
TRANSLATING INFORMATION PROCEDURE®

DOCUMENT SUMMARY/KEY POINTS

The important steps in translating information for patients and their families are to:

- Assess the need for translating information
- Determine target languages
- Check the availability of existing information in desired languages
- Check the readability of the information you plan to translate
- Check the cultural appropriateness of the information and its design
- Invite consumer input on the information
- Arrange translation, following NSW Health best practice guidelines
- Check accuracy of translation with SCHN staff
- Distribute translated information

READ ACKNOWLEDGEMENT

- All staff should be aware of this policy.

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

Approved by:	SCHN Policy, Procedure and Guideline Committee	
Date Effective:	1 st February 2020	Review Period: 3 years
Team Leader:	Manager, Health Promotion	Area/Dept: Kids Health

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Steps involved when translating information

1. Assessing the need for translating information

Consider whether the information is needed by the language groups you have identified. The CHW Cross-Cultural Clinical Consultant or SCH Diversity Health Co-ordinator may be contacted for advice on appropriateness of your information to specific cultural or language groups, as well as the Transcultural Mental Health Centre.

2. Determining desired languages

Kids Health (at Children's Hospital Westmead) or the Diversity Health Co-ordinator (at Sydney Children's Hospital) may be contacted for data on interpreter usage in each hospital, which may indicate the potential level of demand for the information in other languages. Other sources of data which may assist you to decide the most appropriate languages to translate your information into include: local healthcare interpreter service utilised by each facility, ABS Census, Centrelink/Family Assistance, Settlement Services International and the Department of Education school enrolment data.

3. Checking other sources for the availability of the information in desired languages

In order to avoid duplication, before translating information it is important to check whether translations of similar information are already available. Conducting a simple Google search may identify existing resources. Ensure translations have been produced by reputable agencies.

You may also check the following Australian multilingual websites for similar translated information:

- NSW Multicultural Health Communication Service <http://www.mhcs.health.nsw.gov.au/>
- Health Translations Directory <http://www.healthtranslations.vic.gov.au/>
- Diversity Health Institute www.dhi.health.nsw.gov.au/tmhc
- St Vincent's mental health medication resource <https://svhm.org.au/home/our-services/departments-and-services/m/mental-health/medication-information-resource>

These websites contain information produced by health agencies in Australia. It is important to check the date and content to ensure the information is current and of high quality. To do this, check the content of the English version of the resource and if possible have it reviewed by a bilingual worker for appropriateness and accuracy. Be wary of overseas produced resources as they may not be suitable within the Australian context.

If you find that the information is not already available in the desired languages, consider steps 3 and 4 before arranging translation.

4. Checking the readability of the information you plan to translate

- Target your information to a reading level of grade 8. This means keeping it simple by using plain English and avoiding words that are not commonly used by the majority of the population. (Microsoft Word Help provides guidance in how to do this.)
- Replace complex words with more simple terms. Readers can become frustrated and disinterested in the material if they do not understand the words used. Use words with less than three syllables. Some examples include: use “doctor” instead of “physician”, “cream” instead of “ointment”, “use” instead of “utilise”, “about” instead of “approximately” and “pierce” instead of “penetrate”.
- When giving directions, be specific. For example, “give your child an extra 250mL of water each day”, rather than “give your child an extra bottle of water each day”.
- If possible, include a labelled diagram or pictures with appropriate labels.
- Where possible use layman's terms for medical conditions. Where medical terminology or complex language must be used, include a simple explanation.
- Use short sentences averaging 10 words.
- Address one concept at a time, presenting only the most relevant information.
- Use short paragraphs.
- Discuss only one or two ideas or subjects per paragraph.
- Place important information at the beginning, and summarise key points at the end.
- Sequence your information logically. This may be done by the use of: steps (e.g. 1, 2, 3), a time line, a table or diagram and topics (e.g. main topic and sub-topic headings). Headings help give an ordered look to material and help readers locate information quickly.
- Avoid abbreviations unless they are common ones.
- Use positive rather than negative language and avoid double negatives. Positive statements are more motivating. For example,
 - Positive: "Your teething baby needs extra comfort, be patient and loving" or "Store poisons in a cupboard out of your child's reach".
 - Negative: "Don't be impatient with your teething baby" or "Don't keep poisons within reach of children".
- Refer to the child in the second person, e.g. 'your child' instead of 'the child'.
- Refer to the reader as ‘you’ rather than ‘I’ (e.g.: “What can you do to help?” instead of “What can I do to help?”)
- Check your material by having other health professionals and parents read it to give you feedback.

5. Checking the cultural appropriateness of the information

Ensure that the information you are translating will be appropriate to the various cultures within the intended audience. For example, if it contains information on types of food, consider changing your examples to suit the audience (e.g. replace 'bread' with 'rice' where rice is a staple food source and bread is not). Be aware of the way in which culturally specific practices may influence the behaviour of your audience and incorporate this into the information you are providing. For example, if you are providing dietary guidelines consider that some religious groups are obliged to fast at certain times of the year. Consider discussing the information with the NSW Multicultural Health Communication Service or the CHW Cross-Cultural Clinical Consultant/SCH Diversity Health Co-ordinator.

6. Gaining consumer input on the information

It is recommended that all information produced by staff within SCHN is reviewed by consumers so that it is appropriate and useful to its target audience. The Network has a consumer group available through the Clinical Governance Unit who will review and provide feedback on new resources. An 'approved by our families' logo will be published on all resources that undergo consumer consultation.

If budget allows, focus testing by multicultural groups is also recommended for resources intended for diverse cultural groups. Focus testing greatly increases the likelihood that the final document will be accessible, understandable and acceptable to the intended target audience. Focus testing with multicultural groups can be organised through the NSW Multicultural Health Communication Service.

7. Arranging translation, following NSW Health best practice guidelines

Kids Health will organise the translation of your information on your behalf, however the request must be submitted through the Translation Request Form: http://chw.schn.health.nsw.gov.au/o/forms/kids_health/translating_information.php or at SCH contact the SCH Diversity Health Co-ordinator..

By having one department (Kids Health) manage the translation of all Network material, it will ensure that SCHN Translation Guidelines (Appendix 1) and NSW Health policy (MHCS, 2014, Guidelines for the production of multilingual resources) for translation are followed and that reputable agencies are engaged for the work. It is important that the translations are, where possible, undertaken by NAATI-accredited translators, checkers and interpreters. Kids Health will ensure that jobs are checked and a checking report is supplied. In addition, as with all health information provided by SCHN, a disclaimer will be added to your document. The disclaimer reads: "This Fact Sheet is for education purposes only. While every effort is made to ensure the translation from English is accurate, language translation is a very complex task and precise translation to some languages may be difficult to achieve. Please consult with your doctor or other health professional to make sure this information is right for your child."

A fee is charged to your department for translations. The cost of translations is directly related to the number of words in the document and the number of languages requested.

Translation of documents which are deemed to form part of direct patient care, e.g. individual patient notes and case histories, does not attract a fee as this written communication is included within our usual healthcare provision.

Online automated translation tools (e.g. Google translate) should not be used by NSW Health staff. The risk to patient welfare is too great as the automated translations can be inaccurate, and not take into account medical terminology and language nuances.

8. Check accuracy of translation with SCHN staff

As an additional step in verifying the translated information, Kids Health will arrange for bilingual SCHN staff to review the translation. This additional review aims to ensure that any errors are found before the information is published. Staff review is a voluntary role within the Network and provides invaluable assistance in this process.

If you have a second language and would be willing to review translations please contact Kids Health.

9. Dissemination of translated information

The Kids Health Child Health Promotion Unit will, with your consent, circulate electronically, your translated information to relevant internal and external organisations. All documents translated by SCHN departments will be shared with Multicultural Health Communication Service and Health Translations Directory. This will ensure that your document reaches a wider audience and helps to avoid unnecessary translations by other organisations of similar material.

10. Further information

If you have any questions or concerns about translating information, contact Kids Health on 9845 3585 or email SCHN-CHW-KidsHealth@health.nsw.gov.au

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Appendix 1

Guidelines for Translation Agencies

In accepting to translate for The Sydney Children's Hospital Network, please read and follow the guidelines below:

HEADER

Place title of fact sheet in community language in top left hand side of each page. Place title of fact sheet in English in top right hand side of page, followed by the name of language it has been translated into e.g.: Jaundice in newborn babies: Simplified Chinese (See [Jaundice](#) in newborn babies for an example).

FORMAT

When information is provided within a number of subheadings or columns, please supply each subheading in English also (See Jaundice in newborn babies factsheet for an example).

DISCLAIMER

Attach to the end of each translated item, The Sydney Children's Hospital Network translated disclaimer, which reads:

"This Fact Sheet is for education purposes only. While every effort is made to ensure the translation from English is accurate, language translation is a very complex task and precise translation to some languages may be difficult to achieve. Please consult with your doctor or other health professional to make sure this information is right for your child."

WHEN TRANSLATING INTO CHINESE

Use "Simplified" Chinese in all translations.

Jaundice in newborn babies - Chinese Simplified

Chinese Simplified - 中文简体

FACTSHEET



免责声明：本介绍仅用于教育目的。虽然尽全力确保中文译文的准确性，但由于翻译工作非常复杂，个别翻译可能会出现错误。请您向医生或其他医务人员咨询，以确保这些信息适用于您的孩子。

新生儿黄疸

Jaundice in newborn babies

黄疸是指皮肤和眼白出现黄色。将近一半正常的新生儿，都会出现肉眼可以看出来的黄疸。通常不会导致疾病，一般在出生后的第一周结束时会褪去。如果婴儿在出生24小时内出现黄疸，或者在出生两周后仍未褪去，请向医生或当地医院咨询。

黄色是由什么造成的？

What causes the yellow colour?

人体源源不断地制造新的血液，并破坏旧的血液。红细胞被破坏的一种产物叫做胆红素。胆红素一般在肝脏中处理（称为结合作用），然后随粪便排出体外。在婴儿出生的头几天里，婴儿的肝脏功能还不够完善，所以在血液中往往会有胆红素累积，造成皮肤及眼白出现黄色。

黄疸有害吗？

Is jaundice harmful?

对于大多数婴儿来说，黄疸是无害的。血液中未经处理（未结合）的胆红素水平如果非常高，可能会造成听力问题和脑损伤。医院会注意确保胆红素水平不会过高。如果过高，有时婴儿需要治疗。这种情况下最常见的治疗，包括把婴儿放在特别的光下照射（称为光疗）。

黄疸长时间不褪，也可能是由肝脏疾病引起的。因此，如果黄疸持续（超过两个星期）不褪，一定要联系当地医生。肝脏疾病的一个征兆，就是婴儿的大便颜色非常淡，而不是深黄、深绿或深棕色。检查是否有肝脏疾病的最佳方法，是通过验血检测胆红素水平（同时测定总胆红素和结合胆红素）。

由肝脏疾病引起的黄疸需要及时检查，以便开始适当治疗。

什么样的婴儿容易出现黄疸？

Which babies are more likely to have jaundice?

容易出现黄疸的婴儿包括：

- 早产儿；
- 有感染的婴儿，比如尿道感染；
- 恒河猴（Rh）因子阳性的婴儿。这类婴儿的血球类型跟母亲不一样，血细胞的破坏速度可能更快，造成黄疸。

母乳喂养的婴儿，也有可能出现黄疸持续四周以上的状况，其原因还不完全清楚。但是，这是“排除诊断法”得出的结论，并不应该自动认为母乳是婴儿出现黄疸的时间延长的原因。



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