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<td><strong>Date ratified:</strong></td>
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<td>Final</td>
<td>Incorporates the Trust’s Best Practice Guide and some additional guidance on using interpreters. Brings all the information on interpreting and translation into one document.</td>
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Appendix 1 - thebigword Poster Guidance for Telephone Interpreting

Appendix 2 - thebigword Language Identifier Poster

Appendix 3 - Welcome in Many Languages

Appendix 4 - Guidance on Using Newham Language Shop Services
Executive Summary

All our service users or their carers have the right to effective communication in a form, language and manner that enables them to understand the information provided. Where necessary and reasonably practicable, this includes the right to a competent interpreter. Interpreting is an oral or visual/gesture of communication from one language into another. It includes community languages and sign languages. Translation is the written rendering of the meaning of the written word from one language into another either as text or audio.

This document provides a framework to support communication with service users and carers who are non-English speakers, people for whom English is a second language, people with hearing or visual impairment or who have learning disabilities. It sets out clear standards across the organisation to promote good practice and minimise risks which stem from communication barriers and it covers the use of face to face, telephone interpreting and written translation services in accordance with identified need.
1 Introduction

1.1 Interpreting is an oral or visual/gesture of communication from one language into another. It includes community languages and sign languages.

1.2 In general, interpreting means bridging a language and cultural gap between two people who need to communicate with each other but who may have different cultural backgrounds, do not share a common language and therefore would be unable to communicate effectively.

1.3 Translation is the written rendering of the meaning of the written word from one language into another either as text or audio.

1.4 All our service users or their carers have the right to effective communication in a form, language and manner that enables them to understand the information provided. Where necessary and reasonably practicable, this includes the right to a competent interpreter.

1.5 Clinical care should always be provided in such a manner as to ensure that service users and their carers or significant others can:

- Communicate accurate information to clinicians and practitioners so that symptoms and their meanings can be understood, correctly diagnosed and the best available treatment offered
- Understand the health issues facing them, the treatment options available and the steps required to recover or maintain well-being
- Express themselves fully and freely as appropriate to the context within which they receive care
- Have access to qualified interpreters in response to identified needs
- Have access to translated information about the care being provided by the Trust
- Reassured that the provision of interpreting and other language services is the responsibility of the Trust and not the service user, carers, their family or community

2 Purpose of the Policy

2.1 This policy provides a framework to support communication with service users and carers who are non-English speakers, people for whom English is a second language, people with hearing or visual impairment or who have learning disabilities.

2.2 The policy sets out clear standards across the organisation to promote good practice and minimise risks which stem from communication barriers and it covers the use of face to face, telephone interpreting and written translation services in accordance with identified need.

3 Roles and Responsibilities

3.1 Trust Staff
Staff are responsible for implementing the policy effectively and for bringing any issues which may affect implementation to their managers. They also need to:

- Recognise that a language need exists
Inform service users and carers that an interpreter can be arranged at no cost to them
Assess which language is being spoken
Assess and make provision for language need by liaising with the service user or carer, where appropriate
Arrange interpreting or translating services as soon as the need becomes apparent
Liaise with the interpreting service to arrange for an interpreter following the booking arrangements set out within this policy
Define or explain complex terminology or acronyms
Accurately document within the service user’s clinical records, the language and dialect used and any hearing or visual impairment or learning difficulties needs identified
Staff must not reveal the PIN number provided for accessing telephone interpreting services to the service user or any person not employed by the Trust.
Staff should use the appropriate PIN number that has been issued to the appropriate service, location, department or unit in which the service is required
Keep control of the interview

3.2 Interpreters
The interpreter is responsible for assisting in the interview, interpreting accurately, maintaining confidentiality, advising on cultural differences, declaring if they are known to the service user, where appropriate. The interpreter is not responsible for conducting the interview, giving advice or acting as an advocate. The interpreter is expected to facilitate communication between people who do not have a language in common.

The key factors which influence the requirements for interpreting are:
- Ensuring equitable access to services
- Ensuring the best patient outcome
- Ensuring a positive patient experience
- Facilitating communication to all involved
- Working towards fostering trust and maintaining confidentiality

Interpreters sometimes know important information about the service user’s culture, country of origin and religious beliefs that others are not aware of. It is useful to ask the interpreter to point out any areas of cultural significance that they would help to improve the understanding of the service user’s world. In particular, interpreters may help to establish whether certain behaviours, beliefs or reactions are usual within the service user’s culture.

4 How to decide if an Interpreter is required

4.1 There may be no previous request for an interpreter or it is not clearly indicated as required on the document you currently have e.g. a referral form or case notes. You may meet the service user or carer and then realise an interpreter is required. If you are not sure whether an interpreter should be used or not, try the following:

- Ask an open question that requires the person to answer in a sentence. Avoid closed questions, that can be answered ‘yes or no’ or a very familiar question such as ‘age or where do you live?’

- Ask the person to repeat a message that you have just given them, in his or her own words.

If the person cannot articulate a sentence in English or cannot relay back to you the message you have given them, then an interpreter is most likely required.
5 What Language Does the Person Speak?

5.1 It is important not to make assumptions about the language that the person speaks. But where
only the ethnicity is stated or information is sparse, you may need to check further to ensure a
correct match. There may be sensitivities around inter-ethnic, regional, political tensions and all
efforts should be made to accommodate the service user’s sensitivities and preferences, such as
asylum seekers who may have been victims of torture. If unsure, please check with the
service user.

6 When to Use an Interpreter

6.1 The Initial Assessment and Discharge
Staff must ensure that a trained, professional interpreter (Level1) is used during the initial
assessment stage and at the point of discharge. Staff must clearly document in the service
user’s note and RiO, the service user’s preferred language or communication needs.

6.2 Regular Appointments & Meetings
Staff must also ensure that a trained, professional interpreter (Level 1) is used during these
regular appointments and meetings. Equally, staff should also continuously assess whether
the service user or carer’s need for language support is still necessary.

6.3 For emergency assessment or in high risk situations, an interpreter may not always be
available; the clinician may wish to use telephone interpreting until a qualified, trained
interpreter is available. If a service user or family refuses to use a professional interpreter then
this decision should be confirmed through a telephone interpreting service or face to face with
an interpreter and recorded in the service user’s notes.

6.4 An interpreter should be used:

- When the person has a limited use of English
- When there is a concern that the person does not understand the clinical information
given in English
- When the person is deaf or has a hearing impairment, a learning disability or uses sign
language
- When we know someone needs an interpreter from information such as referral form
and case notes, we already have.
- When there are concerns that the service user or carer, family or friend is unable to
express themselves fully and freely due to language barriers or conflict of interest.
- For complex assessment in which carers, family members and friends will not be
appropriate.

7 Telephone Interpreting

7.1 Telephone interpreting is where the interpreter delivers the interpreting over the phone.

7.2 To increase accessibility to our services for people who don’t speak English, telephone
interpreters should be considered as an option.

7.3 Telephone interpretation is appropriate where the communication is brief and straightforward
or in circumstances that cannot be planned for, such as when someone visits unexpectedly, in
emergency situations when you need immediate assistance or when all other attempts to get a
face to face interpreter has been exhausted and unsuccessful.
7.4 Telephone Interpreting can also be used to establish the language spoken and the nature of an enquiry before a face to face interpreter is called for.

7.5 Additionally, it can also be used to remind service users or family members about meetings arranged or to communicate brief appointment arrangements.

7.6 Some service users who do not speak English take great comfort from the anonymity of a telephone interpreter, particularly in small or closely knit ethnic communities. Some service users may feel a level of distress due to cultural or social pressures from within his/her community. If the service user is forced to talk to his/her practitioner with another member of their community in the room, even if that person is a professional interpreter, they may feel unable to speak openly and honestly.

7.7 Telephone interpreting may not be suitable for all assessment or interviews owing to its complexity or sensitivity. It may not be advisable in situations that would exacerbate the services user’s symptoms such as paranoid delusions or auditory hallucinations. This form of interpreting may also interrupt the flow and may not be conducive to building rapport between the service user and the healthcare practitioner. To most service users (and practitioners) this form of interpreting can seem somewhat artificial.

7.8 Telephone interpreters cannot take account of non-verbal signals and some services users, carers, family or friends may not be comfortable using the telephone.

7.9 Telephone interpreting is not suitable for service users with hearing impairment.

7.10 Telephone interpreting is charged per minute. Charges begin once you have been connected to the interpreting provider’s operator.

8 The Use of Relatives, Carers and Friends as Interpreters

8.1 Relatives, carers and friends MUST NOT routinely be asked or expected to interpret. If used, there is an increased risk of inaccuracy, partiality and compromised confidentiality. Similarly, carers may wish to speak confidentially with staff about the needs of the service user or their own needs.

8.2 Children under 16 MUST NOT be used as interpreters. Service users who bring children to act as interpreters should be strongly discouraged and offered the assistance of a qualified interpreter or an alternative appointment. Interpreting, particularly in health care settings, is a serious responsibility and should not rest with a child. Staff should only ask a child for basic information in a case of emergency. In such instances, where a child has been used, the reasons should be clearly documented in the service user’s case notes.

8.3 The Trust advocates that professional interpreting is used where possible before relying on carers, family or friends. There could be some disadvantages in using untrained interpreters, such as friends and family members of the service user or bilingual staff who are not trained to do interpreting. These may include:

Inaccuracy and Inadequacy of Interpretation
Vital information from the service user may be left out as untrained interpreters might not fully understand the service user or might change the information given based on lack of knowledge. They may not be willing to say that they do not understand something that you or the service user has said for fear of ‘losing face’. They may not have the same level of expertise in both languages, nor have all the skills that professional interpreters are trained in.
Friends and family may omit swear-words or abusive language so as not to ‘offend’ you (the practitioner). This information could be vital for example, when assessing the mental state. They may “censor” information they may perceive to be “embarrassing”, “inappropriate” or “shameful”.

**Lack of Confidentiality**
Family members and lay people may not fully understand the need for strict confidentiality. Furthermore, if a family member is interpreting, the service user might feel forced not to disclose issues about family problems or conflicts which might be the origin of the current crisis. Their presence may have an impact on the interviewee’s right to privacy and confidentiality; this may also deter the interviewee from expressing him or herself fully and freely.

**Lack of Impartiality or Conflict of Interest**
A relative may ‘side’ with the practitioner or the service user, or not pass on information they do not agree with.

**Advice giving or advocacy**
Often with an understandable wish to be ‘helpful’ or ‘supportive’, friends and family may misinterpret the practitioner’s instructions or advise the service user what to say.

**Domestic Violence, Abuse and Child Abuse**
The majority of domestic abuse and child abuse is perpetrated by family members or adults known to the child/adult. Children under 16 MUST NOT be used as interpreters. Best practice suggests that female service users should be interviewed by staff and interpreters only (i.e. no one else present in the room) when any questions are asked about fears of harm/risks at home. Within children’s and adolescents’ services, it may not be always possible not to have a family member present. Where possible, it is best practice for female service users to know in advance the name of an interpreter to be used by the Trust in order to veto anyone who is known to the family.

**8.4** If a family member, carer, or friend insists on interpreting, you should try to persuade them that it is in the interviewee’s best interest to use a professional interpreter.

**8.5** It is important to keep in mind that some service users will invariably prefer to have a family member to act as an interpreter, rather than a professional one, for several reasons. Service users should always be given the option of using a friend or a family member, for minor forms of communication with staff, if they so wish, taking into account the circumstances as referred to above.

**8.6** Family members may be used in conjunction with a professional interpreter in order to provide vital information that would not be able to be solicited from the service user due to their mental illness.

**8.7** When a child cannot understand or speak English, parents must not be asked to interpret for the child; an external interpreter must be used. In exceptional emergency situations, clinicians can use their judgement to ask parents to interpret whilst external interpretation can be arranged.
9 The Use of Staff Members as Interpreters

9.1 Staff members who do not have an accredited interpreting qualification may be used to identify language or to help communicate basic information e.g. personal history, menu choices etc. but this must be with the consent of the service user. Complex clinical information, medical terminology or decisions made about clinical care should always been done through a qualified interpreter, except in an emergency. Consideration should also be given to matching gender and age of the interpreter with the service user or carer. Registered medical, nursing and Allied Health Professional staff may interpret on medical matters if they are fluent in the language concerned.

10 Who Should Interpret

10.1 The Trust has identified different levels of proficiency of interpreting, available to trust staff:

- **Level 1**: Trained, experienced and qualified interpreters provided through an approved provider of face to face interpreting services.

- **Level 2**: Interpreter provided through an approved telephone interpreting service provider with whom the Trust has a contract.

- **Level 3**: Qualified bilingual staff members, who have undergone some interpreting course such as the Diploma in Public Services Interpreting (DPSI) and their duties regarding interpretation, should be detailed in their job description.

- **Level 4**: Trust staff that are bilingual but not trained.

10.2 The following chart provides details of which level of interpreting support is acceptable for a range of situations. This list is not exhaustive but provides a guide to the level for interpreting provision that staff should try and aim for:

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<tr>
<th>Clinical Situation</th>
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<td>➢ Seeking a service user’s informed consent</td>
<td>Level one or two</td>
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<tr>
<td>➢ Seeking a service user’s informed consent in an emergency situation</td>
<td>Level one to four normally and in exceptional circumstances, level four</td>
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<tr>
<td>➢ Meeting with a carer and/or conducting a carer’s assessment</td>
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<tr>
<td>➢ Advising service users or carers on a course of treatment</td>
<td>Levels one to three in normal circumstances, except where this expectation cannot be met at short notice, level four</td>
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<tr>
<td>➢ Booking an appointment for service users</td>
<td>Levels two to four</td>
</tr>
<tr>
<td>➢ Undertaking a clinic with a variety of service users</td>
<td>Levels one, or three in normal circumstances</td>
</tr>
<tr>
<td>➢ Undertaking a regular home visit</td>
<td>Levels one or three. If a suitable interpreter cannot be booked the home visit should be re-scheduled for a time when one will be available.</td>
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11 **Sign Language Interpreters**

11.1 The Trust’s preferred interpreting provider provides the Trust with interpreters for people with hearing impairment or difficulties. It is important to note in the patient’s clinical records as well as on the booking form, which type of interpreter is required e.g. British Sign Language, Relay Interpreting, Deafblind Manual, or Palantypist. Please follow the same booking process as for other face to face interpreters. N.b. due to the limited number of sign language interpreters nationally, it is recommended that a minimum of one week’s notice is given when placing a booking. There is also a minimum time that such interpreters may be booked for, usually two to three hours.

12 **Translation Service**

12.1 The preferred interpreting provider also provides the Trust with translation services. Where appropriate, information such as care plans and appointment letters should be made available to service users and carers in their own language or readable format.

13 **Information Governance and the Use of Interpreting and Translation Services**

13.1 Staff must adhere to information governance standards when commissioning interpreting and translation services.

13.2 The correct form should be used for all requests.

13.3 The form should not contain the service users name, only their initials.

13.4 When sending the request by email please note that the subject header of the email should not contain any person identifiable information.

13.5 It is especially important to follow this process as requests sent from Trust e-mail accounts to interpreters’ e-mail addresses are unencrypted and insecure routes. Please refer to the Sending Person Identifiable Information Safely leaflet and other Information Governance Leaflets.

14 **Working with Trained Interpreters**

14.1 The Trust only uses authorised and appropriately trained interpreters who follow a professional code of practice which stipulates that confidentiality, respect and accuracy are maintained.

14.2 Professional interpreters should always:

- Act in an impartial and professional manner
- Be fluent in the language specified
- Have a basic understanding and knowledge of psychiatric terminology
- Honestly report when they have not understood something
- Introduce themselves to the service user/family and reassure them that confidentiality will be respected
- Interpret accurately without anything being added to or omitted from the interaction
- Be punctual to their appointments. If they are running late for the session, he or she should call the relevant team to inform them of their expected arrival time.
- Dress appropriately and professionally at all times.
14.3 **Interpreters should not:**

- Discriminate against service users, carers, family, friends and professionals directly or indirectly, on the grounds of race, colour, ethnic origin, caste, age, nationality, religion, gender, sexual orientation or disability
- Engage in long conversations with the service user or family and then provide summarised versions of what he or she said at the end
- Assume that they have to advocate for the service user, replying on their behalf or helping them to answer the questions

15 **Booking the Interpreter**

- You should book an interpreter as soon as you realise that one is required. However, in some clinical areas or crisis situations this will not be applicable or possible.
- Where possible, consider using the same interpreter who has worked on the case before, for future sessions. Please make this clear on your booking request.
- When booking an interpreter, try to provide as much information as possible to help the interpreting service ensure they send an appropriate interpreter. For example, it may be important not just to match the language and dialect, but to have the same gender interpreter or an interpreter from the same ethnic group.
- Before booking the session, double-check you know the language and dialect of the service user or carer/s. Please also state where possible, the gender, age, ethnic background and country of origin.
- Please include your cost code on the Trust booking form. This is important to ensure that the booking is completed accurately.
- You should allocate **double** the time for sessions when working with interpreters.
- If you are running late for the session, where possible, you should call the interpreting provider and advise of the change in meeting time etc.

16 **Preparing for the Session**

- In psychiatric consultations and other complex and sensitive interpreting situations, when using face to face interpreting, it is recommended that a few minutes is spent preparing the interpreter prior to the meeting with the service user. This should be an opportunity to share appropriate information that may facilitate an improved and meaningful interpreting.
- Brief the interpreter on the background to the case and any terminology you expect to use. Provide any additional information that may be useful. This should be done before meeting with the service user and/or family where possible.
- Explain how you will conduct the session.
- When booking the room for your meeting, you should consider the number of people who are going to be at the meeting and where you would like the interpreter to be seated so that they are properly and appropriately involved in the session. For face to face interpreting, arrange the room setting in a triangle allowing you and your service
user or carer to look directly at each other with the interpreter placed neutrally in between. Please see below.

- Instruct the interpreter to repeat exactly what is said. Be aware that this will sometimes involve interpreting meaning, as a pure literal translation may not make sense in another language. If possible, discuss key words in advance, e.g. depression, anxiety or hallucinations.

- Forewarn the interpreter that some of the information that they may receive from the service user “may not make sense”. They should provide a literal translation, as this could be an indication of the mental state of the service user.

**Suggested Seating Arrangements for Face to Face Interpreting**

For a British Sign Language (BSL) interpreting session, it may be more useful for the arrangement of the room to be slightly different. Where possible, it is important to remember that the service user or family will need to face the interpreter and not the interviewer or staff. Please see below for an example.
During the Session

- At the beginning of the session, ask the interpreter to introduce him/herself to those in attendance, introduce yourself to the interpreter, to your service user or carer and clearly explain your roles.

- Explain that the interpreter is bound by a confidentiality agreement and will not discuss the case with anyone external to the session.

- Explain the purpose of the meeting/session.

- Talk directly to your service user or carer, maintain good eye contact (where culturally appropriate) while speaking and always address the services user or carer directly e.g. “How are you today?” Avoid the tendency to ask the interpreter questions, i.e. “How is he today?” and ask the interpreter to do the same when he/she interprets back to you.

- Observe the service user’s or carer’s non-verbal communication but bear in mind that gestures can mean different things in different countries or cultures. Ask the interpreter if appropriate.

- Speak clearly and slowly. Pause after each sentence, allow the interpreter to translate a manageable amount of information at a time.

- Speak in simple, plain English. Try to avoid jargon, medical terminology and acronyms where possible. Keep explanations simple. Longer, condensed and information packed sentences may make it difficult for the service user or carer to understand.

- Pay attention to your own non-verbal communication.

- Be aware that interpreters are not trained to interpret behaviours.

- Do not ask interpreters for their opinion about any aspect relating to the service user or carer.

- Be aware the service user may relate more closely to the interpreter than to you. This is not unusual, as the service user or carer may feel vulnerable when they are concerned about their health, in an unfamiliar environment and not able to communicate directly.

- Generally, it is preferable for the interpreter to interpret and repeat sentences after the service user or carer has finished speaking. In some instances, this may not always be possible because of the service user’s mental state, e.g. that the service user is speaking too fast. In these situations, you should intervene and request simultaneous interpreting.

- If the session is nearing the end of the booking time, the interpreter should advise if they need to leave on time. The interpreter may have other bookings that they need to travel to. Check before the session starts for any time constraints.
### After the Session

- You may wish to spend a few minutes to ‘check in’ with the interpreter after the consultation to clarify aspects of understanding or debrief the interpreter without the service user or carer present. This is not compulsory and is entirely dependent on the practitioner but it is useful.

- The interpreter should remain impartial and not discuss opinions of the service user or carer.

- If you have any concerns about an interpreter’s performance or behaviour such as punctuality, accuracy of translation, attitude towards the service user/family/carer, you should inform the interpreting company via the feedback system. This will help the interpreting provider to find more appropriate interpreters for the service user or carer in the future, and support the service’s quality monitoring.

- You may need to support the interpreter to set boundaries so that he/she can exit their relationship with the service user or carer at the end of the session. For example, make sure the interpreter does not have to leave the building with the service user or carer.

### List of Appendices

Appendix 1 - thebigword Poster Guidance for Telephone Interpreting

Appendix 2 - thebigword Language Identifier Poster

Appendix 3 - Welcome in Many Languages

Appendix 4 - Guidance on Using Newham Language Shop Services
thebigword is your sole supplier of telephone interpreting, a service which will enable you to help any client who may have limited English language skills.

When you need an interpreter please follow the instructions below:

1. Dial **0800 757 3053 / 0800 694 5093**
   - Enter your access code, followed by the # key
   - Keep your access code here: ______________________ #
     (If required, enter your PIN number, followed by the # key)
   - Enter the language code from the list below, followed by the # key

2. Once connected stay on the line
   - Take note of the interpreter’s identity number
   - Direct your conversation to the client and NOT the interpreter

Dial **700** followed by the # key if you cannot identify the language required.

Dial **0** followed by the # key for further assistance.

### Language Codes

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If you have forgotten your access code or you have any questions following a call please contact:

- General Service Queries: **0800 757 3025**
- E-mail: **tis@thebigword.com**
- Web: **www.thebigword.com/publicsector**

If you have any questions please ensure that you have:

- the interpreter’s ID number
- time of the call
- language you required
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</table>
Welcome

Appendix 3

The public sector’s first choice for quality translation and interpreting

bookingsnls@newham.gov.uk
www.languageshop.org
Guidance on booking and using the Language Shop Services

Thank you for using the Language Shop Translation and Interpreting Service. This guidance is to assist you with the new and improved process of booking and using our wide range of services including:

- Face to Face spoken Language Interpreting
- British Sign Language Interpreting
- Written Translations
- Telephone Interpreting
- Braille

A quick and easy guide to use request these services is outlined below:

Face to Face spoken Language interpreting and British sign Language Interpreting

The Language Shop will need to register you to access these services via our on-line booking system.

The information required from you to register is as follows:

1. Your full name
2. Your full postal address including your department
3. Your e-mail address
4. Your Cost Centre
5. Your contact telephone number

Once registered you will be able to log on to the system and begin to book the interpreting service.

Examples of the on-line booking pages and how to complete them are shown below:
If your address has already been input click the drop down arrow and select your location from the list.

OR

Click Add Location for any new location required. A new screen will appear as shown below:

1. Enter Date & Time
2. Enter estimated duration
3. Click drop down menu to select a language, if the language you require is not shown please call 020 3373 4000 to request the language.
4. Click the drop down menu to select the service you require, if this is not shown please call 020 3373 4000
5. Select interpreter gender
6. Enter the name of the officer the interpreter needs to report to
7. Select the subject matter of the booking
8. Enter the client name, if not known please put Unknown
9. When all fields are entered correctly please click the Submit button
Enter the venue address details in the correct fields. An example of the address format is shown below:

- **Organisation Name**: East London NHS Foundation Trust
- **Department**: CMHT North East
- **Building**: 4th Floor
- **Address Line 1**: 22 Commercial Street
- **Address Line 2**:
- **Address Line 3**: London
- **County**: London
- **Postcode**: E1 6LP

Click SUBMIT to accept and return to main screen to complete the remainder of the information required.
Check summary details if complete and correct select Confirm Booking. If you require more than one booking please click Add Another Booking and repeat the process as many times as you need ending by clicking Confirm Booking(s).

**Telephone Interpreting**

Telephone interpreting should be restricted to unplanned or emergency interactions, to resolve simple issues or to contact customers at home.

1. Dial 020 3373 4000
2. Request Telephone Interpreting and the Language you require
3. Quote your Name, Department and Purchase Order No
4. You will then be connected to the interpreter
5. Once connected stay on the line
6. Make a note of the interpreters Name
7. Direct your conversation to the client and not the interpreter
8. When you have finished the call please hang up.
Translations

Please e-mail all translation requests to translations@newham.gov.uk

The information you will need to provide is as follows:

1. Your full name
2. Your full postal address including your department
3. Your e-mail address
4. Your Budget Holder
5. Your contact telephone number
6. A copy of the document you wish translated

For further information, support and guidance please contact the Key Members of the Service Delivery Team Contact Details

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<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Telephone / email</th>
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<tr>
<td>Head of the Language Shop</td>
<td>Jaimin Patel</td>
<td>020 3373 7173</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:jaimin.patel@newham.gov.uk">jaimin.patel@newham.gov.uk</a></td>
</tr>
<tr>
<td>Operations Manager</td>
<td>Aprile Harman</td>
<td>020 3373 6922</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:aprile.harman@newham.gov.uk">aprile.harman@newham.gov.uk</a></td>
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<tr>
<td>Senior Service Co-ordinator (Face to Face and Telephone Interpreting)</td>
<td>Maimoona Saleh</td>
<td>020 3373 2778</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:maimoona.saleh@newham.gov.uk">maimoona.saleh@newham.gov.uk</a></td>
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<tr>
<td>Senior Service Co-ordinator (British Sign Language Interpreting and Translations)</td>
<td>Simone Bousfield</td>
<td>020 3373 0941</td>
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