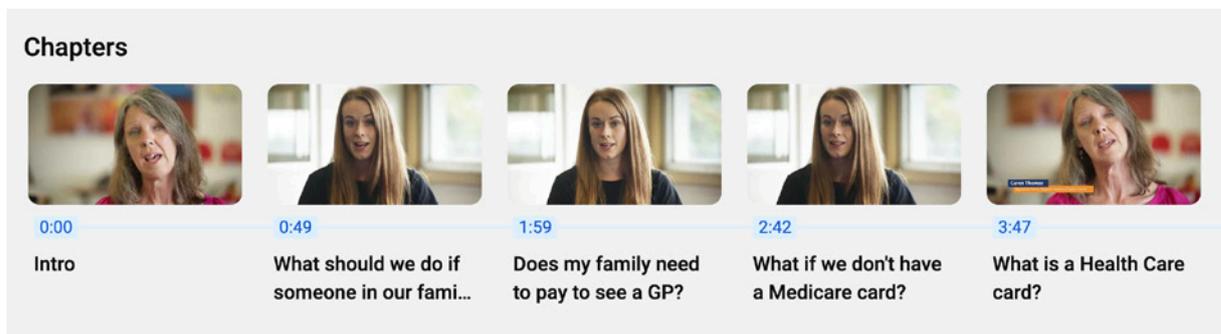


Image description: Timestamps in a video resource on YouTube.



Developing written resources



Do:

- ✓ Consider font size and type for each language.
- ✓ Consider variation in the length of sentences when text is translated when designing the resource.
- ✓ Leave 30% white space as some languages take up more space than English.
- ✓ Consider the layout implications for languages that read right to left, including Arabic, Assyrian, Chaldean, Dari, Farsi, and Urdu.
- ✓ Use simple layouts e.g. one-page, single column, and clear headings.
- ✓ Use culturally appropriate pictorial elements where possible.



Do not:

- ✗ Use all capital letters in headings other than for essential acronyms (e.g. NSW). Words written in upper case are more difficult to read.
- ✗ Use italics. These may be difficult to read in some languages.
- ✗ Use bold where possible.
- ✗ Use multiple columns, including folded brochures. These layouts make it difficult to follow the flow of information and add complexity when translating into languages that read right to left.
- ✗ Use background images underneath text.

Production

✓ Do:

- ✓ Use National Accreditation Authority for Translators and Interpreters (NAATI) accredited translators for the translation and checking of the resource.
- ✓ Consider a final check of the translation by one or more bilingual staff members or community members – this may help identify issues with the suitability of some translated phrases for the relevant audience.
- ✓ Consider copyright. You must seek permission to translate existing resources and images.

✗ Do not:

- ✗ Use machine translation tools such as Google Translate for the translation of health information.

“Health organisations and staff should not use apps or other online machine translation services (such as Google Translate) to translate any health information which is clinical or ‘official’, as current evidence indicates they are not sufficiently accurate.”

Section 3.13, NSW Health Policy Directive PD2017_044: Interpreters – Standard Procedures for Working with Health Care Interpreters, https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2017_044.pdf



Producing audio resources

✓ Do:

- ✓ Consider using high quality recording tools e.g. smart phone or online platform, using a microphone or headset.
- ✓ Consider using high quality facilities e.g. a professional recording studio.
- ✓ Find a speaker for the recording of the script who has high language proficiency and a good speaking voice.
- ✓ Consider the speakers’ accent and personal background.
- ✓ Provide clear instructions for the script.

Example instructions for the speaker recording the resource:

1. Print the script in a large font so that you can read the words easily.
2. Find a quiet room and be conscious of outside noises (lawnmowers, traffic, dogs barking).
3. Turn off the heater/air conditioning when recording.
4. Record each section separately. This will help with editing.



Post-production



Do:

- ✓ Focus test the resource with community members and bilingual staff.
- ✓ Check the quality of the resource e.g. is the formatting standardised?
- ✓ Include the translated and English title.
- ✓ Include the language name in English.
- ✓ Include the date of the resource.
- ✓ Include the author/publisher of the resource.
- ✓ Get final approval for the resource and use of logos.
- ✓ Check if your organisation requires you to have a State Health Publication Number (SHPN) or International Standard Book Number (ISBN) for the resource.



Digital distribution



Do:

- ✓ Host the resources in an accessible location. For audio resources, YouTube is strongly recommended.
- ✓ Make it easy to find translated information on your website by clearly labelling translated resources e.g. “languages other than English”, “multilingual resources” or “translations”.
- ✓ Provide the translated and English title of the resource.
- ✓ Actively promote your resources through multicultural networks e.g. through the MHCS social media channels.
- ✓ Consider promoting resources through messaging apps such as WhatsApp, Viber, and WeChat.



Do not:

- ✗ Assume people will actively search for the resource.
- ✗ Use exclusive language to label resources such as “non-English speakers”.



Special consideration for translating information about medications

Translating medicine-related information poses risks and challenges.



Do:

- ✓ Consider intellectual property, copyright, and regulatory issues.
- ✓ Contact relevant drug company.
- ✓ Seek endorsement to translate from a medication safety governance group.
- ✓ Include a community review process.
- ✓ Check the translation with bilingual health practitioner, preferably a pharmacist.



Do not:

- ✗ Translate medicine names.
- ✗ Translate if there are no suitable language equivalents for certain terminologies.



Appendix: Related documents

Agency for Clinical Innovation 2022, *Delivering healthcare to refugee communities in regional NSW*, <https://aci.health.nsw.gov.au/projects/refugee>

Australian Institute of Interpreters and Translators Inc 2022, *Recommended Protocols For The Translation Of Community Communications*, <https://ausit.org/wp-content/uploads/2022/12/AUSIT-FECCA-recommended-protocols-for-the-translation-of-community-communications-.pdf>

Commonwealth of Australia (Department of Home Affairs) 2019, *Australian Government Language Services Guidelines*, <https://immi.homeaffairs.gov.au/settlement-services-subsite/files/language-services-guidelines.pdf>

Multicultural NSW 2022, *NSW Government Language Services Guidelines*, https://multicultural.nsw.gov.au/wp-content/uploads/2022/11/Language-Services_Guidelines_OCT22.pdf

NSW Health 2017, *Interpreters – Standard Procedures for Working with Health Care Interpreters* (PD2017_044), https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2017_044.pdf

NSW Multicultural Health Communication Service 2019, *Guidelines for Checking of Health/Medical Translations*, <https://www.mhcs.health.nsw.gov.au/about-us/services/translation/pdf/GuidelinesForChecking.pdf>

NSW Multicultural Health Communication Service 2019, *Guidelines for the Production of Multilingual Resources*, <https://www.mhcs.health.nsw.gov.au/about-us/services/translation/pdf/guidelines.pdf>

