

Lost in Translation?

Good Practice Guidelines for HSE Staff in Planning, Managing and Assuring Quality Translations of Health Related Material into Other Languages

Handwritten text in a cursive script, likely Urdu or Persian, written in gold on a textured orange background. The text is arranged in approximately 10 horizontal lines, with the characters being highly stylized and interconnected. The script is characteristic of the 'Nasta'liq' style, commonly used for elegant calligraphy in South Asian manuscripts.

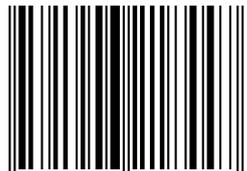
**“When I use a word, it means just what I choose it to mean
– neither more nor less”**

Through the Looking Glass, Lewis Carroll

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1. Introduction

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These guidelines have been produced to support staff in the Health Service Executive (HSE) in ensuring good practice in effecting translation of essential health related material into different languages.

As Irish society has become increasingly diverse, new measures have been developed to enable the health system to respond appropriately to the needs of service users from all groups, including those who come from a range of ethnic, cultural and language backgrounds.

The HSE National Intercultural Health Strategy (2007-2012) provides a comprehensive framework within which the unique health and care needs of people from diverse minority ethnic communities may be addressed. One priority area of this strategy is the enhancement of access to services and service delivery by members of these groups – a key element of this approach is promoting quality translation of core, prioritised health related material into the major languages presently spoken in Ireland. Provision of multilingual resources is a proven means of assisting service users from diverse backgrounds to access and navigate health services more effectively and appropriately.

Provision of accessible information in a range of user friendly formats to all service users is an integral approach in supporting them to access and navigate the health system effectively and to gain maximal benefit from this. Such information assists those who may not be functionally literate, may have hearing or sight impairments, may not be competent in the English language, or who may need information presented in “plain English” with a number of pictorial aids. Development of guidelines to support staff in building capacity to effect provision of translated information for service users who may not communicate adequately in English forms one means of addressing the needs of a cohort of service users; this complements work undertaken throughout the HSE around enhancing provision of health related information to all service users.

Development of these guidelines forms part of implementation of recommendations of the HSE National Intercultural Health Strategy.

The importance of responding to the needs of all the communities we serve is underpinned by those principles of equity, accessibility and person centredness espoused by the HSE. Interculturally competent service delivery is an integral component of the HSE vision of “easy access, public confidence and staff pride.” The value placed by the HSE on active involvement of service users in all aspects of their access to services and subsequent care outcomes is emphasised in Your Service, Your Say: HSE National Strategy for Service User Involvement in the Irish Health Service 2008. Clearly, service users should be supplied with adequate information to empower them to play such a role in managing their health needs and outcomes.

Existing equality legislation is an additional driver, ensuring that all service users are guaranteed equality of access to health services regardless of cultural or ethnic origin or of linguistic skills. These statutory obligations suggest provision of health and information resources in different languages.

Clinical considerations of risk and safety further require that service users are adequately informed and aware of all issues relevant to decision making around their health.

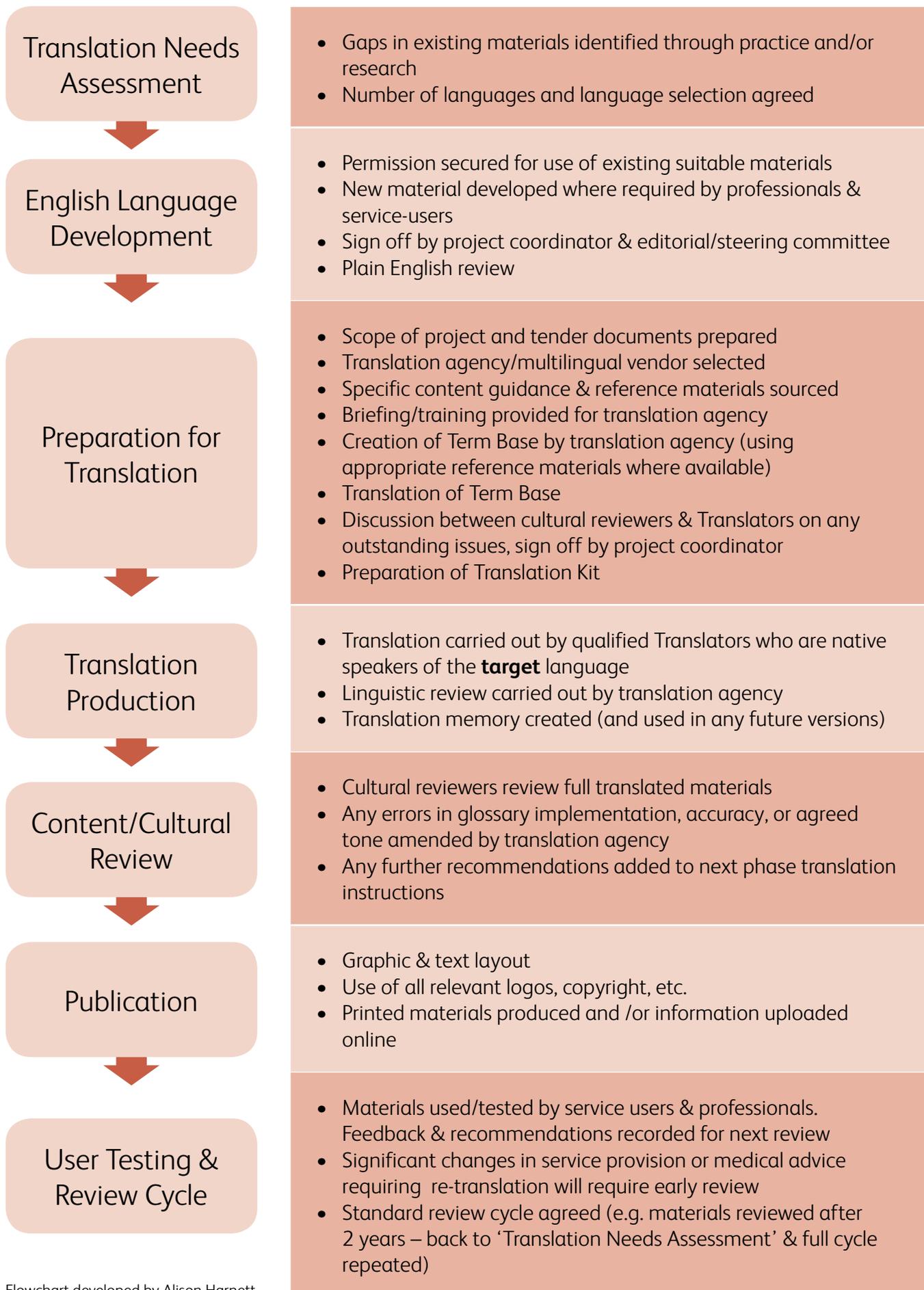
Quality, business focused translation of health related material is a cost effective means of managing expenditure appropriately and of avoiding unnecessary duplication of resources. This aspect is particularly important in the current financial climate, where achievement of value-for-money savings forms a critical element of any health related activity.

The overall aim of this resource is to guide, assist and support staff in pursuing good practice in enabling service users to enjoy access to accurate, high quality translated information that has been produced in a cost effective, business focused manner and is appropriate to the needs of a wide range of service users.

These guidelines offer clear, practical advice and support to staff around the range of phases and actions required for effective translation and usage of health related material:

- Identifying need for translated material
- Process of translation
- Working effectively with Translators
- Assuring quality of translated material
- Good practice in provision of translated materials

Stages of Translation Flowchart



The main steps in the translation process as defined in Translation Service Quality EN15038:2006 include:

- **Translation** – rendering information in the source language into the target language in written form
- **Revision** - examining a translation for its suitability for the agreed purpose, compare the source and target texts and recommend corrective measures
- **Review** - examining a target text for its suitability for the agreed purpose and respect for the conventions of the domain to which it belongs and recommend corrective measures
- **Proofreading** - checking of proofs before publishing

Context

Census 2006 and 2011

The Census of 2006 reported that approximately 14.7% of the population of Ireland in that year was comprised of people who were not born in the country. While the economic crisis since 2008 resulted in many migrants returning to their country of origin since the time of the Census, it is equally true that significant numbers have made their lives in Ireland.

Preliminary findings of Census 2011 confirm continued, strong population growth in Ireland. Much of this growth is due to natural increase, with migration a much less significant factor than in the previous Census. Census 2011 figures demonstrate a continued net inward migration figure for the period 2006-2011, with strong inward migration for the first half of this intercensal period, followed by a switch to net outward migration for the second half.

The OECD Report, *International Migration Outlook*, published at the end of June 2009 concluded that “international migration will remain a prominent feature of the global economy” and the authors urged governments “to make sure that immigrants do not fall prey to increasing xenophobia and that discriminatory practices do not worsen an already difficult situation for them.” The increasing diversity of service users accessing health services demands appropriate responses to their unique needs.

The HSE National Intercultural Health Strategy 2007 – 2012

This strategy provides a framework within which such responses may be developed. Priority areas of this strategy include attention to enhancing access to services, improvement of data collection and application, and provision of support to staff in delivering culturally competent services. Key recommendations in relation to provision of appropriate information included:

“There will be coordinated development of guidelines around production and application of translated material. These guidelines, advised and validated by stakeholders, will be based on evidence of good practice and should focus on aspects of standards, quality and standardisation in relation to production and use of translated information. Guidelines will include direction regarding the type of information that should be provided, languages in which these should be available, and to whom and how the information should be circulated. Aspects of cost effectiveness around a coordinated approach to this action should also be a consideration.”

Irish Situation in respect of Translation of Materials

The report “Developing Quality, Cost Effective Interpreting and Translating Services for Government Service Providers” was commissioned by the Office of the Minister for Integration and published in 2008. This document highlighted the absence of formal standards and regulations within the translation and interpreting sector in Ireland. This situation risks variable quality of service, with limited confidence in the accuracy of the service, poor accountability and wastage of resources. The report characterised the present situation as:

- A lack of regulation and standards (both for accreditation and service provision)
- Absence of formal and enforceable standards
- No entity having a whole of government policy responsibility or ownership of the issues involved

A number of recommendations were made around addressing this.

In Ireland, no body exists to monitor and maintain standards for provision of translation services. However the Irish Translators and Interpreters Association (ITIA) www.translatorsassociation.ie is a professional body that represents the interests of practising Translators and Interpreters. Professional membership of the association is based on qualifications, experience and success in the ITIA Professional Membership Examination.

National Standards Authority of Ireland

A number of useful resources around effecting quality translations are listed in Appendix 4. However, it is important to reference the National Standards Authority of Ireland's Irish Standard: I.S. EN 15038: 2006 : Translation Services – Service Requirements (www.nsai.ie and www.standards.ie). This standard – based on the European Standard EN 15038 – establishes and defines the requirements for the provision of quality services by translation service providers. The document encompasses the core translation process and all other related aspects involved in providing a translation service, including quality assurance and traceability. In the interest of clarity and consistency the terminology defined in the standard for the various steps in the translation process has been applied in this document (e.g. translation – revision - review).

Translation service providers and professional Translators contracted by the HSE must be certified to the Standard EN15038:2006.

Where possible translation service providers should also be certified to the Standard ISO9001:2008 which covers – among other aspects - continuous improvement and data protection.

Translation in the HSE

The issue of quality and standards in producing and sharing translated information is particularly relevant for the health services, where translated information should be accurate, reliable, consistent and easy to understand.

Provision of multilingual resources within a health context requires consideration of additional factors:

- **Stressful, Unfamiliar Situations:** While many people living in Ireland may be able to communicate effectively in ordinary day to day interactions, this ability may be compromised in healthcare settings which they may find stressful and where they may not be familiar with specialised terms and other aspects of the language of healthcare. This is equally true of spoken and written language and is particularly relevant to provision of health services where patients may be anxious and pressured about explaining their symptoms, understanding diagnosis and treatment implications and consenting to unfamiliar or unexpected procedures. Provision of accurate written information in the language of the service user is of proven benefit in such situations.
- **Service User Needs:** People using health services may possess different levels of literacy; at the same time, they may have difficulty in accessing and using information optimally due to other factors such as physical, sensory or learning disabilities. The mainstreaming approach of the HSE demands that any information translated into different languages should be accessible to as wide a range of service users as possible.
- Alternatives to written translated information should, therefore, be considered, such as signs/symbols/ pictorial images and information in audiovisual formats.

2. All About Translation

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What is a Translator/Translation?

Translation may be broadly defined as “**the conversion of written text from one language to another.**”

What is the difference between Interpreting and Translation?

An Interpreter converts information from an oral or sign language into another language, as a means of enabling communication between two parties who use different languages. A Translator carries out the same task with written information.

What kinds of translations are there?

Sight translation: an oral rendering of a written source text in another language – for example, a patient might bring medication from their country of origin with them and a medical professional in Ireland might need a linguistic professional to translate the enclosed patient information leaflet.

Gist translation: a rough-and-ready written summary of a source text. This would be appropriate in cases where accuracy is not required. If the text is not too specialised and the user of such translations is satisfied that it does not pose a risk to patient safety, this type of translation could be done by a Machine Translation programme such as Google Translate.

However – due to the very real risks of inaccuracies in translation - this is presently not recommended good practice in the HSE. Note: For data protection purposes, documents containing patient data or copyright protected material must not be processed using web based Machine Translation engines.

Professional translation: an appropriate rendering of a source text in a foreign language, which fulfills the purpose of the original text and takes into account the cultural background and needs of the readers. This type of translation will include as a minimum two functions - translation and revision – performed by two separate qualified Translators with relevant experience as described in the Standard EN15038:2006. **These are the usual translations required as good practice in the HSE.**

Translated material in the health services: Why do we need this?

Translations have a number of benefits – they can reduce the need for an Interpreter in some situations, provide more information than can be offered verbally at one time, and can be used to reinforce important health messages. Access to written, translated information allows service users to reflect and return to this material at their own pace for any clarifications of elements of the verbal consultation about which they may have been confused.

However, it is important to emphasise that all translated written information is intended to **reinforce** communication in clinical practice situations; this should not **replace** communication in such situations. In these instances, where a patient is not proficient in English, the services of a professional Interpreter will be necessary. International research has clearly shown that language difficulties between patients and healthcare professionals can lead to inappropriate or inadequate treatment.

Translated material can be used to communicate:

- Availability of services
- Details of rights, obligations and entitlements
- Information on medical and other associated issues

Examples of Translated Information that are useful in the HSE include:

- Basic information on health services and means of accessing these
- Generic information on illnesses and chronic conditions
- Specific information related to prevention and care in certain unexpected situations e.g. pandemics
- Detail on medication, dosage, treatment, procedures which an individual patient may need
- Administrative information e.g. Personal information, admission forms
- Consent forms where a patient may require a specific procedure, treatment or surgical intervention.

3. Steps in Translating Materials

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3.1 PLANNING

Points to Consider when Translating materials

- Assess Demand/Need
- Check available translated material – can this be adapted?
- What language/languages are needed?
- Would the translated material be most appropriate in written form?/Should this be produced in other mediums or formats?
- **Make sure the English version is accurate and complete!**
- Check that you have a budget for the project!
- Translated Materials should be shared across all Health Areas

It can be difficult to assess the demand for translated materials. As a general rule, if written information is needed for service users who can read English, translated, written information is also likely to be needed for people who cannot read English, or who use a preferred language other than English.

Some service users who do not need an Interpreter during verbal communication may still prefer written information to be translated.

While the majority of service users who use other languages may also speak English, there will always be a significant number from this group who cannot communicate effectively in English in healthcare settings. Factors such as stressful situations and illness can further undermine language skills.

Consultation with staff and service users, awareness of emerging issues and requests for information all determine themes and languages of material to be translated, e.g. “A Guide to Health Services” was translated into a number of identified major languages in response to the need for service users to gain information around accessing various services in the HSE, while information was translated into all the major languages spoken in Ireland as part of a recent campaign to raise awareness of the symptoms of Swine flu. These, and other translations, are available on the “Language Hub” section of the HSE website www.hse.ie

Factors such as age, gender and literacy are important considerations in determining need for translated material – for example, if a community group consists mainly of older male migrant workers, there is little point in producing translated information on women’s health screening services.

Languages selected for the resource should reflect this need. Information does not always have to be produced in each of the languages spoken in Ireland. Certain information may be more relevant to specific target communities, while other communities may enjoy good English proficiency or possess high levels of literacy,

Where service users are not proficient in English, they may also not be literate in their own language.

It is often the new communities that have the greatest need for information in their own language.

It should also be remembered that some languages and dialects do not have a written form, while other groups may not have a tradition of using written text for information. In these instances, other means of ensuring effective communication will have to be found e.g. pictographs, Interpreter, Emergency Multilingual Aid

Know Your Community!

While it may be tempting to order material to be translated into many different languages, this does not constitute good use of resources. Choice of languages should be agreed based on evidence and on consultation.

Sources that are useful in determining translation needs may include:

- Census figures
- Local Authority information around different communities in a particular area
- Data built up within HSE Regional structures, local health offices and hospitals in relation to the ethnicity, nationality and language groups of the communities they serve
- Other health information systems e.g. HealthStat, Health Atlas
- Expert clinical and professional bodies may provide specific information around the health status and needs of diverse communities e.g. people from certain minority ethnic groups may be predisposed towards diabetes or sickle cell anaemia
- NGOs delivering services at national, regional or local levels of care provide a rich source of information around the profile of communities. Those NGOs delivering services on behalf of the HSE offer much useful information around service user needs for different types of translated material.
- Translation and Interpreting Agencies may keep records of requests for translating services by language and city/region. Seek a list of the languages most frequently requested from agencies.

What Constitutes “good” Translated Material?

It must be:

- Clear – convey the meaning of the original English text without any ambiguity
- Easy to read – and in an accessible format
- Accurate – Free from grammatical or spelling errors
- Culturally appropriate to the target community

Accessibility of Translated Material

Any material, whether in English or in any other language, should be written and presented in a way that is easily understandable; depending on need, information should also be produced in a range of different formats.

Judicious use of diagrams, maps and pictograms is often effective in conveying basic messages.

Content of English text

Sometimes it is necessary to decide whether to translate material, using an existing English text; at other times, it may be more practical to develop new material.

Where English text is not readily available, and the decision is taken to develop new material, care should be taken to ensure that rewritten or new material contains plain, simple English. Guidelines around writing are available from the Plain English Campaign (www.plainenglish.co.uk) and the European Commission (*How to Write Clearly*: http://ec.europa.eu/translation/english/english_en.htm).

The ‘Plain language style guide for documents’ produced by HSE and National Adult Literacy Agency (NALA) is another useful resource - www.healthpromotion.ie/hp-files/docs/HSE_StyleGuide_LR.pdf

Medical, clinical or other jargon should be avoided wherever possible. If it is necessary to use medical or technical language, it should be accompanied by a simple easy-to-read explanation in plain English.

Acronyms cannot be translated. The English source material should not contain acronyms. Where acronyms cannot be avoided, the expanded term must be added in the first occurrence.

Completed text may need to be proofed to ensure it is easily read and understood. The services of NALA – National Adult Literacy Association (www.nala.ie) - may be of assistance in this regard.

Using Existing Translated material

Sometimes, translated material is already available; this may be suitable for immediate use, or may need minor amendments to make it fit for purpose. This is most practical when the information is non specific e.g. general information about services offered in different settings, or about a chronic condition.

Whenever you use or adapt existing translated information, ensure that you seek permission of the original author before reproducing or making changes to this material.

Inclusion of “Cues”

It is often useful to include “cues” in English at certain points in translated materials, so that staff members distributing this to a service user may have some understanding themselves of the parts of the leaflet. Insertion of terms such as “Contact Details”, “Phone number” etc. is particularly useful, but only when these are unlikely to change frequently over time.

Cultural Appropriateness

All translated materials should be proofed to ensure that terminology, language, pictorial images etc. are culturally appropriate and do not give rise to any offence to members of minority ethnic groups.

Special attention should be paid to ensure that naming of body parts and presentation of anatomical images is culturally accurate and acceptable.

Quality Assurance

All translated materials should be checked to ensure the contents are accurate and culturally appropriate. The process for assuring checking must be documented in agreements setting out the work to be done e.g. “All translations should be proof-read by the Translator and revised by a professional Reviser with expertise in the field. The Reviser must be a native speaker of the target language. Both Translators and Revisers must use the prescribed HSE terminology database and follow the HSE Translation Styleguide.”

Points to help in preparing clear and easily understood English texts for translation:

1. Put the main idea first
2. Don't include too much information
3. Use short, easily understood sentences (generally not over 20 words) and keep language simple. For example, the word "advantageous" could be replaced with "useful" and the word "magnitude" with "size".
4. Use the active, rather than the passive voice. For example, "our staff can help you find work" is better than "help with finding work is provided by our staff"
5. Repeat nouns if pronouns will create ambiguity. For example, "There are also three nurses and three Interpreters on duty. They speak Croatian, Serbian, Greek and Italian". Who does "they" refer to? This is better: "There are three nurses and three Interpreters on duty. The Interpreters speak Croatian, Serbian and Greek and all three nurses speak Italian".
6. Avoid metaphors, colloquialisms and culturally specific humour. These are usually untranslatable.
7. Avoid "officialese", "bureaucratese", "legalese" and professional jargon. If you must use highly specialised terminology, provide an explanation in brackets.
8. Spell out acronyms in full.
9. Avoid lengthy titles or try to break them up. For example, "Mental Health Division Early Childhood Team" is difficult to translate.
10. Use specific rather than general terms. For example, write hospitals, community health centres and infant welfare centres instead of health centres.
11. If something is difficult to explain, consider whether you really need to include it. Alternatively, difficult ideas may best be explained through examples or diagrams.
12. Explain concepts that may be unfamiliar or may lose their meaning in translation, such as Neighbourhood Watch or Meals on Wheels.
13. Provide Translators with background material to help them understand the document, including a glossary of any specialist terms used, the purpose of the document and the target audience.
14. If basic information is likely to change, format the document so it can be altered in-house. For example, office hours or phone numbers can be put in a separate text box and updated when necessary.
15. Check to see if material is copyright and seek formal approval from the author or authorising person before organising a translation.

Source: Victorian Multicultural Commission www.multicultural.vic.gov.au

3.2 PREPARATION

Working with Translators

It may be useful – particularly in the case of an extensive translation project – to prepare a briefing paper for the Translator, outlining the purpose and expected outcomes of the project, requirements for achieving this, potential challenges etc. A sample Template for this is outlined in Appendix 1: Case Study.

The translation process begins with a source text in the original language and results in the creation of a target text in a chosen language.

It is essential that the English source text is complete and accurate before being handed to the person or company doing the translation. Any changes to the source material after handover may incur additional costs.

Sourcing a Translator

Standardised procedures for organising and effecting translations promote a quality service as well as offering best value for money.

Where formal contracting arrangements are not in place, the template in Appendix 3.1 may be a useful resource when tendering for translation services.

Contracting arrangements should always be in line with HSE procurement rules and procedures.

Where translation is required in only one or two languages, it may be more practical to manage this on an individual basis, with a single, contracted professional Translator and a single contracted professional Reviser. However, if translation is needed for a range of languages, it is advisable to organise this via a multi-lingual translation service provider.

In all instances of contracting translations, it is essential to confirm that both the Translator and Reviser are professionally qualified or certified to the EN15038:2006 Standard.

Where the text to be translated contains medical detail, it is necessary to ensure that the Translator is appropriately qualified or conversant in this subject field.

A register of ITIA registered Translators, together with their areas of specialism, may be downloaded from www.translatorsassociation.ie

A professional Translator is fluent in his or her own mother tongue as well as in the source language of the text to be translated. Thus, they “work into” their native language. For example, if an English text is to be translated into Polish or Arabic, this work should be undertaken by a native Polish or Arabic speaker. On the other hand, native English speakers translate from foreign languages into English.

There is some debate over whether Translators living outside their own countries for a length of time lose touch with their native tongue and therefore lose competency in translating material. However, professional Translators are motivated to ensure that their language skills are continuously updated and maintained.

Standards

There are a number of international quality standards which help to ensure quality and mitigate risk when it comes to the application of translation services to the health sector.

EN15038:2006 deals specifically and exclusively with Translation Service Quality. The standard establishes and defines the requirements for the provision of quality services by translation service providers. **ISO 9001:2008** deals with Quality Management Systems across different industries. It takes a process approach when it comes to managing quality, focuses on customer requirements and continuous improvement, and also covers the latest version relating to data protection. Hence this is a very useful standard for service providers certified to the EN15038:2006 standard.

The Irish Standard I.S. EN 15038:2006 came into effect in 2006. This standard is designed to provide translation service users and providers with a clear definition of the requirements for the provision of quality services to meet market needs.

The standard lists those professional competencies required by Translators as:

- **Translating Competence:** Translating competence comprises the ability to translate texts to the required level. It includes the ability to assess the problems of text comprehension and text production as well as the ability to render the target text in accordance with the client – translation service provider agreement and to justify the results.
- **Linguistic and textual competence in the source language and the target language:** Linguistic and textual competence includes the ability to understand the source language and mastery of the target language. Textual competence requires knowledge of text type (e.g. medical) conventions for as wide a range of standard-language and specialised texts as possible, and includes the ability to apply this knowledge when producing texts.
- **Research competence, information acquisition and processing:** Research competence includes the ability to efficiently acquire the additional linguistic and specialised knowledge necessary to understand the source text and to produce the target text. Research competence also requires experience in the use of research tools and the ability to develop suitable strategies for the efficient use of the information sources available.
- **Cultural Competence:** Cultural competence includes the ability to make use of information on the locale, behavioural standards and value systems that characterise the source and target cultures.
- **Technical Competence:** Technical competence comprises the ability and skills required for the professional preparation and production of translations. This includes the ability to operate technical resources.

Source: I.S. EN 15038: 2006

It is important to confirm whether the Translator or translation service provider have been certified to I.S. EN 15038: 2006 Standard.

Professional translation service providers should offer regular training opportunities to employees to ensure that competencies and standards are maintained. It is useful to clarify the exact nature and duration of training, or support for training, provided by the service provider.

It is also important to confirm whether the translation service provider has documented procedures for the services provided and a Code of Practice for employees.

It is always helpful to request the Translator or translation service provider to furnish samples of recently completed work. Similarly, follow up of client names and references that have been provided by the translation service provider is essential in assuring quality of work.

What Should be Agreed with Translators?

Standards, Specifications and Schedule

Ensuring that translations are effectively executed is a complex process. It is important that you and the Translator work closely with each other and that you both have a clear, shared understanding of what is expected. A clearly laid out schedule of tasks to be undertaken in the translation process, together with regular communication around progress promotes cost effective, high quality outcomes.

A checklist to assist in ensuring all aspects of the translation process are covered is outlined in Appendix 2.

Nature of information to be translated

The nature of information influences the way in which this is translated. For example, is the text a formal contract or legal type document, or is it a set of instructions for taking medication? Before formalising any relevant procurement agreements, make sure that the Translator is aware of the subject matter and length of the text. If the text is very general in nature, the translation process should be effected relatively easily and quickly, but a text that is highly specialised will require more lengthy, detailed work. Additionally, text containing much medical terminology may require the services of a Translator specially qualified in the area of medical translations. It may be helpful to supply some sample pages of the text to the Translator so that he or she forms a clear idea of the work involved.

Languages to be translated

Specify clearly which language/s the text should be translated into. Some languages have a range of regional variations e.g. “Chinese” may mean either “Traditional Chinese” or “Mandarin”, while the Spanish spoken by Spaniards in Madrid differs from that spoken by service users from parts of South America. It is thus essential to be explicit about the language that is required by your target community. Professional Translators have a wealth of experience in this area and discussion at the outset around needs in this regard will avoid confusion later in the process.

Terminology

Much time and money can be wasted in using inefficient ways of ensuring that service users and providers are satisfied with the language and associated terminology used in translated texts. A business focused approach demands development of an inhouse term base in which commonly used translated terms may be validated for acceptability and subsequently used consistently in all material being translated. Ongoing building of such a database reduces the risk of terms or language being translated in ways that may cause unwitting offence to certain groups. This term base should be made available to the Translator with expectation of its application. At the same time, the Translator will be expected to deliver an agreed number of validated, relevant translated terms used in translating the required material, as a means for building of this term base.

The HSE National Social Inclusion Unit has commenced building such a term base – this will continue to be added to with each commissioned translation.

Purpose of the translation/Target Audience

It is important that you inform the Translator of the intended use of the translation – a translated document advising legal requirements for registering a birth will need to be absolutely clear and accurate, while a translated document conveying very general inhouse information may not need to be as highly polished – the content should, nevertheless, be of good quality. Information translated for parents whose child has been diagnosed with a disability will need to be translated differently to that around sexual health information for teenagers.

Volume/Size of translation

The Translator/company will need exact information around number of words, characters etc. in the text, to be in a position to provide a realistic quote for the project, as well as to agree a time frame for its completion.

Price/Cost

Translators and Revisers may use different means of calculating costs for their work – the most common means of costing is via a “charge per 1,000 words” basis, with a minimum charge for short documents. Charges will usually be higher for specialised texts, as well as for assignments which have to be completed within particularly tight time frames.

It is essential that the fee agreed reflects all aspects of the translation process. Confusion around this will inevitably lead to increased costs and wastage of time. Factors to be discussed when negotiating a fee include

1. Translation
2. Revision
3. Charges for handling different file formats
4. Additional work that may be required, such as implementation of client review feedback or layout checks.

When working with a translation service provider, all steps in the process may be effected by the same service provider (translation, revision, review as defined in the EN15038:2006 Standard). However, if working with an independent Translator, it is important to factor in additional costs required for revision by a Reviser, and the time required to manage that process.

A timeline for phased invoicing for work completed should also be included in an agreement around fees.

Costs pertaining to any piloting or peer reviews must also be considered when budgeting for translation of materials.

Budget estimates should, therefore, include itemised costs for design of the English source file, translation, revision and layout check, and 3rd party or client review, as well as any other planned, anticipated activities.

Time Frame

The deadline agreed for delivery of a translated text should be realistic, allowing sufficient time for the required work to be accurately and professionally completed and checked. It is useful to agree a set of timelines within the agreed schedule, so the overall progress on a project can be communicated and monitored.

Format for production and delivery of completed translations

The original English file should be provided to the Translator in electronic format. Application source files (e.g. Microsoft Word, HTML, InDesign, Excel) can be processed more efficiently and therefore economically than un-editable PDF or hard copy. Where hard copy records are available only, it is important to transmit these in a clear and legible way.

The Translator should confirm availability of all technical resources needed for proper execution of the translation project. The HSE project owner must be satisfied that the Translator or translation service provider have documented procedures in place for the safe and confidential handling of documents, together with their storage, retrieval, archiving and any eventual disposal. Confirmation that any “translation memory” or term bases used in development of translated material is owned by the HSE should also be explicit.

Understanding should be reached with the Translator around hardware and software requirements, packages to be used, and so on. Hardware compatibility is crucial for ongoing liaison as work progresses.

Agreement is also necessary around mode of delivery of the translated text. A specific file type should be stipulated in advance. Where the translated material is intended for uploading onto a website, it is necessary to ensure that the agreed file will be compatible with the requirements of the web provider.

Confidentiality and Copyright Issues

Occasionally, issues of confidentiality may arise. All professional Translators are considered bound by a Code of Practice, where any assignment is regarded as confidential. Any additional or specific issues around this should be discussed and noted. Non disclosure agreements should be signed where necessary.

Certain material intended for translation may be bound by copyright. The Translator should be advised of any copyright issues relating to a particular assignment.

Stages and Accountability

Once all elements of the process have been discussed and agreed, a detailed schedule/contract should be drawn up and signed by the authorised HSE person, as well as by the independent Translator or by an appropriate person from the translation company.

This schedule should contain all relevant aspects outlined above, as well as any additional details, such as the contact details of relevant parties or agreement around any “added value services” that may be required in addition to the translation service.

This schedule forms the basis for proceeding with the translation and monitoring progress during the project.

3.3 PRODUCING THE RESOURCE

Details to be considered when producing translated material should include:

- Ownership of the resource
- Date of publication
- Name of translation service provider or individual responsible for translation
- Any logos required to be inserted in the document
- Title headings and subheadings should be in the translated language first, with the English version of the title following in a smaller font
- The name of the language should be printed on the front page in English, together with the translated language
- The original English text should appear beside the translated text.
- Pages should be numbered
- Information about any supporting materials e.g. DVDs
- Contact details for ordering copies
- Anticipated date for update/review of contents

Ongoing Liaison with Translator

Continuous communication with the Translator is very important in ensuring a smooth, efficient translation process.

It is never true that a text is handed over and accurate delivery of a translated resource is then awaited.

Initial contact with the Translator takes place to ensure a shared understanding of the content of the text, the meaning it should convey and the audience for whom it is intended. Review of the translation brief enables the Translator to undertake a conceptually accurate and appropriate translation.

The Translator should be encouraged to ask questions wherever necessary.

A documented process should be in place for management of queries, clarification of any ambiguities and resolution of issues.

Contact details of the relevant HSE person and the Translator should be specified in the final schedule.

Assuring Quality of Translation

Assessing quality of translated material is always a challenge as the health professional is reliant on the expertise of the Translator and Reviser. The difficulties inherent in ensuring high quality results further emphasise the importance of ensuring that the process of planning and management of translations is excellent.

Checking involves revision by a Reviser of a translation for the accurate, appropriate transfer of meaning from one language to another. This process involves more than a simple proof reading for aspects of punctuation or spelling – it also ensures that the meaning of the translation is clearly and appropriately conveyed, the relevant terminology is used, and the right linguistic register is used.

Best practice in assuring quality translation is no longer regarded as “back to English” translation, where a word for word, sentence by sentence translation is completed; instead, proofreading and checking by a qualified Reviser ensures that the information is linguistically and culturally appropriate.

In addition to the standard translation and revision steps, an additional 3rd party or client review may be undertaken by the contracted service provider, a domain expert or a cultural proofer. The need for this as part of the overall translation process should be clearly stated in the schedule.

Final Proofs

The print ready file should be proofread and formally signed off by the Translator before the document is printed or uploaded to a website.

It is essential that backup copies of final translations, image files and fonts are safely stored and registered for future updating or adaptation. Such copies should be accessible from a technical point of view. This is especially important where non Roman fonts are used. Alternative formats (e.g. PDF, html or .doc) should be available where material will be posted online.

The Translator will also be required to check the document following uploading onto a website as characters may change during the web publishing process.

Evaluation of Translated Material

Once translation and revision is complete, it may be advisable for the resource to be reviewed by a monolingual focus group to ensure that the overall context and content of the text is clearly and appropriately conveyed. Input via a bilingual facilitator is useful to confirm that the message of the text is easily understood, takes account of any significant cultural issues and respects cultural sensitivities particular to the target language community.

This does not imply that all translations should be reviewed by a focus group – common sense and sensitivity should be used here e.g. it will not be necessary to use a focus group to advise on a translated version of telephone numbers at a Local Health Office, but input will be helpful in producing a leaflet containing information in respect of promoting sexual health. Review of such translated material by a focus group appears to increase the likelihood that the resource will be accessible, acceptable and widely used by the targeted service user group.

This process can be time consuming if individual texts are reviewed. It is useful to have a team that meets according to a time frame- e.g. once every 4 months – and reviews a range of translated texts.

Ongoing development of the term base will be useful in ensuring that terms within this database are validated for use, are appropriate and do not have potential to cause offence. Application of such a term base will also avoid the confusion and debate that often ensues within focus groups around acceptability of terminology.

Collaboration with relevant NGOs is very helpful around this process as these agencies are often best placed to bring together members of different language and cultural groups. It may be practical to consider building an agreed number of such focus groups into Service Level Agreements with NGOs where appropriate.

Circulation of Translated Multilingual Resource

Translated resources are of little use if they do not reach the target group of service users effectively.

Consideration should be given to ways in which members of different language groups may be made aware of the existence of such resources. Linking with NGOs that work with members of these groups is an effective means of achieving this. Using available local resources such as community newspapers or other media is another useful way of promoting awareness.

Translated health related material should be readily available and accessible

All health workers should be aware of the existence of new translated materials and able to assist service users in accessing these. HSE Communications Directorate should be notified of any relevant material that has been translated so that this can be broadcast accordingly.

Copies of all translated material should also be forwarded to the National Social Inclusion Unit for inclusion in a database of all health related translated material.

Translated resources should be clearly displayed in health settings

Partnership working across sectors is a critical part of ensuring availability and use of these resources. Voluntary agencies, NGOs and minority ethnic organisations are particularly well placed to raise awareness of their existence and usefulness.

Evaluation of usefulness and usage of material

Evaluation in this area is a relatively new concept. Some planning should take place in respect of evaluating user satisfaction with the translated material, together with its effectiveness. Various methods can be employed around this, including recording of numbers of “hits” on websites, and collaborating with NGOs around ways of assessing this.

Feedback on usage and effectiveness of the materials will be very helpful in ongoing work in the area. Lessons learned from this process should be circulated to relevant stakeholders so that these can be usefully documented and applied across other planned translation projects.

Final Bits and Pieces!

Once a document has been translated and produced, it may seem that this marks the end of a long process! However, a few final tasks should be concluded to ensure maximal usage and application of the new multilingual resource. These should include:

- Lodging/saving of final document: The signed off proof should be dated and saved in an approved directory. Backup copies should be made of all translated and the corresponding source material. Accompanying information should include contact details of the HSE person responsible for commissioning the work as well as of the person/company contracted to undertake the work.
- A database should be maintained in respect of persons and agencies to whom copies have been provided.
- A plan around updating/reviewing/adaptation should be in place to ensure the resource remains accurate. This plan forms a basis for continued monitoring of the project. Any lessons learned from evaluation of the effectiveness of the resource should be incorporated into this aspect.
- Ownership of material should be clearly stated to ensure that difficulties do not arise subsequently, when reviewing or updating becomes necessary.

Building a Library of Multilingual Resources

Much duplication of energy, time and money could be avoided if a database of material was created around existence of appropriate, translated health related material. Development of a “Hub” which contains a record of all nationally and locally translated materials is an aim for the HSE as part of requirements of the National Intercultural Health Strategy. This hub would be updated regularly and could form a very useful resource for all HSE staff who need to access translated information or to develop new materials.

The hub may also be a resource for various good practice elements of translating, including development of a glossary of accepted, validated terms commonly used in health.

The HSE National Social Inclusion Unit is well placed to act as this hub of good practice and is currently working on development of a range of resources to support staff in accessing translated, health related material.

A copy of any newly translated material should be sent to socialinclusion@hse.ie or to Social Inclusion, Integrated Services Directorate, Mill Lane, Palmerstown, Dublin 20.

Frequently Asked Questions

Frequently Asked Questions

Can I use Machine Translations?

Machine translations are translations generated by translation engines without the help of human Translators. The results are immediate and MT engines have become more easily accessible for the more common language pairs. This has brought with it a lowering of the quality acceptance threshold for immediate use of commonly available information.

Health information disseminated to the public, any texts containing patient data, medical reports which inform a diagnosis or therapeutical decision are NOT suitable candidates for machine translation processes for two reasons: they could pose an appreciable risk to patient safety, they might compromise data protection rights and confidentiality.

What about Translation Memories and Term Bases?

The use of computer assisted translations by professional Translators and Revisers, on the other hand, has become industry standard and indeed good practice. Translation memories and term bases are important tools used by professional human Translators providing an efficient service and safeguarding consistency.

Should the Translator query the content of the text?

The quality of a translated document depends largely on the Translator's understanding of the English text, of its intended purpose and target audience. The good Translator will ask questions to clarify any confusion in the text and in understanding of its context and message. Queries should definitely be welcomed!

Should the Translator or Agency be involved in the final production phase of the material?

Errors may occur when the translated text is transferred into the application source file and layout, especially where "foreign" fonts are used. The Translator should check final proofs and sign off on these before the document is printed. If uploaded to a website, the Translator should also be required to check the finished product before this is made accessible to stakeholders.

Is it a good idea to credit the Translation agency or Translator on translated material?

Yes, it is! This encourages delivery of work of a high quality. The name of the agency/Translator should appear alongside any printer credits at the end of the document.

What is an Inhouse Term Base?

An in-house term base is a database which includes terminology approved for use in HSE documents. It is updated on a regular basis and ideally made available on the web. All translations undertaken in an HSE environment must use the terms in the Database. This term base is being developed by the Social Inclusion Unit; it will be made available and updated on a regular basis. Examples of term bases of health related terms in French, Spanish and Portuguese may be accessed on www.mass.gov/dph/healthequity

What if a patient presents medical records that are in another language?

This situation does prove challenging, especially in areas where translation services are not readily available, or when the circumstances are urgent. Some suggested guidelines around this have been produced by Connolly Hospital. This document is available in Appendix 3.

Appendix 1:

Case Study

Appendix 1: Case Study

Translation of the *Informing Families* website

Introduction

The National Federation of Voluntary Bodies Providing Services to People with Intellectual Disabilities and the HSE National Social Inclusion Unit collaborated during the writing of this *Good Practice Guideline* to undertake a case study translation. The purpose of this case study was to provide a real life example of how the guidance provided can be used to produce quality assured translated materials. The case study involved the translation of materials from the 'Informing Families' website, which provides information for families of children with disabilities, particularly at the time of their child's diagnosis.

The work to develop the information resource took place as part of a wider project to implement the *Informing Families* guidelines on a pilot basis in the Cork region. A Steering Group of parents and professionals guided the work of this project and a smaller 'Information Working Group' focused specifically on the information resource development. You can find out more about the Informing Families Cork Pilot Project on www.informingfamilies.ie

The Informing Families project, led by Alison Harnett, was presented with an award of the Taoiseach's Public Service Excellence Awards in 2010.

The steps taken to translate the website will be explained in detail, but first we present a summary of the overall process that was used:

Summary of steps taken to translate the Informing Families website

- STEP 1: Assessing the need for translated information
- STEP 2: Finalising the English language content
- STEP 3: Prioritising materials to be translated
- STEP 4: Choosing the languages
- STEP 5: Choosing the translation agency
- STEP 6: Briefing the translation agency
- STEP 7: Translation production (including term base & quality assurance)
- STEP 8: Ensuring that the translated materials are culturally appropriate
- STEP 9: Publishing the translated material online
- STEP 10: Reviewing the materials

It is worth noting that the translation of the Informing Families website involved a significant volume of translation in one large project. However, each of the steps outlined are relevant for even very short one-off pieces of translation, and these steps do not need to take a long time. For many small projects, they simply require the person managing the translation to plan ahead (e.g. asking yourself questions such as; *What reference materials could be relevant for this piece of information? How will I brief the Translators? and Who can I consult with from the service user point of view?*). An investment in this planning at the outset will save time, money and will ensure better quality in the translated materials produced.

STEP 1: ASSESSING THE NEED FOR TRANSLATED INFORMATION

The importance of information for families when their child is diagnosed with a disability:

In 2007 the National Federation of Voluntary Bodies launched the *National Best Practice Guidelines for Informing Families of their Child's Disability*. The Guidelines are evidence-based, having been developed through a significant consultation and research phase that included 22 focus groups of parents and professionals and a survey of over 500 families and 1500 professionals in Ireland.

Through this research it became clear that one of the most important needs of families at the time of their child's diagnosis with a disability is for up to date, accurate and appropriate information. This information should be positive, realistic and hopeful in tone, should include details of entitlements and benefits, supports available to the family and information regarding the diagnosis. The research also reported that over 63% of parents were not given written information at the time of their child's diagnosis.

Parents of children with disabilities from diverse ethnic backgrounds

Research has shown that parents of children with disabilities from diverse ethnic backgrounds can be particularly socially isolated and can struggle to access entitlements and benefits (Hatton et al, 2003). Professionals can find it challenging to provide adequate support to families whose first language is not English. There is very little information available for the

families (or for professionals who support them) in translated format, and professionals are unsure of how to address these issues or where to find appropriate translated materials; “Practically everything we have to hand out to patients is in the English language and we do not have access to translated versions.... I don’t know how we deal with that. (Consultant Obstetrician)” [Harnett et al 2007, p.64].

The national figures from the 2006 Census show that in that year approximately 14.7% of the population was born in countries outside of Ireland (Central Statistics Office, 2007). This figure demonstrates the need to ensure that the information needs of this section of the population are catered for (including families of children with disabilities), to ensure equitable access to our health system and to related information. Migration does not always occur in an even pattern, which means that some areas have more diverse populations than others. In 2007, professionals working with families of children with disabilities in Ireland reported that up to 45% of families accessing services in some areas were from diverse cultural or linguistic backgrounds (Harnett et al, 2007).

In keeping with the requirements of the *National Intercultural Health Strategy 2007-2012*, it is essential to provide information in formats that are accessible to all users. To meet with this requirement in terms of families of children with disabilities from diverse linguistic and cultural backgrounds, it is important to provide information that is culturally appropriate and translated using good quality translation standards.

We therefore decided to produce an information resource in English for families of children with disabilities, and to translate the materials from this resource into a range of languages.

Providing information for families of children with disabilities in an online format

Research has shown that families of children with disabilities are very likely to search for information about disability on the Internet (Harnett 2007, McGarvey & Hart 2008). The *Informing Families* research had also shown that the range of professionals involved in providing information to parents at the time of diagnosis is very broad, with up to 29 different disciplines from medical, nursing and allied health professions involved in communicating various diagnoses of disability in a wide range of service settings (or the family home).

Given that families are likely to seek information on the Internet following diagnosis, and given that professionals who communicate the diagnosis of disability to families and support them through information provision are dispersed in a broad range of geographical and service setting locations, we decided that the information resource of early information for parents of children with disabilities should be made available online.

The Health Research Board has found that there is still a ‘digital divide’ in terms of access to the Internet in Ireland, which means that families from some socio-economic groups have less access to the Internet or are less likely to use the Internet to seek health information (Gallagher et al, 2008). Providing a quality assured online information resource allows professionals to access information that they have confidence in and that they can then print and provide to parents; alternatively they can inform parents who do access the Internet about the website. In this way professionals have options to assist them in overcoming the digital divide. Therefore the needs of both professionals and parents can be met by having the information available in an online format.

STEP 2: FINALISING THE ENGLISH LANGUAGE CONTENT

The development and finalisation of English language content is, perhaps surprisingly, the most important step in the translation process! When there are changes to the English language content during the translation process the costs for translation will soar. Changes at this stage can also often introduce errors and inconsistencies in translation, thus reducing quality. It is sometimes almost as expensive to make changes during the process as it is to have the full translation work carried out. We therefore spent a considerable portion of our effort in ensuring that we were happy with the English content of our information resource before we began the translation work.

Another important consideration is to ensure that terms within the English language are used consistently (e.g. instead of using a variety of terms such as ‘family doctor’, G.P. and ‘General Practitioner’, choose the most appropriate term and use it consistently).

Gathering of existing information resources

The development of our website began with the creation of the English language content. We started by examining items of information that parents had reported to be useful in previous research. The Informing Families Working Group and the Cork Pilot Project Steering Committee were requested to supply examples of information that they had received or had provided to parents at the time of a child's diagnosis with disability. We also conducted desk research to identify existing sources of information available to parents of children with disabilities at the time of a child's diagnosis. This included web searches, literature searches and consultation with professionals in disability, health, and citizens' information organisations.

Catalogue of Existing Information

The information sources we gathered were reviewed to ensure that they were of high quality. This meant ensuring that the information was accurate, up to date, easy to read, and from a reputable, named source. The quality assurance was carried out by parents of children with disabilities and by professionals from medical, nursing and allied health disciplines working on the Cork pilot project. We catalogued the materials provided. Following analysis the information was categorised into three main areas:

1. Early Information (relevant to families of children with disabilities regardless of diagnosis type);
2. Diagnosis specific/support agency specific; and
3. Information for professionals.

We found the following themes to be very important in previous leaflets that parents had recommended:

- parent feelings at the time of diagnosis;
- support for the wider family including siblings; and
- entitlements and benefits.

Information sourcing and development

Given the finite resources available to the Informing Families Project for the development of an information resource for families of children with disabilities, the Information Working Group of the Cork Pilot Project met to discuss and agree the priority pieces to be included. Using the categories and themes developed above, we decided that the following information pieces were most important to provide:

- Initial feelings on hearing the diagnosis;
- A description and explanation of Early Intervention Services;
- A description of the various professionals that parents may meet as they interact with services and supports, and each of their respective roles;
- Advice on how to discuss a child's diagnosis with siblings and other family and friends;
- Advice on how to search the Internet for appropriate and accurate information regarding a child's diagnosis or available services;
- Entitlements and benefits – signposting to agencies responsible for providing entitlements and benefits; typical types of entitlements and benefits available; and the Assessment of Need process under the Disability Act (2005);
- Information for professionals – National Best Practice Guidelines for Informing Families of their Child's Disability; advice and training on good communication skills when supporting families of children with disabilities; advice on information provision.

It was also agreed that a user-friendly method of presenting the diagnosis specific/support agency specific information would be to create an 'A-Z of services and supports' section on the website.

We then began assembling existing information resources that would be usable for the agreed topics and identifying gaps. For some pages (e.g. advice on how to discuss a child's diagnosis with siblings and other family and friends) there were existing resources available that met with the quality standards that we were looking for. In these cases we contacted the authors/publishers of these pieces to request permission to reproduce the material on the Informing Families website with appropriate acknowledgements. For the remaining topics the members of the Information Working Group undertook the writing of draft information leaflets. The authors of the materials were briefed on the need to ensure that the tone and style of the information developed would remain positive, hopeful and realistic.

Consultation

The draft materials that were produced, together with the information for which permission had been secured for re-use, were then circulated amongst the Information Working Group and the wider Steering Committee of the Cork Pilot Project. A group of parents who use Early Intervention Services in the Cork region were invited to provide feedback on the draft materials. Informed consent was secured before going ahead with the consultation.

All of the comments from the parents and professionals consulted were collated by the project co-ordinator and the materials were updated accordingly. The parents who provided feedback on the draft information materials gave advice on making the materials more user-friendly through avoiding overwhelming or intimidating parents who have just received a diagnosis. They indicated the need to make it clear in the materials that families would not necessarily meet all of the professionals listed in the Early Services teams and also recommended a note on the opening page advising parents to take their time with the materials.

The parents also recommended that we add a personal welcome message to the website. This should be written by a parent who could identify with the experience of the families using the information resource. Ms. Katherine O'Leary, (Chairperson of the Informing Families Cork Pilot Project) as a parent of two children with disabilities accepted the invitation of the Information Working Group to write this introductory piece.

The materials were then sent to a range of relevant external agencies who were invited to provide feedback on the draft materials ahead of publication of the website. This group included the National Federation of Voluntary Bodies, the Citizens Information Board, and the Health Services Executive. Finally the materials were reviewed for Plain English by the National Adult Literacy Agency (NALA), and any changes required were implemented. *(A charge applies for this service and it is essential to indicate that the Plain English mark is being requested from the outset of communications with NALA to ensure that all costs are factored into your budget).*

STEP 3: PRIORITISING MATERIALS TO BE TRANSLATED

In keeping with the time and financial constraints that apply to all projects, the Informing Families Cork Pilot Project found it necessary to prioritise the information to be developed and translated. From the outset it was agreed that the information in the 'Information for Professionals' section of the website would not be translated as all professionals working with families of children with disabilities in Ireland must demonstrate competence in the English language.

However, we felt that all of the information provided specifically for families should be translated, in order to ensure equity for families. From the outset of the English language development, therefore, we knew that we had to provide a limited amount of information in order to be able to stay within our budget.

Therefore a priority list of agencies for inclusion in the A-Z list of the website was agreed, along with the list of early information and entitlements and benefits prioritised above. The criteria used to select agencies for inclusion in the A-Z section were as follows:

- Agencies /information sources from a range of intellectual, physical and sensory disability diagnoses and supports;
- Agencies with a national brief in terms of supports (e.g. National Federation of Voluntary Bodies; Inclusion Ireland, HSE, Citizens Information) as these agencies would be in a position to provide further information to families about the wider range of services and supports available in regional and local areas;
- Agencies specifically mentioned by parents in the national *Informing Families* study as providing significant support (Jack and Jill Foundation, Down Syndrome Association);
- Agencies/information sources noted by members of the Information Working Group and Informing Families Cork Pilot Project Steering Committee as being particularly useful (e.g. Rare Syndromes – Unique)

The following agencies were chosen, and agreed to have their details included in the A-Z section:

- Central Remedial Clinic
- Citizens Information
- Down Syndrome Association
- Enable Ireland
- Jack and Jill Foundation
- Inclusion Ireland
- HSE
- National Council of the Blind of Ireland
- National Federation of Voluntary Bodies
- Rare Syndromes (Contact A Family)
- Rare Syndromes (Unique)

When all of the writing and consultation was completed we then published our English language content on the www.informingfamilies.ie website.

With our content written, our consultation completed and our choices made regarding the materials to be translated, we moved on to select the languages for translation.

STEP 4: CHOOSING THE LANGUAGES

During the development of the *Informing Families* website, preparations were being undertaken for the April 2011 Census. This Census includes the question “Do you speak a language other than English at home? If so what is this language?” The results of the Census will allow for evidence-based decisions to be made regarding the languages most often used in Ireland, for the purposes of prioritising language selection for translation projects. However, as the information was not yet available when we were planning the translation of the *Informing Families* website, we consulted with the Central Statistics Office for advice. The Central Statistics Office was able to give us some informal information regarding a pilot study which had been undertaken regarding languages and we cross-referenced this with data from one of the key interpreting and translation agencies used by the HSE, to ascertain the languages most often requested. Based on cross-referencing this information we were able to make an estimation of the languages most commonly used currently in translating health-related information in Ireland. We then examined the available budget, and the amount of words that were contained in the English language content. Given that the English language content was approximately 8,000 words and the budget was approximately €10,000, we calculated that average translation costs would allow us to translate the website into six languages. The six languages that had emerged as most commonly required through our investigations were:

- Polish
- Romanian
- Russian
- Lithuanian
- French
- Brazilian Portuguese
- We also included Irish (Gaeilge) as an official language of the Irish State.

STEP 5: CHOOSING THE TRANSLATION AGENCY

The translation of the *Informing Families* website was undertaken through collaboration between the National Federation of Voluntary Bodies and the HSE National Social Inclusion Unit. A number of multi-lingual translation companies were contacted for quotations and to discuss the pilot project. The multilingual translation company ‘Context’ had Translators working in the required languages, showed a clear understanding of the project objectives, and has accreditation for both the Standard I.S.EN15038:2006 (see page 17 of the Guideline document) and the National Standards Authority of Ireland (NSAI) ISO 9001:2008. It was therefore decided to work with ‘Context’ for the purposes of translating the *Informing Families Project*.

STEP 6: BRIEFING THE TRANSLATION AGENCY

A key step in ensuring quality translation is to brief the translation agency about the information to be translated. Important information to be included are the tone, style and any reference materials that will assist the Translators in understanding the key messages being communicated through the translated materials. The project coordinator of the *Informing Families Project* met with the management team of the translation agency to provide a detailed briefing on the project. Reference materials were provided to the translation team which included a 24 minute DVD film ‘*Words You Never Forget*’ that had been produced by the *Informing Families Project*. We also provided translated versions of the UN Convention on the Rights of Persons with Disabilities. As the most recent and most significant international treaty on the topic of disability, these translations provided a bank of up-to-date international terms relevant to disability. The management team from the translation agency, in turn, briefed each of their Translators and their in-house project manager working on the project.

Example of a Briefing provided to Translators

The key objectives of the Informing Families website are displayed in the banner [of the website - www.informingfamilies.ie] and include the following:

- Sensitive and empathetic communication
- Positive, realistic messages and hope
- Appropriate, accurate information
- Respect for child and family

The aim of this localisation project is to carefully and adequately reflect the above key messages in the target languages. The approach to disability and the way it is talked about in your home country may differ from the approach followed by the Informing Families website. Please remember that the users of the Informing Families website live in Ireland. They will be looking for information on the services available here and should receive the same messages as English speaking families, in similar, carefully chosen words. The approach and the language chosen by the author of the website should be followed, even if the terms in your own language surrounding disability may be less sensitive, less inclusive or less well thought through. The language used on the website places the emphasis on the person (be it an adult or a child). The disability they may have is only one aspect of their life and does not define them. Hence, people with a disability are referred to as 'persons with a disability' and not as 'disabled persons' (please see section References below).

References

- the important reference website is: www.informingfamilies.ie
- the 'Informing Families Guidelines' are available on: www.informingfamilies.ie/about-the-project/support-and-training-materials.257.html

Please study both carefully and browse through the website throughout your work. You will shortly receive a 27 minute video via WeTransfer, as an introduction to the project. It is essential to watch this video before commencing with the work. Please let us have your answer to the following question by EOB today: What did the doctor ask David (Max's father) when Max didn't feed and was brought down to the intensive care unit?

Status of existing translations

The Term Base for this project has been prepared specifically with input from the respective language communities residing in Ireland and – where necessary – reference to domain specialists. Unless you have serious concerns about the target terms in the Term Base, you should follow the researched terminology consistently. There should be no need to research these terms further. Where there is a concern, it should be brought to the attention of the Project Manager immediately as work progresses.

Proper names

Proper names (e.g. of Irish organisations, institutions, specific social welfare benefits, as well as some legal official titles) should be retained next to the translation and in brackets, according to the convention adopted by the authors of the Term Base. Please make sure that this convention is used consistently and that all relevant proper names of this type have been retained. Where proper names of organisations appear in different forms in the source text (e.g. Jack and Jill Foundation and Jack & Jill Foundation), when retaining the proper name, please refer to the given organisation's official website for guidance and use one version only.

Gender

Please be gender-neutral or gender-inclusive in your translation. Nurses and doctors, for example, can be both male and female.

STEP 7: TRANSLATION PRODUCTION

The first stage in the production cycle for translation is the **term base creation** and approval. A term base for the purposes of translation is a list of key terms extracted from the original (in this case English) content to be translated. The term base should include:

- any terms that are unusual or specific to the content area;
- any terms that occur frequently in the English text;
- any words or names that should not be translated (e.g. the name of a local health office should not be translated); and
- any terms that might be of cultural sensitivity.

The number of terms to include varies from project to project, but the industry standard is an average of between 2 % to 4 % of the total word count.

Cultural Review

The term base is then translated into the target languages and provided to the cultural reviewers who can assess the English materials together with the suggested term base translation. If there are concerns on the part of the cultural reviewers they can make suggestions which can then be discussed with the Translators. Suggestions made should be accompanied by comments explaining the reason that the change is requested. The cultural reviewers can also suggest items that should be added to the glossary. The Translators and cultural reviewers agree the final term base and any disagreements are adjudicated on by the project coordinator. (It is important that any change requests are explained in English so that the project coordinator can understand the discussions!).

Translation

Once agreed, the Translators must use the terms as translated and approved in the term base. Any exemptions must be explained and have the express approval of the project coordinator.

The purpose of the term base is to provide a set of terms and their approved translations for the Translators. The result of using this process is to provide a clear process that all parties can follow and which limits comments and revisions to just one cycle. Agreement is secured with all parties that if issues with the translation are discovered after translation, and if the term base was followed, then these issues will be addressed in any new translated materials or in the standard review of the translations (usually after 2 years). Any contraventions of the agreed term base must be fixed. **This process keeps costs manageable, allows all parties the opportunity to contribute, and**

provides for continual quality improvement over time. It is directly adapted from translation processes used in private industry, based on the author's previous experience working in the localisation/translation field.

For the *Informing Families* website the translation agency extracted the terms in English from the full English content. The term base was then exported to a spreadsheet and sent to the project coordinator to add definitions and approve the terms. We wanted to ensure that the materials we translated would be suitable for the target audiences and would be culturally appropriate so we invited the New Communities Partnership¹ organisation to work with us as cultural reviewers for the project.

We learnt during this phase of translation that our term base was a little too long, which added time and complexity to the approval process.

Because the reviewing process was a manual process using spreadsheets we found that it took a little while to agree the columns in the term base document – we have provided our final term base spreadsheet structure at the end of this Case Study.

To overcome this problem in future translations we will use a web-based interface for communication between the Translators, project coordinator and cultural reviewers, which will streamline the process.

We also needed to check with the European Disability Forum² when we found that there was a contradiction between our style and tone guide (that required the use of the term 'people with disabilities' rather than 'disabled people') and the translated versions of the UN Convention of the Rights of Persons with Disabilities. The European Disability Forum consulted with its in-country experts and advised us on the best terms to use (which occasionally were not in agreement with the UN Convention official translations). These clarifications were added to the approved term bases.

Linguistic Quality Assurance

Since the translation agency that we contracted has an in-house linguistic revision process, the quality assurance of the translation from a **language** point of view was managed by the translation agency without any need for input from the client. It is important to ensure when commissioning translation services that the translation agency includes a linguistic review process in the translation production, and that this linguistic review is carried out by a second Translator, independently from the Translator who provided the original translation.

¹ **New Communities Partnership is an NGO whose aim is to empower and represent ethnic minorities and their organisations in Ireland, see www.newcommunities.ie**

² **The European Disability Forum is a representative organisation of persons with disabilities in Europe and as such were considered subject matter experts for this translation process.**

STEP 8: ENSURING THE TRANSLATED MATERIALS ARE CULTURALLY APPROPRIATE

There is a significant difference between ensuring that translated materials are linguistically correct and that they are culturally appropriate; both processes are equally important. As we discussed in Step 7 above, the cultural review of the materials begins before translation even takes place, through the term base creation and approval. All that remains following translation for the cultural approval to be complete is for the cultural reviewers to take a look at the translated materials and to inform the project coordinator of any concerns that they may have. If the issues raised show any deviation from the approved term base, these will be immediately addressed by the Translators. If the issues raised are additional issues, that had not been apparent at the term base stage, these are recorded in order to be addressed at the next review. These issues can also be taken into account the next time that any new materials are produced.

For the *Informing Families* website, the reviewers from the New Communities Partnership reviewed the translated materials and provided their feedback. We also conducted a review meeting with representatives from the translation agency, the HSE and the New Communities Partnership. This facilitated discussion and further understanding of the process and any clarifications were noted for future rounds of translation.

STEP 9: PUBLISHING THE TRANSLATED MATERIALS

The target audience for the translated content from the *Informing Families* website is families of children with disabilities living in Ireland whose first language is not English.

Since the material is for use in Ireland, we decided to display the translated web pages side by side with the corresponding English versions.

The purpose of taking this approach is to assist families to:

- a. fully understand the content in their family language and
- b. refer to the English terms and expressions which they will be exposed to when interacting with the Irish health and social care system.

We asked the translation agency to hand off the translated materials with the English language text displayed side by side with the translated text. In this case we had decided that the information would be published online, so we were able to hand off English 'html' files to the Translators and receive translated 'html' files (which included the English text). These translated html files could simply be uploaded to the appropriate pages on the website without any risk of errors being introduced by the project coordinator. We also received html files which contained the translated titles for each page.

As each language contains different letters and alphabets, (for example think of the characters in the Japanese language versus English) there are various 'character sets' that are used in computer software and web design, depending on how likely it is that translations will be needed. One important aspect of publishing translated content online is to brief the website designers as early as possible that you need all character sets supported at every level of the website, and that you need an agreed display process for navigating through the translated content. The best time to agree this with the website company is at the beginning of the design of a website if it is already known that there will be translated content, as this will inform the structure and technical design of the site.

For the *Informing Families* website, the translated content is displayed at the side of each of the English language pages (you can click on a box that brings you to the translated versions). There is also one page per language provided, that has a link to all translated content in the chosen language, to help users to find all the available translated content.

An even better solution would be to provide full navigation in each target language; however cost considerations did not allow us to proceed with this solution on our website.

The most important consideration is to ensure that users can easily find the translated material from the Home page of the website, so we provided a number of links on the home page to help users in this regard.

Example of term base spreadsheet

	A	B	C	D	E	F	G	H	I	J	K	L	M
	Definition	Variant	Translation (TR)	Translator's Name	Cultural Provider's Suggestion (CP)	Cultural Provider Name	Translator's Choice (TRC)	Translator's Note	For Client Review	Client Note	Best Translation	Term Base Entry	
0	This is the name of the project	Informing Families	Informações Para Famílias			Informações à Família		Informações à Família	No		CP	Informações à Família	
2		diagnosed with a disability	diagnosticado com uma deficiência			Deficiência diagnosticada		diagnosticado com uma deficiência	No		TR	diagnosticado com uma deficiência	
4		additional needs	necessidades adicionais						No		TR	necessidades adicionais	
5		potential disability	possível deficiência						No		TR	possível deficiência	
6		individual	indivíduo						No		TR	indivíduo	
7		Down syndrome	Síndrome de Down						No		TR	Síndrome de Down	
8		condition	condição						No		TR	condição	
9		physical disability	deficiência física						No		TR	deficiência física	
10		intellectual disability	deficiência intelectual						No		TR	deficiência intelectual	
11		extra needs	cuidados especiais						No		TR	cuidados especiais	
12		pregnancy	gestação	grávida? (Because of the context in which "pregnancy" appears in the text)			grávida?		No		TRC	grávida?	
13		Informing Families Project	Projeto de Informações à Família			Projeto de Informações à Família		Projeto de Informações à Família	No		CP	Projeto de Informações à Família	
14	Please see Early Information page on www.informingfamilies.ie . This is information that families may need soon after their child's	early information	Primeiras informações					informações precoces	No		TRC	informações precoces	

Translations at the side of each page in English

[HOME](#)
[INFORMATION FOR FAMILIES](#)
[INFORMATION FOR PROFESSIONALS](#)
[NEWS](#)
[ABOUT THE PROJECT](#)

ES Email a Friend

[Early Information](#)
[Ensements and Benefits](#)
[A-Z of Supports and Information](#)
[Français \(French\)](#)
[Lietuvių \(Lithuanian\)](#)
[Polski \(Polish\)](#)
[Português do Brasil \(Brazilian Portuguese\)](#)
[Română \(Romanian\)](#)
[Русский \(Russian\)](#)

Polski (Polish)

If you are a professional wishing to provide information to a family in translated form, please go to the relevant page in English. Then click: "View this topic in..." to find the relevant content in translated versions.

Jeśli jesteś profesjonalistą/professionalką i chcesz przekazać rodzinie informacje przetłumaczone na ich język, przejdź na odpowiednią stronę w języku angielskim. Następnie kliknij „View this topic in...” (informacje na ten temat w języku...) a zobaczysz treści dostępne w innych językach.

If you speak Polish you can browse the list of pages available in Polish by clicking on the links below.

Jeśli mówisz po polsku, możesz przeglądać listę stron dostępnych w języku polskim. Klikając link umieszczony poniżej.

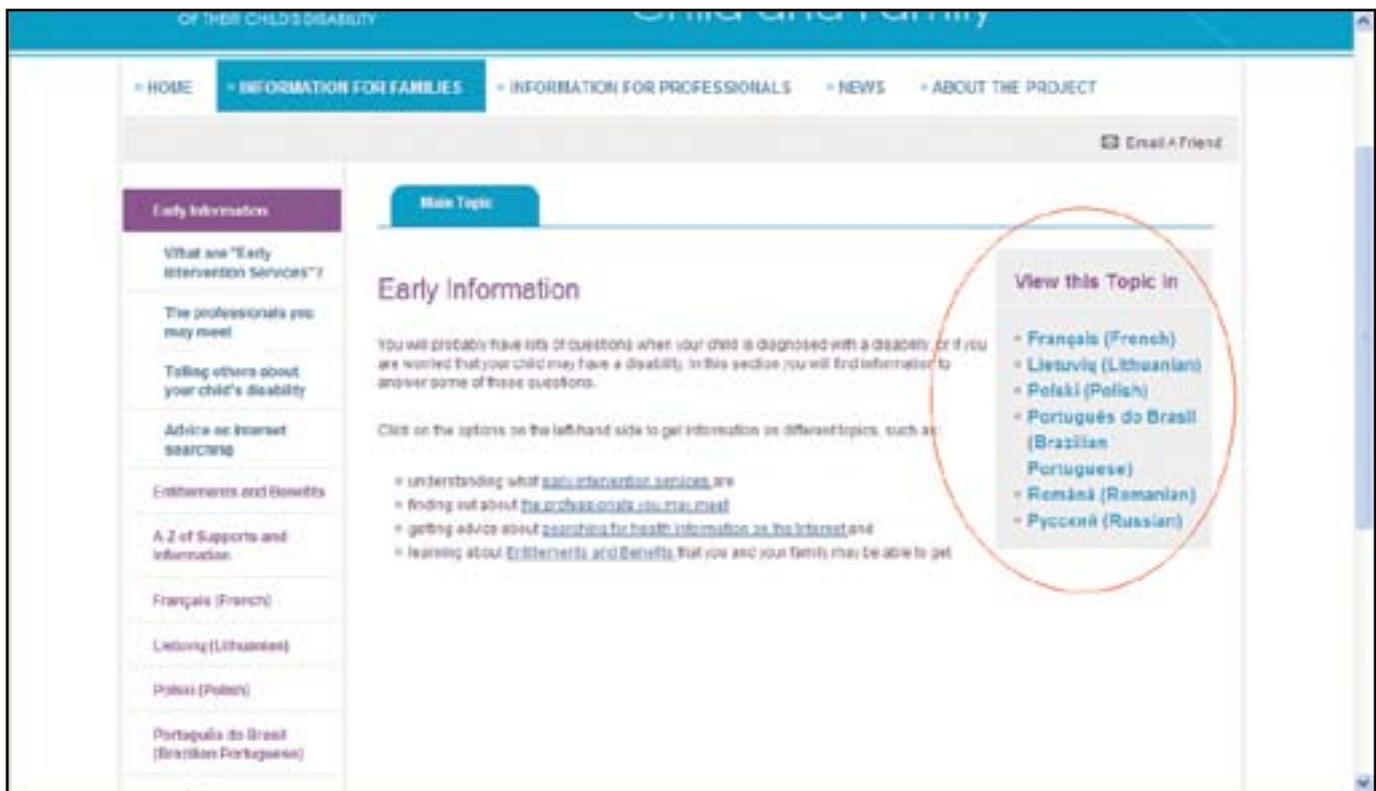
Witamy na stronie informacyjnej „Informacje Rodzin”

Informacje na wyższym etapie
[Czym są usługi wsparcia rodzinnego?](#)
[Profesjonalistki i rodzice: jak współpracować?](#)
[Informacje o tym, a nie o dzieciach i ich potrzebach](#)
[Formy dostarczania rodzinom informacji w internecie](#)

Usługi wsparcia i świadczenia
[Usługi wsparcia i świadczenia – jakich usług można się spodziewać?](#)
[Co to jest „Assessment of Need”](#)

Więcej o informacjach A do Z

Full set of translated content in each language



STEP 10: REVIEWING THE MATERIALS

An agreed period of time needs to be set at the start of an information provision project, for when materials will be reviewed. For the *Informing Families Project* we plan to review the English materials after two years, and implement any changes in the translated versions. If there are significant changes in service provision before that time we may need to review some materials earlier.

See the English and translated content for this case study at: www.informingfamilies.ie

Case Study References

Central Statistics Office (2007) *Census 2006 Principal Demographic Results*. Stationery Office, Dublin, Ireland

Gallagher S, Tedstone Doherty D, Moran R and Kartalova-O'Doherty Y (2008) *Internet use and seeking health*

information online in Ireland: Demographic characteristics and mental health characteristics of users and non users. HRB Research Series 4: Health Research Board, Dublin.

Harnett, A., Dolan, B., Guerin, S., Tierney, E., & Walls, M. (2007) *Informing Families of their Child's Disability – National Best Practice Guidelines. Consultation and Research Report*. National Federation of Voluntary Bodies, Galway.

Harnett, A., Tierney, E. & Guerin, S. (2009) *Convention of hope – Communicating positive, realistic messages to families at the time of a child's diagnosis with disabilities*. *British Journal of Learning Disabilities*, 37 (7):257-264.

Health Service Executive (2008) *National Intercultural Health Strategy 2007-2012*. Health Service Executive, Dublin.

National Federation of Voluntary Bodies Providing Services to People with Intellectual Disabilities (2007) *National Best Practice Guidelines for Informing Families of their Child's Disability*. Galway: National Federation of Voluntary Bodies.

McGarvey & Hart (2008) *An investigation into the social support needs of families who experience rare disorders on the island of Ireland*. RehabCare, Dublin.

UN Convention on the Rights of Persons with Disabilities (2006) United Nations General Assembly Resolution, UN Doc. A/61/611.c.264 A.

Appendix 2:

Translation Checklist

Appendix 2: Translation Checklist : The 5 Ps!

This checklist is intended to assist staff in sourcing and working with Translators to develop high quality, useful, accessible and cost effective health material in the target languages required.

The list is not rigid and not all points will be relevant for every translation project.

Planning for Translation

- Is there a demand for translated material in this topic?
- Is there available translated material in this area that can be used or adapted?
- Is written material the most appropriate way to reach target groups or would other formats be more effective?
- What languages are needed for translation (target language)?
- Do you have a rationale for choosing these languages?
- Are there any variants in the language e.g. do you require material to be translated into Mandarin Chinese or Cantonese Chinese?
- What is the purpose of translation – Is it for general information or will it contain detailed specialised health or legal information?
- Does the style of the text reflect the purpose of the translation – Is it formal, informal, “legalese”?
- Is your English text (source language) clear and accurate?
- Do you have a budget for this project?

Preparation

Selecting a Translator/Translation Service Provider

- Does the Translator have a professional qualification?
- Is the Translator a member of a Professional body?
- Has the Translator/Translation Service Provider been certified to a professional Code of Conduct/and the European Standard EN15038:2006?
- Is the Translation Service Provider certified to the Quality Management System Standard ISO 9001:2008?
- Are the Translator and the Reviser familiar with the subject field of the material to be translated?
- If the material to be translated is very complex or specialised e.g. pharmacological quantities, are the Translator and Reviser competent to manage this?

Specifications of Work

- Have you discussed the overall requirements, nature of work etc. with the Translator/Translation Service Provider?
- Have you agreed all aspects of the project with the Translator/Translation Service Provider? ie:
 - » Scope of work required
 - » Target languages
 - » Terminology – Is an inhouse term base available to assist the Translator?
 - » Style and Corporate Identity – Has the HSE Translation Styleguide been made available to the Translator/Translation Service Provider?
 - » Volume/size of project – Will the text include graphics, pictorial images, symbols or other imported material?

Technical Points

- Does the Translation Service Provider or Translator have access to necessary technical resources to manage the project?
- Timeframe for completion/Deadline for Handover of completed work
- Is there a documented process for translation, revision, proof reading, and 3rd party or client review etc?
- Delivery of completed translations – In what format is this delivered (e.g. DOC, XLS, INX, HTML, print-ready PDF etc.)?
- How will this be delivered e.g. electronically, disc etc?
- Has the Translator/Translation Service Provider signed a Non Disclosure Agreement?
- Has the Translator/Translation Service Provider documented procedures to safeguard confidentiality and meet data protection requirements? Do these procedures address the issue of patient data protection rights and confidentiality in the context of the use of Machine Translation engines?
- Ownership of material/Copyright Issues
- Have you signed a contract according to HSE procurement guidelines?
- In what format is this to be delivered?

Price/Cost

- How are costs agreed?
- What does the quote include?
- Are additional costs incurred for changes after the initial handoff of source files, implementation of client review feedback, layout check etc?

How will payment be phased and made?

Production

Contact/Liaison

- Who does the Translator/Translation Service Provider contact for any clarifications – Does he/she have contact details of the relevant person?
- Do you have the Translator's/Translation Service Provider's contact details and have you agreed on ongoing liaison?

Final Proofing/Sign off on Project

- Has the Translator/Translation Service Provider signed off on the final copy?
- Have you made arrangements for uploading onto a website/printing etc?
- Has the Translator/Translation Service Provider checked the document once it has been uploaded?

Postscripts

Payment

- Have you checked and signed off all invoices for processing and payment?
- Have you checked that payments have been made and received?

Storage of Translated Material

- Have you stored the electronic material safely and accessibly?
- Have you made back up documents?
- Are your colleagues aware of the location of stored copies?

Follow up and Evaluation

- Have you circulated information in respect of the translated material to relevant parties?
- Have you forwarded a copy of the translated material to socialinclusion@hse.ie?
- Have you made arrangements for inviting comments and feedback?
- Have you any arrangements for review/adaptation of the material within a certain time frame?

Appendix 3: Sample Documents in Managing Translations

Appendix 3: 1 Example of a Tender Document

Tenders for translation of material should be managed in line with HSE Procurement guidelines. Any requests for tender should always be confirmed with relevant personnel in HSE Procurement.

The text below offers an example of an approach towards tendering for translation of health related material.

Invitation to Tender for Translation Project

Specifications for the translation of the English questions into a variety of languages for the...X.... project

Purpose of tender

The **Health Service Executive (Details of Department etc.)** requires the following list of English questions be translated into X languages for inclusion in a comprehensive Resource File based in a range of healthcare settings.

This resource file will be used by health care professionals and patients to assist in effective communication.

The resource file contains mostly uncomplicated questions that have “yes” or “no” answers. This is deliberately designed to facilitate the accurate expression and understanding of the questions in the pack.

Nature of Contract

The contracting authority for this procurement is the HSE.

The selected contractor will be an independent contractor and will not hold him/herself out to be a servant, officer or agent of the HSE.

Preparation and submission of tenders and latest dates

The deadline for submission of queries relating to the tender documentation is close of business on

Tenders must be completed in accordance with the format specified in the specifications section.

Copies of the tender should be e-mailed to@.....com

Specifications section

All details of work required should be included in this section.....

Languages required

Qualification requirements of Translators

Tenders must provide a copy of the tenderer’s EN15038:2006 Certificate.

Alternatively Tenders must provide details, including qualifications of all the Translators and Revisers used in this project.

The translation work must be completed by native speakers of the target languages.

In the case of EU languages, all Translators should have translation experience plus:

- BA in Translation or
- MA in Translation or
- Diploma in Translation (Chartered Institute of Linguists)

In the case of non EU languages Translators should have Translation experience plus:

- BA or MA in Translation Studies or
- A university degree and/or postgraduate qualification in the foreign language in question and/or
- Diploma in Translation (Chartered Institute of Linguists)

Revisers should have the qualifications outlined above for Translators, together with proofreading and revising experience.

Quality Monitoring

1. Details of quality checks and the proofing process of written translation must be provided in the tender.
2. 5 % of the work translated must be checked by an independent body. The agency will organise this but must provide details, including qualifications of personnel in the outside agency, where appropriate
3. The Tenderer must provide a typed translation, and the original document must be returned to the HSE.
4. The formatting of the translation must reflect the format of the original document (e.g. Paragraph breaks, headings, sub-headings, bullet points etc.).
5. Translated Information must appear in the same order as the original English text.
6. Translations into languages using Latin script must be returned in the same electronic format as the source document (Word or PDF unlocked).
7. Translations into other languages using other scripts must be returned in PDF (unlocked).
8. Providers should indicate if they have the capacity to undertake advanced typesetting.
9. The tender must provide documented procedures for the translation and revision processes used.
10. The service must include proofreading and checking of translations by a Reviser who is a qualified Translator in the languages concerned.

Timeframe for provision of written translation

(Specify time)..... from date of acceptance to produce first copies. The documents will then be culture proofed, if the content is thought to require this. Once they are culture proofed they may be sent back to the Tenderer for final adjustment.

The time frame for receiving the final copies back to the HSE will be one week from receiving changes.

Fees

Price includes entire service, including up to two amendment drafts following culture proofing.

Confidentiality

The successful Tenderer/s must maintain confidentiality in all interactions with the HSE.

Appendix 3: 2 Example of an Agreement between the HSE and Translation Company

Agreement for Translation of Updated Information for _____ (insert project detail)

Nature of Agreement

.....
This agreement is made between _____ (HSE) and _____ (Translation Company)
for the translation of _____

Qualification of Translators

-
1. The translation work will be completed by native speakers of the target languages.
 2. In the case of EU languages, all Translators should have translation experience plus:
 - BA in Translation or
 - MA in Translation or
 - Diploma in Translation (Chartered Institute of Linguists)
 3. In the case of non EU languages Translators should have Translation experience plus:
 - BA or MA in Translation Studies or
 - A university degree and/or postgraduate qualification and/or
 - Diploma in Translation (Chartered Institute of Linguists)
 4. Proofreaders should have the qualifications outlined above for Translators, plus proofreading experience.

Quality Monitoring

-
5. The quote includes translation and one proofreading prior to delivery.
 6. Please provide the typed translation and the original document to _____ (HSE)
 7. The formatting of the translation must reflect the format of the original document (e.g. Paragraph breaks, headings, sub-headings, bullet points etc.).
 8. Translated Information must appear in the same order as the original English text.
 9. Translations into languages using Latin script must be returned in the same electronic format as the source document (Word or PDF unlocked).
 10. Translations into other languages using other scripts must be returned in PDF (unlocked).

Languages required

Timeframe for provision of written translation

The time frame for receiving the final copies back to the HSE will be _____ working days as specified in the quote

Fees

Price for entire service, including proofreading and including VAT: €

Invoice

The invoice must be sent to:

Confidentiality

Confidentiality will be maintained by _____ (HSE) and _____ (Translation Company) of all interactions relating to the translation project.

Appendix 3: 3 Example of Guideline for Translation from Patient's Language to English

1. Guideline Statement:

Guideline for employees of _____ to arrange translation of patient clinical documents from patient's own language to English for healthcare professionals.

2. Purpose:

To ensure a clear process for staff seeking to have a patient's document translated from the patient's own language into English to facilitate the hospital healthcare professional to access the accurate clinical information.

3. Scope:

This guideline applies to all healthcare professionals in _____ when they are presented with healthcare information by the patient in the patient's own language i.e. other than English, that the healthcare professional requires to access for the clinical care of the patient.

4. Roles & Responsibilities:

4.1 It is the responsibility of healthcare professionals to follow this guideline in the event that a patient presents with written healthcare information in their own language i.e. other than English that the healthcare professional requires to access for the clinical care of the patient.

4.2 It is the responsibility of the staff seeking the written translation to inform and obtain the approval of the person in charge/Clinical Nurse Manager and the Finance Manager in order to proceed with the translation.

4.2 All Policies & Guidelines developed in _____ should take cognisance of the Health Service Executive (HSE) Corporate Code of Ethics.

HSE Code of Standards and Behaviour
www.hse.ie/eng/staff/Resources/Codeofstandards.pdf

HSE Code of Governance www.hse.ie/eng/services/Publications/corporate/codeofgovernance.pdf

5. Authorisation of Guideline:

This guideline was approved by the Policies and Guideline Committee.

6. Implementation Plan:

This guideline was forwarded electronically to all Heads of Department for inclusion with their _____ (health service) policies and guidelines.

_____ will distribute to all Heads of Department and maintain a distribution list of same.

7. Reviewing the available evidence/analysis:

7.1 The guideline will be reviewed in two years (_____ 2012).

7.2 If research, legislation, standards, practice, the environment or role of personnel alters, the guideline must be reviewed prior to the two-year review period.

7.3 _____ will archive and centrally file this guideline.

8. Evaluation & Auditing:

This guideline will be audited by Cultural Diversity Committee.

9. Consultation

This guideline was developed by the Cultural Diversity and Interpreting committees.

_____ acknowledges the HSE Social Inclusion guidelines regarding translation.

10. Distributed to:

All Heads of Department, Managers and Consultants.

11. Procedures for written translation

11.1 Is the written information required for clinical purposes? If yes, continue with the procedures below.

11.2 Contact a translation company and seek a quote for the translation, Appendix 1). As per the Financial Regulations two quotes are required above €250. The quote is based on word count and language required. The translation company may require a copy of the document to be translated in order to make an accurate quote.

11.3 The person in charge/Clinical Nurse Manager must seek authorisation from the Finance Manager or their representative. **Approval by the Finance Manager or their representative is required in order to proceed.**

11.4 If authorisation is given by the Finance Manager or their representative, complete a written translation request form and fax/post to the translation company with a copy of the document to be translated.

12. Glossary of Terms (Term Base) & Definitions:

Translation: the conversion of written text from one language to another (HSE, 2009)

13. Healthcare Evidence Based Practice

_____ acknowledges the HSE Social Inclusion guidelines regarding translation which informed this guideline.

14. References

1. Health Services Executive. *On Speaking Terms: Good Practice Guidelines for HSE staff in the provision of Interpreting Services*. HSE 2009

2. Health Service Executive. *Lost in Translation? Good Practice Guidelines for HSE Staff in Planning, Managing and Assuring Quality Translations of Health Related Material into Other Languages*. HSE 2011

Appendix 3: 4 Example of a Form to Obtain Quote for Written Translation

Enquiry for quote for written translation

_____ (health service)

Date: _____

Name of staff member requesting quote: _____

Job title: _____

Ward/Department: _____

Contact number: _____ Bleep number: _____

Fax number: _____

Email address: _____

1. A quote is sought to translate the enclosed document from _____ language into English. Please include the cost of proofreading and VAT.

2. Please confirm the timeframe for the provision of the completed translation: _____

Please send the quote to the named person on this form

N.B. The enclosed document must be treated in the strictest confidence. The translation company must return the faxed or written copy to the staff member named on this form regardless of whether the quote is accepted or not.

Appendix 3: 5 Example of a Request Form for Written Translation Once Quote and Approval is Received

Written Translation Request form for _____ (health service)

Please use **BLOCK LETTERS** to complete this form:

DATE: _____

TO: _____ Translation Company

Fax/Postal address:

FROM: _____ Staff member

JOB TITLE: _____

WARD/DEPT/CLINIC: _____

STAFF CONTACT NUMBER: _____ BLEEP NUMBER: _____

WARD/DEPT. CONTACT FAX: _____

EMAIL ADDRESS: _____

LANGUAGE REQUIRED: _____

AGREED COST OF TRANSLATION: _____

AGREED COMPLETION DATE FOR TRANSLATION: _____

INVOICE TO BE SENT TO: _____

RETURN ADDRESS FOR COMPLETED TRANSLATION (if different from above):

SIGNATURE OF STAFF MEMBER: _____

AGREED BY CLINICAL NURSE MANAGER/PERSON IN CHARGE (printed & signed):

AUTHORISED BY FINANCE MANAGER (printed & signed): _____

Appendix 4:

Useful Resources

Appendix 4: Useful Resources

Accessible Information for All: Guidelines on Developing Accessible Information in Your Organisation (2009), available on www.citizensinformationboard.ie/news/news20090908

Census 2006 www.cso.ie/en/census/census2006reports/

Census 2011
www.cso.ie/en/census/census2011preliminaryreport/

Equality Authority, Health Service Executive and Department of Health and Children (2005): Equal Status Acts 2000 to 2004 and Provision of Health Services.

Chartered Institute of Linguists, Checklist and Guidelines for Selecting a Translator, 2009. www.iol.org.uk

Health Service Executive: Emergency Multilingual Aid, available on www.hse.ie

Health Service Executive:
National Intercultural Health Strategy 2007 – 2012

Health Service Executive: National Strategy for Service User Involvement in the Irish Health Service (2008).

Health Service Executive: The 'Plain language style guide for documents' - HSE and NALA. www.healthpromotion.ie/hp-files/docs/HSE_StyleGuide_LR.pdf

Irish Translators and Interpreters Association:
www.translatorsassociation.ie

Multicultural Communication:
Website: www.mhcs.health.nsw.gov.au

Multilingual Health Resources, New South Wales, Document No GL2005_032

National Adult Literacy Agency: www.nala.ie

National Consultative Committee on Racism and Interculturalism (2008). Developing Quality, Cost Effective Interpreting and Translating Services for Government Service Providers in Ireland.

Organisation for Economic Cooperation and Development (2009) International Migration Outlook.

Queensland Government's website on Multilingual Health: www.health.qld.gov.au/multicultural/

SFT, CILT, Institute of Translation & Interpreting: Translation: Getting it Right (www.atanet.org/publications/getting_it_right.php)

Translation Toolkit: Office of Public Health Strategy and Communications, Commonwealth of Massachusetts.
Website: www.mass.gov/dph/healthequity

Victorian Multicultural Commission
www.multicultural.vic.gov.au

Please note that web links were functioning at time of going to print.

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- » Professor Jenny Williams: Dublin City University
- » Rosemary Orr: Health Promotion, Connolly Hospital
- » Alice O’Flynn: Social Inclusion, HSE

Comments, suggestions should be forwarded to socialinclusion@hse.ie

This guide should be reviewed and updated as necessary by July 2014.



