

Translated health information matters

Identifying people's needs

- Ask users their preferred language and format
- Get to know language, dialect and literacy needs
- Prioritise resources for translation by user needs

up to **1 million**
people cannot speak
English well or at all¹

People who cannot speak English well or at all have a lower proportion of 'good' health than English speakers²



Producing translated materials

- Start with health literacy friendly materials
- Work with trusted voices in the community
- Ensure material is culturally appropriate
- Think about visual content as well as words
- Make sure information is accurate
- Pilot translations with representative users
- Common terms, like the NHS, might need explaining in translated materials

Association of Translation Companies (ATC) membership is the mark of quality language services. View the ATC guide to translation for charities [here](#).

Translators – the options

Professional translators

- ✓ Considered the gold standard
- ✓ Adapt to specific scenarios
- ✓ Proactive checking
- ✓ Greater awareness of cultural sensitivities
- ✗ Greater cost



Informal language support. This includes friends, family and volunteers

- ✓ Value should not be underestimated
- ✗ Places a burden on those providing
- ✗ Not appropriate in formal healthcare settings

Technology-assisted translation also known as AI or machine translation

- ✓ Free or low cost option
- ✗ Less likely to be accurate for specialised contexts
- ✗ Less likely to make intuitive connections
- ✗ Many non-European languages are not supported or are less accurate
- May be issues with clinical quality
- ✗ assurance

References

1. www.ethnicity-facts-figures.service.gov.uk/uk-population-by-ethnicity/demographics/english-language-skills/latest

2. <https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/language>

Further resources: a. PIF Health Literacy Matters poster

b. PIF Co-production Matters poster

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