

national resource centre for Ethnic Minority Health

Now we're talking



Interpreting guidelines
for staff of NHS Scotland

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Foreword

Dear colleague,

I am delighted to recommend to you *Now we're talking: Interpreting Guidelines for NHS staff* published by the National Resource Centre for Ethnic Minority Health, NHS Health Scotland.

Everyone working with patients whose first language is not English will appreciate the importance of interpreting support to the delivery of health care and health information to such patients.

We believe that these Guidelines will help frontline staff ensure that interpreting is arranged and delivered effectively to these patients.

We hope that the Guidelines provide clear, precise and simple guidance for staff and will help them develop a good understanding of how to work effectively with interpreters.

The development of *Now we're talking* was planned and guided by the NRCEMH Policy Network which I have had the privilege of chairing for the past three years. The need for such Guidelines came from Boards. The production is an example of how NRCEMH has worked with its networks of key contacts and other organisations to develop a national resource.

I would like to acknowledge the contribution of Anne-Marie Love, formerly Policy Manager at NRCEMH, who undertook the research and writing for the Guidelines. Her work was guided by members of the Policy Network, ensuring that it meets the needs of target audiences.

We do hope that *Now we're talking* proves a useful resource to staff in your organization. Whilst this is not a comprehensive guide to the use of interpreters, it should provide the basics necessary for health care staff to use interpreting services effectively. The Guidelines include listings of further resources for those wishing more detailed guidance. The format allows Boards to insert additional materials around local policy and practice.

Comments and suggestions to improve this work and further develop national guidance around interpreting and translation will be welcomed by the Equalities and Planning Directorate of NHS Health Scotland (the functions of NRCEMH have been subsumed into this new Directorate as of 1 April 2008).

I will be grateful for your assistance in distributing copies of *Now we're talking* to appropriate staff in your Board and in supporting adoption of the Guidelines by relevant staff. This should make a real difference to the quality of care that staff are able to provide to people who need interpreting support.

John Wilson, Chief Executive, NHS Fife Operational Division,
Chair, NRCEMH Policy Network





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Introduction

This guide has been produced for healthcare professionals to support good practice in the provision of interpreting services.

As a healthcare professional you have a busy and demanding job. It probably feels like you are always being asked to do more and more things and arranging an interpreter may feel like an additional burden on your time.

However, by providing an interpreter

- your job will be easier
- your patients will be more satisfied with the service you provide
- you will be fulfilling your duty in relation to race equality

The overall aim of this guide is to enable good communication between patients and healthcare staff by giving guidance on:

1. Language needs of your patients
2. Letting patients know that they can have an interpreter
3. Different types of interpreter
4. Arranging interpreting services
5. Working effectively with interpreters

Interpreting and translation

This guide provides information on interpreting

What is the difference between interpreting and translation?

Translation – the conversion of written text from one language to another

Interpreting – the conversion of speech from one language to another

Did you know....

- There are an estimated 150 languages in addition to English in use in Scotland
- Health care staff have a duty under legislation to ensure that information and services are accessible to all
- People who speak little or no English should be provided with trained interpreters in a health care setting
- Failure to provide interpreting services can lead to serious medical errors
- The funding for interpreting and translation services is agreed at local NHS Board level

Mrs Chan has been living in Scotland for over 20 years, she is in her late 50's. About 5 years ago, she suffered from severe stomach pains so she went to see her GP. Both the GP and the practice nurse were not able to understand Mrs Chan as she speaks very little English. No interpreter was sought for to assist Mrs Chan. The pain persisted and Mrs Chan was treated by the GP for about 2 years as a form of stomach illness. At no time was she referred to the local hospital for further investigations.

One day Mrs Chan found herself bleeding from the rectum and she was rushed to the A&E department immediately. After a thorough investigation, the consultant confirmed that Mrs Chan was suffering from cancer of the intestine and required an operation at once.

Although the experience of helplessness happened to Mrs Chan some time ago now, Mrs Chan is still extremely upset about the traumatic experience she has gone through.

"Doctors and hospitals should provide interpreters. Surely they cannot just guess what's wrong with their patients. Interpreters will help them to make the right diagnosis and then they will be able to treat their patients at an earlier stage of their illnesses." Mrs Chan said.

Central Scotland Chinese Association Community Survey Report June 2004

Why is it important to provide a trained interpreter?

For patients

People who speak little or no English need interpreters so they can access and use health services.

It is important that you let people know:

- they can have an interpreter at no cost to them
- they can request an interpreter anytime, even if they speak a little English – (healthcare staff should not decide whether a person's English is adequate, if a person says that they need an interpreter then this should be provided...)
- they can use or refuse the assigned interpreter (face to face or over the phone)

For healthcare staff

1. Communication

Health care staff should use interpreters to enable them to provide high quality care and services through effective communication

Using a trained interpreter will help you:

- get an accurate and complete medical history – reduces the risk of misdiagnosis
- explain the treatments you are recommending – reduces the risk of medication errors and treatments not being followed correctly
- gain the trust and confidence of your patient – enables sharing of all information vital for a diagnosis and willingness to follow recommended treatment

2. Legislation

Health care staff have a duty under legislation to ensure that information and services are accessible to all

The Legislation

The Race Relations (Amendment) Act 2000 gives public authorities a general duty to promote race equality. Under the terms of the Act, the Home Secretary has issued a statutory code of practice that places additional duties on public authorities.

Part of the duty to promote race equality includes ensuring the public has access to information and services and training staff to implement the specific and general duties.

The legal duty to provide services without discrimination includes the duty to ensure that services accessible to the majority community are also accessible to members of a black and minority ethnic group. The need to communicate in languages other than English is often implicit rather than explicit. Nevertheless, failing to provide interpreting facilities in relation to service provision, when it is known that there is a language barrier, could be construed as unlawful racial discrimination.

3. Risk management and informed consent

Health care staff should use interpreters to ensure that patients understand and consent to any procedures or treatments

Informed consent

In the health sector informed consent is a legal requirement. Patients must clearly understand what procedures are going to take place and the consequences of these procedures.

In any consultation if you believe that the patient has not understood what you have said it is safer to stop the consultation and seek further help than to risk either undertaking a treatment without informed consent or sending the patient away with incorrect or incomplete information about their condition or treatment.





For patients and staff

It is important to use professional interpreters who are neutral, independent, professionally trained and who accept the responsibility of keeping all information confidential.

Using trained interpreters should:

- improve communication
- reduce language and cultural barriers
- reduce the scope for wrong diagnosis and treatment
- enable patients to make choices
- enable patients to understand their treatment
- increase patient satisfaction and cooperation
- reduce repeat visits

“I would tell the doctor ‘okay’, but I didn’t understand anything [about taking my medication].”

Background – the changing population of Scotland

2001 Census - Black and minority ethnic population of Scotland

- The size of the minority ethnic population was just over 100,000 in 2001 or 2% of the total population of Scotland.
- Pakistanis were the largest minority ethnic group, followed by Chinese, Indians and those of mixed ethnic backgrounds.
- Over 70% of the total ethnic minority population were Asian: Indian, Pakistani, Bangladeshi, Chinese or other South Asian.
- The size of the minority ethnic population increased since the 1991 Census. Whilst the total population increase between 1991 and 2001 was 1.3%, the minority ethnic population increased by 62.3%.
- Greater Glasgow health board had the highest percentage of the total minority ethnic population with 38.7% living within the boundary.

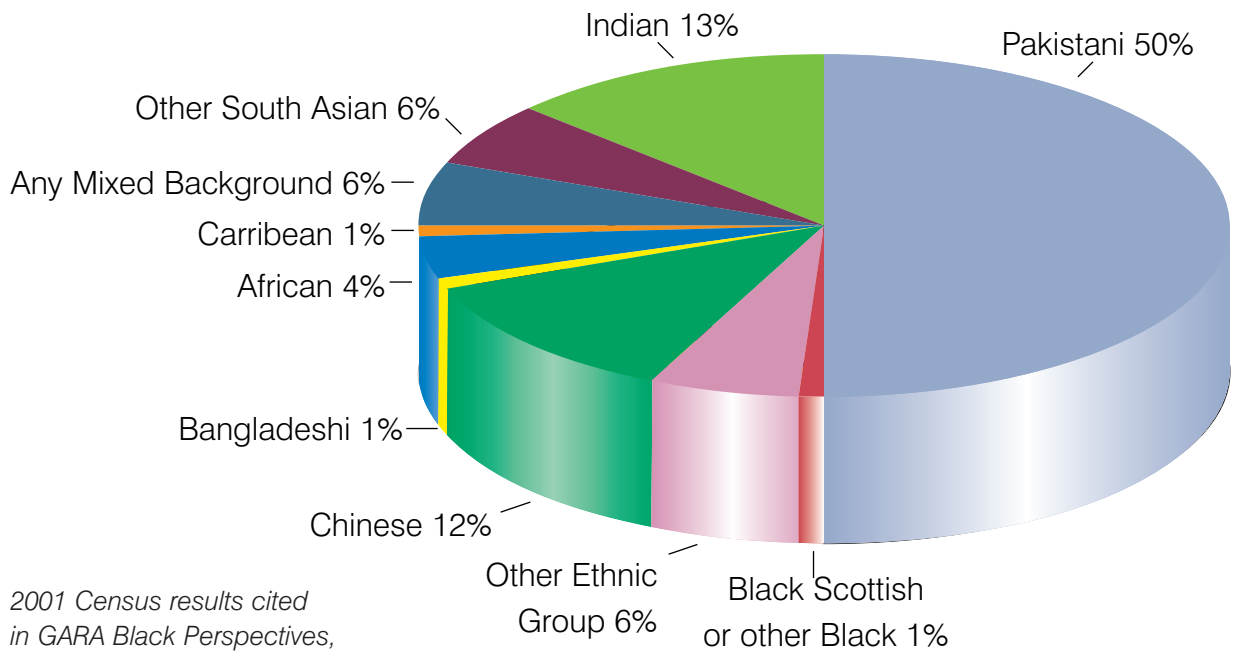
By area

Greater Glasgow	4.54%
Lothian	2.80%
Tayside	1.92%
Grampian	1.63%
Fife	1.27%
Lanarkshire	1.19%
Forth Valley	1.13%
Shetland	1.06%
Argyll & Clyde	0.99%
Highland	0.80%
Ayrshire & Arran	0.67%
Dumfries & Galloway	0.65%
Western Isles	0.64%
Borders	0.56%
Orkney	0.44%

By ethnic group

	% of total population of Scotland	actual numbers
Pakistani	0.63%	31,793
Chinese	0.32%	16,310
Indian	0.30%	15,037
Any mixed background	0.25%	12,764
Any other background	0.19%	9,571
Other South Asian	0.12%	6,196
African	0.10%	5,118
Bangladeshi	0.04%	1,981
Caribbean	0.04%	1,778
Black Scottish & any		
Other Black background	0.02%	1,129

Black/Minority Ethnic Population of Glasgow



2001 Census results cited
in GARA Black Perspectives,
March 2003

Please note that the 2001 Census data is likely to be an underestimate of the BME population in Scotland.

It does not include figures for Refugees & Asylum Seekers; recent migrant workers; Gypsy/Travellers. The figures are also now well out of date.





Information on other communities living in Scotland

Migrant workers

Migrant workers are an emerging community within Scotland. The enlargement of the European Union (EU) from 15 to 25 countries in May 2004, has already had a significant impact on the numbers of migrants coming to Scotland. Most of these new migrants have come from the EU Accession States, in particular Poland.

The accession countries are:

Cyprus	Czech Republic
Estonia	Hungary
Latvia	Lithuania
Malta	Poland
Slovak Republic	Slovenia

From January 2007 Romania and Bulgaria also joined the EU.

Current figures for Scotland:

The number of workers from accession countries settled in Scotland in June 2006 was 42,810 according to official figures registered through the Home Office Workers Registration Scheme. However, this number is likely to be an underestimate as self employed workers are not required to register.

Migrant workers can be found in all areas within Scotland. However, there have been increases in the numbers particularly in the North of Scotland (Highlands & Islands, Grampian, Tayside) and the Borders. This is mainly due to the type of work available in these areas

Asylum seekers

In August 2006 there were over 5,000 asylum seekers living in 11 different local authorities. The vast majority of these asylum seekers live in Glasgow, as Glasgow is currently the only local authority in Scotland to house dispersed asylum seekers. One-third of all asylum seekers in Scotland are from just four countries – Democratic Republic of Congo, Iran, Pakistan and Somalia.

Refugees

There is a lack of robust information on the numbers of refugees settled in Scotland. There are believed to be around 3,000-4,000 living in Glasgow.

Scotland – changing voices

From the information above it is clear that Scotland's population is diverse.

There is no official source giving a detailed breakdown of how many people in Scotland (and UK) have English as a second language or the ranking of community languages spoken in the UK.

However, figures have shown that

- There are an estimated 150 languages in addition to English in use in Scotland (Scottish Executive Education Department, 2007)
- In Scotland at least 11,000 children speak at least 104 languages (CiLT research 2005)





Language needs of your patients

To effectively meet the language needs of your patients it is important to know what languages your current patients (local population) speak and what languages future patients (local population) are likely to speak. Local interpreting services used by your NHS Board are likely to have figures showing recent demand for languages in your area.

Did you know...

- It is your duty to let people know that they have the right to an interpreter free of charge
- It is your responsibility to arrange for an interpreter to be present at any appointments where language assistance is needed
- You should record a patient's language in case notes

How will I be able to find out if someone needs an interpreter?

Example question to ask

Do you speak a language other than English at home?

If the answer is yes, ask :

How well do you speak English?

If the person says anything other than very well you should arrange for an interpreter.

Before arranging an interpreter you will need to know what language/dialect your patient speaks.

Don't ask this

You won't need an interpreter will you?

Do you speak English?

People often overestimate their fluency levels

Will an interpreter be needed?

Patient may think they have to arrange the interpreter themselves



How to find out which language you need

You can ask the patient or person who is making the appointment

In what language do you (or patient) prefer to receive your health care?

However, if the person is unable to understand what you are saying or unable to tell you what language he or she speaks you could try:

- language cards or posters – these are only useful if the person is able to read or recognise their language in writing
- maps or flags to identify which country they are from e.g. interactive language maps <http://www.massgeneral.org/interpreters/cultural.asp>

Letting patients know they can have an interpreter

It is part of your job to let people know that they have the right to an interpreter for any appointments.

How to let people know they can have an interpreter

- Publicise the service is available by displaying signs and posters – in reception; waiting areas etc.
- You can also give cards to your patients telling them about the interpreting service available.

Examples are included in this pack

You must make it clear that there is no cost to patient and that you will arrange for the interpreter (the patient does not have to do this)

*“The receptionist told me to speak English
or to find someone who does.”*

Highlighting language needs

Once you know that a patient needs an interpreter it is important to record this in their case notes.

Example:

Interpreter needed for all appointments

Name

Language/dialect

Any gender requirement

Any other requirements



Different types of interpreter

There are several different types of interpreters currently used in healthcare settings.

- Professionally trained interpreters
- Bilingual staff
- Family or friends
- Link workers
- Health advocates

Professionally trained interpreters should be used by healthcare staff when providing services to patients who speak little or no English.

Did you know...

- There are a number of different types of interpreters currently used in health care settings
- You should aim to use professionally trained interpreters when providing any services or information to patients
- You should not use family or friends of the patients to interpret
- You should **never** use children to interpret



- Interpreting services can be provided face-to-face, by telephone or by video conference
- Your NHS Board will have a list of recommended contractors who provide these services
- Your NHS Board will have procedures for booking and paying for interpreting services
- You should check language, gender and cultural (including religion) requirements of your patient before booking an interpreter

Professionally trained interpreters

Professionally trained interpreters:

- are neutral, independent, and responsible for keeping all information confidential
- will only interpret what is said and will only intervene for clarification or repetition
- are not on anyone's side

Quality guidelines

At present there are no national guidelines from government or other relevant organisations on the provision of translation and interpreting services. This means there are no national standards, no charging guidelines, no training or qualification requirements that influence the quality or service that has to be provided. As a consequence the quality and range of service can vary greatly.

Your NHS Board should check if the interpreters you are using have relevant qualifications. Ideally all companies used should have a service level agreement with the NHS Board.

Qualifications for interpreting

For every language for which they are registered as a fully qualified interpreter, new interpreters must have one of the following:

Diploma in Public Service Interpreting (DPSI) or be registered on the National Register of Public Service Interpreters (NRPSI).

Evaluating the service

The service provided by professionally trained interpreting agencies must be evaluated to ensure that appropriate standards are met. You should ensure there is evaluation of the services provided on a yearly basis and that there is an adequate complaints procedure for patients using interpreters. Any evaluation of interpreting services must include the views of staff and patients.

Bilingual Staff

There may be a list of staff who are bilingual in your hospital or practice, however using staff to interpret is not recommended.

There may be occasions when staff members might interpret e.g.

- greeting patients,
- informing of any delay,
- explaining any administrative problems relating to their appointment,
- gaining information in an emergency situation,

However staff should not do this or be asked to do this if they are not comfortable with their level of skill in the language needed.

Under no circumstances should staff be asked to interpret in clinical situations. It is unethical and unprofessional to use, or to ask, a member or staff to interpret in a clinical situation, regardless of their proficiency in the language needed.

Record any interpreting by staff in patient's notes.





Family & friends

Using family or friends to interpret is not recommended for a number of reasons:

- Confidentiality is lost
- Accuracy of the interpretation cannot be guaranteed, for example:
Views of family/friend can colour the interpretation
Filtering of the information
- Additional barriers to communication, for example:
A patient might not want to discuss certain sensitive or personal issues in front of family/friend
Family or friends may wish to protect patient from bad news
- Conflict of interest between patient and family/friend
- Safety and patient rights are compromised

Using family or friends to interpret must be discouraged. Attempting to 'muddle through' with a patient's family or friend is not good practice.

Adult family members or friends are at risk of adding, deleting and changing what has been said as well as adding their own opinions and observations. They may struggle with even the most basic medical terminology. They often do not understand the need to interpret everything the patient says and may summarise the information instead.

What do I do if a patient wants to use a friend or family member to interpret?

If a patient wishes to use a friend or family member as an interpreter, you must explain to them the importance of using a professionally trained interpreter.

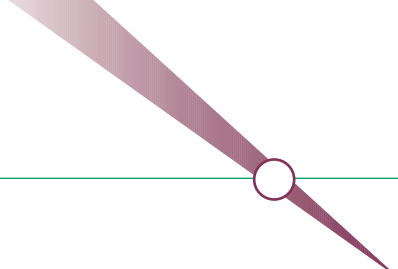
If the patient still insists on using a friend or family member to interpret you should respect the patient's wishes but **you must record this on the patient's notes and ask the patient to sign this.**

What if the family member is a child?

Children should **never** be used as interpreters.

Using children as interpreters totally disregards the harmful effects it may have on the child.

- Situations may involve particularly disturbing matter – and the child is unlikely to be mature enough to deal with what they hear.

-
- 
- The child may be required to ask intimate or embarrassing questions – the child may reword the question in order to minimise embarrassment.
 - Parent becomes dependent on child – therefore role reversal that child is unlikely to be mature enough to handle.
 - Child is unlikely to have the vocabulary in either language to handle a health related conversation.
 - Child may be kept away from school - this can affect educational progress.

“They think we don’t mind. Of course we do. And of course we would very much like the hospital to provide someone who could interpret for us. There are many things my son should not know at his age and they ask him all these questions to ask me and explain to him all these things. And he knows I am embarrassed, and of course some of the things I cannot tell him, even if I think they are really important, like some pains that I get, or bleeding. But I am not going to tell a boy of his age; I am worried about how all this will affect him later. But what else can I do when it is left up to me?”

(Romanian woman, taken from Race Equality in Health NI)

“A woman with an appointment for a gynaecology exam was not provided with an interpreter or language line assistance. The clinician used the 16 year old son of a complete stranger to interpret”.

(Language Services Action Kit NHLP & Access Project 2004)



How would you feel if when being asked questions about your reproductive history, your nine year old son or nephew is acting as an interpreter

(RCN Transcultural Communication & Health)

Are there any circumstances when friends or family members cannot be used as interpreters?

Under no circumstances can friends or relatives interpret where there are:

- child protection issues
- vulnerable adult issues
- reasons to suspect domestic abuse

Other types of interpreters

Link worker

Link workers can act as a bridge between the patient and health care provider. They can offer befriending and information to the patients. They can offer cultural information to the healthcare provider. However, there are very few link workers at present and they will probably never be universally available.

Health Advocate

The role of a health advocate is to empower patients to articulate their own expectations and health needs by facilitating communication, advising them of their rights and providing them with information on the availability of health services, including the different options available to them. They are able to challenge discriminatory practice and help providers identify local need, gaps in local service provision and other inadequacies of the service.





How to arrange an interpreter

A list of the agencies used in each NHS Board area with contact details is attached in the resources section.

As a general rule, follow the steps below:

Planned appointments

Before you book an interpreter:

Find out:

- Language (and any specific dialects)
- Any gender requirements
- Cultural needs (including religion)
- Any disability issues

Know:

- Date
- Time
- Length of consultation
- Location

Think about:

- Type of consultation e.g. routine appointment, giving results from tests, giving bad news, complicated medical condition etc.
- Consider the safety of the interpreter e.g. if the interpreter was pregnant and you were exposing her to an infectious disease

Don't do this

Can I book an interpreter please?

Yes, what date and time would you like?

Oh, I don't know yet

Can I book an interpreter please?

Yes, what language do you need?

Oh, I knew you'd ask that.....em...

I'm not sure, I'll need to find out

Can I book an interpreter please?

Yes, what language do you need?

Em, foreign...Asian.....um,

what do you think?

Do this

Can I book an interpreter please?

I need an interpreter on 5th July from

2-3pm at hospital the language is

Urdu and I will need a female interpreter.

The consultation is



In an emergency

In an emergency situation a lot of time can be wasted trying to find an interpreter. It is better to be prepared:

1. Know which local interpreters and telephone interpreters you can use – a list of agencies used in your NHS Board is included in the resources section.
2. Contact your local agencies to check if any face-to-face interpreters are available
3. Use telephone interpreter services while you are waiting for the interpreter to arrive or if there are no local interpreters available

In a life threatening emergency situation

If you are unable to use telephone interpreting services there may be a relative or friend (member of staff) who can help – **only use this person for very basic questions and information**. Remember to speak slowly and only give basic information until a trained interpreter arrives.

Emergency multilingual phrasebook

Emergency care services in England have access to a Multilingual Phrasebook produced and updated by the British Red Cross Society (with advice and funding from the Department of Health and endorsed by the British Association for Emergency Medicine).

The phrasebook is translated into 36 languages and covers 60 of the most common medical questions and terms to help first contact staff communicate with patients who do not speak English, helping make an assessment while an interpreter is contacted.

The phrasebook can be downloaded from:

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4073230

Different types of interpreting



Face to face

When to use face to face interpreting

- For any consultation you would normally carry out face to face
- For a new patient's initial visit
- **When delivering bad news** – delivering bad news should be done in person. No one should find out over the telephone that they have a terminal disease, or that a family member has died.
- **When patients are afraid or distraught**
Any consultation involving more than two participants – e.g. family conferences, consultation with a number of doctors.
- For any mental health consultation
- For any sight translation – where an English language document needs to be read to the patient
- For patients with any degree of hearing loss
- For patient who are not used to using a telephone
- For a consultation with a child – children often have difficulties communicating over the phone, therefore when communicating directly with a child it is better to have a face-to-face interpreter.

Telephone

When to use telephone interpreting

- **For conversations that would be done over the phone anyway**
- **When the content to be discussed is relatively simple**
e.g. reporting normal lab results, making or changing an appointment, simple discharge instructions.
- **For finding out which language a patient speaks**
- **In an emergency situation**
- **When you cannot get a trained on-site interpreter**
e.g. rural or remote location, uncommon language requested.
- **When privacy and confidentiality are issues, especially if the patient's community is close knit**
- **For quick questions to inpatients including doctors' rounds**
e.g. when staff want ask simple questions such as: are you in pain?
- **When it is preferable not to have another person in the room** e.g. depending on cultural, religious or personal preference some patients may prefer not to have another person in the room especially when discussing sexual health issues. It is worth considering that the anonymity of a telephone interpreter can be an advantage at times, especially when modesty might be a consideration.
- **When there are health issues such as highly communicable diseases**





Video conference

When to use video conference

For most consultations you would carry out face to face

For rural or remote locations when it is difficult to get a trained on-site interpreter

For an uncommon language request

Quick guide to equipment:

Telephones

Using speaker phones is not recommended. These phones can reduce audibility for all parties and can pick up unwanted background noise that can interfere with the interpreter's ability to hear both speakers properly.

Telephones with 2 receivers known as 'dual handset or dual receiver telephones' are recommended. These can be supplied by telephone interpreting agencies

When using telephones it is important to sterilize the equipment before and/or after each use. (Disposable mouth and ear pieces)

Video conference

Initial set up costs can be expensive

Need to ensure that equipment is of a high enough standard – good picture and sound quality

Location of the equipment is important – ideally a private room, do not set up in a waiting area or anywhere else where others can see or hear what is going on (loss of patient confidentiality).

Vocera

Vocera communications is a wireless communication system enabling instant voice communication. A communication badge can be clipped to a shirt pocket or collar to give instant hands free voice communication. By simply pressing a button and asking the system to call by name, title or function, staff will be instantly connected to the resources or colleagues they need. Additional telephone software enables users to make and receive telephone calls directly through the badge. This means that staff could connect to a telephone interpreting service while moving around the hospital (e.g. on ward rounds). The system is currently being used by Royal Belfast Hospital for Sick Children.

For more information go to www.vocera.com





Working effectively with interpreters

Some tips on working with interpreters...

- Ensure that the gender of the interpreter is appropriate for the patient
- When using an interpreter remember to check:
 - the interpreter understands the purpose of the session
 - you are using simple jargon-free language
 - the interpreter is translating exactly what you and the patient are saying
 - you are allowing the interpreter enough time to translate
- Write out a list of what you want to say, the main points you want interpreted and any information you want to collect. Make sure that you use this during the consultation
- Try and meet with the interpreter shortly before the start of the session to brief them on what they will be required to interpret
- If face to face interpreters are not available consider using telephone interpreters
- Don't take it for granted that someone has understood what you are saying because they nod their head or say 'yes'
- Ask open questions during consultations e.g. 'How are you feeling?' rather than questions which require a simple 'yes' or 'no', to check level of understanding
- Prepare the interpreter emotionally for the consultation
- When you first start working with an interpreter it is normal to be a bit nervous, you will grow in confidence over time

Some Do's and Don'ts

Do make a note in patient's records:

- Every time you use an interpreter
- Every time you use an interpreter to obtain patient consent
- If a patient refuses an interpreter
- If the patient insists on using family or friends to interpret
- If you are unable to get a trained interpreter either face to face or on the telephone



Don'ts

- Do not allow interpreters to wait in the same area as the patients
- Do not allow interpreters to escort patients
- Do not ask the interpreter to explain anything while you are not present
- Do not let the interpreter and the patient leave the consultation together

Be clear about your role and the role of the interpreter

Your role

Make sure:

- there is enough time in the consultation for interpreting (book a double appointment)
- you brief the interpreter about any issues, background and purpose of the consultation before the appointment
- you prepare the interpreter emotionally for consultation when dealing with sensitive or traumatic issues
- the interpreter is familiar with any technical terms you are going to use
- the patient has consented to having an interpreter
- you check the ID badge of the interpreter

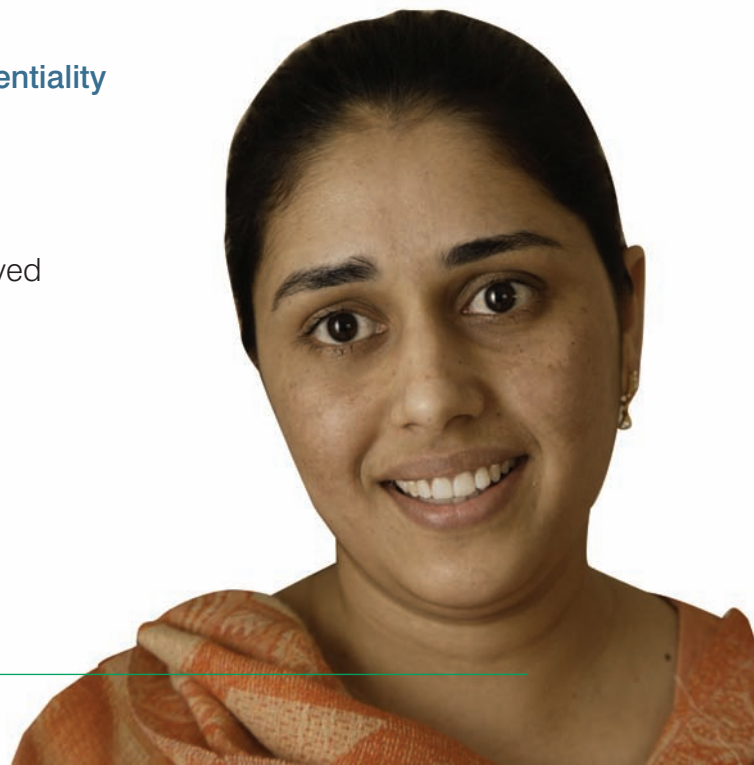
The role of the interpreter

The interpreter's job is to repeat what you and the patient say to each other in a language that you can both understand

The interpreter must maintain patient confidentiality

Do not expect the interpreter to:

- Analyse the information
- Decide what should or should not be conveyed
- Be a cultural expert
- Counsel the patient
- Offer support to the patient
- Calm the patient down





The interpreter must:

- Be reliable and punctual.
- Be able to undertake the task required.
- Confirm that there is a correct match between the language of the patient and the interpreter's working language.
- Disclose any difficulties with dialects or technical terms during the appointment. If these cannot be resolved then the interpreter must withdraw from the assignment.
- Disclose immediately if the patient or their family are known or related to the interpreter.
- Be mature, patient and even tempered.
- Ensure both parties feel included at all times.
- Be impartial.

Working with a trained interpreter face to face

Before the session/consultation

- Book the interpreter well in advance
- Ensure that the patient has given consent for the interpreter to be present
- Make sure that you have booked a suitable location for the session and that the interpreter has clear directions to this
- Make sure that you have allowed additional time for the consultation – as two way communication will take longer
- Meet with the interpreter shortly before the start of the session (if possible) to brief them on what they will be required to interpret
- Check they understand what the session is about and tell them about any terminology you may be using
- Define the interpreter's role and responsibilities
- Make sure they are comfortable with any sensitive or cultural issues that may arise during the session
- Write out a list of what you want to say, the main points you want interpreted and any information you want to collect and ensure that you use this during the consultation



During the session/consultation

- Check seating arrangements – make sure everyone can see each other
- Make sure that the patient is comfortable and relaxed before the session begins
- Speak directly to the patient, not the interpreter
- Speak in manageable chunks, make sure you give the interpreter enough time to translate
- Use as much straightforward language as you can – avoid jargon
- Stop speaking if the interpreter starts speaking or raises their hand
- If the patient or interpreter does not understand something it is your responsibility – **not** the interpreter's - to explain in simpler terms
- Remember talking **LOUDER** doesn't help
- If you ever have to talk directly to the interpreter, ask them to explain to the patient what you are talking about
- Always make sure that the patient is given a chance to ask questions during and after the session/consultation

At the end of the session/consultation

- Check that you have covered everything before bringing the session to an end
- Always let the patient leave first – do not allow the interpreter and patient to leave together (risk of carrying on conversation about the consultation when you are not present)

After the session/consultation

- Always thank the interpreter
- Try to have a debrief with them – as some sessions will be emotionally taxing for them
- Think about any ways in which the session/consultation could have been improved
- Sign the interpreter's form





Working with a trained interpreter on the telephone

- Book the interpreter well in advance
- Ensure that the patient has given consent to have an interpreter
- Make sure that you have booked a suitable location for the session and you have suitable telephone equipment
- Make sure that you have allowed additional time for the consultation – as two way communication will take longer
- Write out a list of what you want to say, the main points you want interpreted and any information you want to collect, and ensure that you use this during the consultation

Before the start of the consultation

- Introduce yourself to the interpreter
- Describe the telephone equipment you are using (conference phone, dual handset, single phone) and where you are (room, hospital ward)
- Let the interpreter know who will be at the appointment (one person, family, other members of staff)
- Brief the interpreter on what type of appointment it is
- Check they understand what the session is about and tell them about any terminology you may be using
- Define the interpreter's role and responsibilities
- Make sure they are comfortable with any sensitive or cultural issues that may arise during the session

During the consultation

- Let the interpreter introduce themselves to the patient
- Introduce yourself to the patient
- Speak clearly and slowly
- Speak directly to the patient
- If you point to anything (chart, body part, piece of equipment etc) tell the interpreter what you are pointing to as you are doing it
- Make allowances for clarification by the interpreter (remember they have no visual cues to help them with the interpreting (e.g. body language)



- Make sure you collect all the information you need while the interpreter is on the line – as you will not be able to speak directly to the patient when the interpreter hangs up

At the end of the consultation

- Clearly indicate to the interpreter the end of the consultation

After the consultation

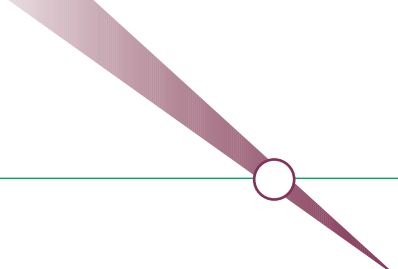
- Always thank the interpreter
- Try to have a debrief with them – as some consultations will be emotionally taxing for them
- Think about any ways in which the consultation could have been improved

Working with a trained interpreter using video conference

- Book the interpreter well in advance
- Ensure that the patient has given consent to have an interpreter
- Make sure that you have booked a suitable location for the session (you must maintain patient confidentiality so use a private room – do not set up a video conference in a waiting area or anywhere else where others can see and hear what is going on)
- Make sure you have suitable video conference equipment and that it is working
- Make sure that you have allowed additional time for the consultation – as two way communication will take longer
- Write out a list of what you want to say, the main points you want interpreted and any information you want to collect and ensure that you use this during the consultation

Before the start of the consultation

- Introduce yourself to the interpreter
- Ensure that the interpreter can see and hear you before you start the consultation
- Let the interpreter know who will be at the appointment (one person, family, other members of staff)
- Brief the interpreter on what type of appointment it is
- Check they understand what the session is about and tell them about any terminology you may be using

-
- 
- Define the interpreter's role and responsibilities
 - Make sure they are comfortable with any sensitive or cultural issues that may arise during the session

During the consultation

- Let the interpreter introduce themselves to the patient
- Introduce yourself to the patient
- Speak clearly and slowly
- Speak directly to the patient
- If you point to anything (chart, body part, piece of equipment etc) tell the interpreter what you are pointing to as you are doing it and check if the interpreter is able to see this
- Make sure you collect all the information you need while the interpreter is on the line – as you will not be able to speak directly to the patient when the interpreter hangs up

At the end of the consultation

- Clearly indicate to the interpreter the end of the consultation

After the consultation

- Always thank the interpreter
- Try to have a debrief with them – as some consultations will be emotionally taxing for them
- Think about any ways in which the consultation could have been improved





Some things to think about when working with an interpreter

Language issues

Speak clearly and slowly

Use simple English and avoid using idioms e.g. spend a penny; red tape; period; under the weather

When you have to use a technical term, explain what this is e.g. catheter – small plastic tube.

Don't take it for granted that someone has understood what you are saying because they nod their head or say 'yes'

Ask open questions during consultations e.g. 'How are you feeling?' rather than questions which require a simple 'yes' or 'no', to check level of understanding

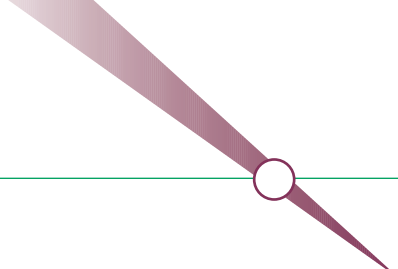
Sometimes the interpreter seems to be saying a lot more than you – in many non-English languages it takes more words to say the same thing, so the interpreter may seem to be saying more than you did

In many languages there are no words for diseases, body parts or procedures other than the English word, you will need to clarify with the interpreter how to explain in a way the patient can understand. You should also allow time for the interpreter to ask you questions about how best to explain the disease or procedure.

Think about where the interpreter will sit or stand during the consultation

Many factors influence where an interpreter is positioned during a consultation.

- Where the consultation is – exam room; emergency room; education class
- What type of consultation it is – is it a routine appointment, is a physical examination involved, is it a prenatal class?
- How many speakers are in the room – the interpreter's position will be different if the patient is alone or if there are family members present or of there is one or a number of health professionals present
- Emotional state of the patient – is the patient overwrought, angry? Again this will affect the positioning of the interpreter
- Cultural boundaries of the patient – will determine a person's expectations of where an interpreter should be positioned e.g. how close is too close? What conveys respect and disrespect?



Further information on interpreter positioning is provided in 'Guide to interpreter positionings in health care settings' – see references. This includes the pros and cons of:

- Next to the provider
- Next to the patient
- Between the provider and the patient
- Behind a curtain
- Position during a family conference
- Position during inpatient interviews – bedside; radiology; emergency room; intensive care unit; operating room

Non-verbal Communication

As well as ensuring that you are speaking slowly, clearly and using as little jargon as possible you should also think about non-verbal signs during the consultation.

Non-verbal signs

Health workers and patients may misinterpret each other's intentions if the non-verbal signals they use are based on different conventions. Many of these conventions are culture-based and largely unconscious. It is important that assumptions and judgements are not made without checking them out first.

Some examples

Listening – which is shown by eye contact, nodding or encouraging noises can be very easily misunderstood by second language speakers who may use silence, stillness and even looking away to demonstrate their attentiveness.

Silence – which usually conveys unease but may equally show that a second language speaker is taking the topic of conversation very seriously.

Politeness – words and gestures associated with politeness and good manners also vary from culture to culture. For example in many Asian languages the words please and thank you are not normally used except in very formal occasions. Gratitude and polite requests are expressed in other ways through forms of address, etc. Understanding such differences can help avoid misunderstanding and resentment.

At one point I was interpreting in a health centre. The doctor asked me “Why won’t these people look me in the eye? Are they afraid of doctors?” It was difficult to explain to her that for our people it’s just being respectful, looking down. I think she wanted me to tell people to stop doing it because it irritated her, but I felt it would have made things worse – people would get very embarrassed because they would think it was rude not to look down.

(Vietnamese interpreter – Racial Equality in Health NI)

Facial expressions – can also be misleading, for example the Japanese tend to be straight faced when happy and smile to mask unpleasant feelings such as anger or sadness.

Eye contact – which British English speakers tend to use to indicate attentiveness or honesty (though too much can make a person feel uncomfortable). In South Asia, eyes are lowered as a sign of respect, and too much eye contact indicates insolence or aggression.

Posture – can have quite unexpected cultural differences. For example, folded arms which are felt to indicate defensive or even hostile behaviour in the West, indicate that someone is relaxed and friendly in the East. With no equivalent in the West, in the East it is offensive to sit with your feet pointing toward someone.

Using an interpreter for a home visit

Safety of interpreter – brief the interpreter before going in to someone’s home on any potential risks (same as you would do if a student was accompanying you) e.g. safe exits; animals; hygiene etc.



Non-written patient consent

One reason for working with an interpreter is to seek consent from a patient who speaks a language without a written version. Non-written patient consent has validity issues, and the following points must be considered:

- It is vital that the patient fully understands what they are being asked to do, and all the issues pertaining to the consent.
- The patient's understanding of what they have agreed to must be checked by reiteration i.e. ask the interpreter to get the patient to explain in their own words what they are agreeing to.
- Their decision must be recorded fully in writing.
- The act of giving consent must be formally witnessed.

Evaluating the service provided by an interpreter

The service provided by professionally trained interpreting agencies must be evaluated to ensure that appropriate standards are met. Your NHS Board should ensure there is evaluation of the services provided on a yearly basis and that there is an adequate complaints procedure for patients using interpreters. Any evaluation of interpreting services must include the views of staff and patients.

There are a number of different ways that this can be done:

- An annual survey of users of the service – patients and staff
- Ensure you obtain feedback from service users, health care professionals and community groups
- Complaints procedures in place



An interpreter was arranged to provide language support in a doctor's appointment. The interpreter did not know how to translate and took out an electronic dictionary to look for meanings. The patient could understand more than the interpreter by telling the interpreter what the doctor just said!

A quote from a patient, "The interpreter was speaking in my language but could not understand her at all, the way that she spoke to me as if she was a news presenter, I could not connect to her."

It was a very complicated session that was made easier by the skill and patience of the interpreter.

Using standardised tests through an interpreter

Be wary when using standardised tests with patients who do not speak English. In the course of your work you may have to use standardised tests e.g. anxiety and depression; child development etc. However, these tests have been standardised and validated with English speaking populations. When you try to apply these to those who cannot speak English the test is immediately invalidated. The nature of interpreting means that each interpreter will interpret the text a little differently. In addition some tests are language specific – especially those for children e.g. how many different words does your child recognise.

If you must use these tests:

- Discuss with the interpreter what you are trying to accomplish
- Interpret the results with care



References/sources of information

BME Population in Scotland

2001 Census data

COSLA Strategic Migration Partnership Statistics 2007

Blake Stevenson Report 'A8 Nationals in Glasgow' May 2007

Languages spoken in Scotland

Scottish Executive Education Department 2007

CiLT (The National Centre for Languages) 2005

Aims/why it is important to use interpreters

Overview of the research evidence on ethnicity and communication in healthcare - Centre for Evidence in Ethnicity, Health and Diversity (CEEHD) Project Team, Warwick Medical School 2005

Guidance on developing local communication support services and strategies 2004 - Department of Health The Equality and Human Rights Group

Using interpreters to access services: user views - Joseph Rowntree Foundation 2004

Language Proficiency and Adverse Events in U.S. Hospitals: A Pilot Study

International Journal for Quality in Health Care April 2007

www.commonwealthfund.org/publications/publications_show.htm?doc_id=472804

Massachusetts General Hospital

Models for Interpreting/Advocacy Provision – CEEHD, Warwick Medical School

www2.warwick.ac.uk/fac/med/research/csri/ethnicityhealth/aspects.diversity

Race Equality in Health, A Good Practice Guide - Northern Ireland

The Health Care Interpreter Services: Strengthening Access to Primary Health Care (SAPHC) www.accessalliance.ca

Translating, interpreting and communication support services across the public sector in Scotland: A Literature Review, Scottish Executive Central Research Unit, 2002



Different types of interpreters

Alone in a crowd – procedures for the access and use of interpreters South Birmingham PCT 2007

Communication with people who do not speak English as their preferred language - Epilepsy Action

Gateshead Health NHS Interpreting policy 2007

Race Equality in Health A good practice guide – Northern Ireland

RCN Transcultural Communication and Health – Transcultural Healthcare Practice: An educational resource for nurses and healthcare practitioners

www.rcn.org.uk/resources/transcultural/index.php

What a difference an Interpreter can make: Health care experiences of uninsured with limited English proficiency. 2002.

www.accessproject.org/adobe/what_a_difference_an_interpreter_can_make.pdf

Different types of interpreting

Addressing language access issues in your practice – toolkit for physicians and their staff 2005 California Academy of Family Physicians

Telephone interpreting in Healthcare settings: Some commonly asked questions, Nataly Kelly, ATA Chronicle June 2007

Telephonic Interpreting in HealthCare www.ata-divisions.org/ID

Emergency interpreting

British Red Cross – Emergency Multilingual Phrasebook



Working with interpreters

Addressing language access issues in your practice – toolkit for physicians and their staff 2005 California Academy of Family Physicians

What qualifications do you need to become an interpreter? Cambridgeshire Interpreting and Translation Service

Cue Cards in Community Languages – Eastern Health, Australia
www.easternhealth.org/language/cueCards/index.asp

EndLink – Resource for End of Life Care Education, Northwestern University
www.endoflife.northwestern.edu/cultural_issues

Working with interpreters - Ethnicity online www.ethnicityonline.net

Getting the most from Language Interpreters www.aafp.org/fpm/20040600/37gett.html

Migrant friendly hospitals – steps in setting up an interpreting service in the hospital setting; methods to identify and assess the language needs of the patient; what is a medical interpreter: core skills and core knowledge www.mfh-eu.net

Language aids - Massachusetts General Hospital

Language Services Action Kit - National Health Law Program & the Access Project 2004 USA

Language services in Victoria's Health System – Centre for Culture Ethnicity and Health (CEH) www.ceh.org.au/resources/resbyceh.html

Office of the Health Services Commissioner, Australia – problems with a health service or concerns about translating and interpreting services

Communicating effectively; language issues - Queensland Health
www.health.qld.gov.au/multicultural/default.asp

The Art of Working with Interpreters: A Manual for Health Care Professionals
www.acebo.com/papers/artintrap.htm

Guide to interpreter positioning in health care settings - The National Council on Interpreting in Health Care 2003

Victorian Multicultural Commission www.multicultural.vic.gov.au/web24/vmc.nsf



Language

Language List – The State of Queensland, Multicultural Affairs, Community Engagement Division

Cue Cards in Community Languages – Eastern Health, Australia

www.easternhealth.org/language/cueCards/index.asp

Find your language tool - Victoria government www.healthtranslations.vic.gov.au

Language maps - Maps & flags to identify which country someone is from

<http://www.massgeneral.org/interpreters/cultural.asp>

Happy to Translate logo project

Happy to Translate www.equalityscotland.com

For queries contact:

support@happytotranslate.com

tel: 0131 444 4950/4951/4942



Resources

List of interpreting services used by NHS Boards

Helplines providing support in different languages

Training on working with interpreters

Local Interpreter Request Forms (where appropriate for individual Boards, these can be inserted into the folder)





List of interpreting services used by NHS Boards

Ayrshire & Arran

Language Line

Borders

Alpha

Edinburgh City Council Interpreting & Translation Service

Fife Community Interpreting Service

Language Line

Integrated Language Services, School of Management and Languages, Heriot Watt University, Edinburgh

Eildon Enterprise, Melrose

Dumfries & Galloway

National Interpretation Service

Fife

Fife Community Interpreting Service

National Interpretation Service

Forth Valley

Global Languages

Global Voices

Language Line

National Interpretation Service

Greater Glasgow & Clyde

Glasgow Translation and Interpreting Service

Global Connections

Global Languages

National Interpretation Service

Grampian

Language Line

Aberdeen City Council Interpretation and Translation Department

Grampian Racial Equality Council

Highland

Global Languages

National Interpretation Service

Lanarkshire

Glasgow Translation and Interpreting Service

Global Connections

Lothian

Edinburgh City Council Interpreting & Translation Service

National Interpretation Service

Orkney

Language Line

Shetland

Language Line

Tayside

Fife Community Interpreting Service

National Interpretation Service

Dundee City Council Translation
and Interpreting Service

NHS 24

Language Line

NHS National Waiting Times Centre

Glasgow Translation and Interpreting
Service

Global Languages

Scottish Ambulance Service

National Interpretation Service

State Hospital

Glasgow Translation and Interpreting
Service





Interpreting services contact details

Aberdeen City Council Public

Interpreting and Translation Service
Community Development Department
St. Nicholas House
Broad Street
Aberdeen
AB10 1GZ
TEL: 01224 523 542
FAX: 01224 522 832

Alpha Translating and Interpreting Services

18 Haddington Place
Edinburgh
EH7 4AF
TEL: 0131 558 9003
FAX: 0131 620 3215

Dundee Translation and Interpreting Service

Central Library
The Wellgate Centre
Dundee
TEL: 01382 431 563
FAX: 01382 431 542

Edinburgh City Council Interpreting & Translation Service

Central Library
George IV Bridge
Edinburgh EH 1 1EG
TEL: 0131 242 8181
FAX: 0131 242 8009

Eildon Enterprise

Eildon House
Dingleton Road
Melrose
TD6 9QY
TEL: 01896 822 121

Fife Community Interpreting Service

Room 319, Glenrothes House
North Street
Glenrothes
Fife
KY7 5PB
TEL: 01592 611 745
FAX: 01592 612 722

Glasgow Translation and Interpreting Service

39 Napiershall Street
Glasgow
G20 6EZ
TEL: 0141 341 0019
FAX: 0141 334 7276

Global Connections

2nd Floor, 180 Hope Street
Glasgow
G2 2UE
TEL: 0141 332 8889
FAX: 0141 332 8881



Global Languages

Craig House
60/64 Darnley Street
Glasgow
G41 2SE
TEL: 0141 429 3428/3429
FAX: 0141 429 3429

Global Voices

Scion House
Innovation Park
Stirling
FK9 4NF
TEL: 0845 130 1170

Integrated Language Services

School of Management and Languages
Heriot Watt University
Edinburgh
EH14 4AS
TEL: 0131 451 3159
FAX: 0131 451 3160

Language Line Service

25th Floor, 40 Bank Street
Canary Wharf
London
E14 5NR
TEL: 0800 169 2879
FAX: 0800 783 2443

National Interpretation Service

25th Floor, 40 Bank Street
Canary Wharf
London
E14 5NR
TEL: 0800 023 4089



Helplines providing support in different languages

For the helplines below (except those for specific languages) the caller needs to be able to give the following information in English:

- Their name
- Their telephone number
- Language needed

Within a few minutes a 3 way telephone link is set up with the caller, an adviser and an interpreter. All of the helplines listed have interpreting services available in at least 100 languages.

Alzheimer's Society Helpline

0845 300 0336
Monday to Friday 8.30am-6.30pm
Interpreting service

Arthritis Care

0808 800 4050
Monday to Friday 10am-4pm
Interpreting service

Asthma UK Adviceline

08457 010203
Monday to Friday 9am -5pm
Interpreting service

Autism Helpline

0845 070 4004
Monday to Friday 10am-4pm
Interpreting service

Cancerbackup

0808 800 1234
Monday to Friday 9am-8pm
Over 100 languages, ask nurse for an interpreter

Also has helplines in a number of languages:

Arabic	0808 800 0130
Bengali	0808 800 0131
Chinese	0808 800 0132
French	0808 800 0133
Greek	0808 800 0134
Gujarati	0808 800 0135
Hindi	0808 800 0136
Polish	0808 800 0137
Punjabi	0808 800 0138
Turkish	0808 800 0139
Urdu	0808 800 0140
Vietnamese	0808 800 0141

Diabetes UK Careline:

0845 120 2960
Interpreting service

Epilepsy

0808 800 2200
Monday to Friday 10am-4pm
(6pm on a Thursday)
Interpreting service

Macmillan Cancerline

0808 808 2020
Monday to Friday 9am-9pm
Interpreting service

Also has South Asian helplines:

Hindi 0808 808 0100

Punjabi 0808 808 0101

Urdu 0808 808 0102

Monday to Friday 9am-6pm

Meningitis Research Foundation

0808 800 3344

24hr helpline

Interpreting service

Smoking

NHS Asian Tobacco helpline

Urdu 0800 169 0881

Punjabi 0800 169 0882

Hindi 0800 169 0883

Gujarathi 0800 169 0884

Bengali 0800 169 0885

Tuesday 1pm-9pm

Asian Quitline

Bengali 0800 00 22 44
Monday 1pm-9pm

Gujarathi 0800 00 22 55
Tuesday 1pm-9pm

Hindi 0800 00 22 66
Wednesday 1pm-9pm

Punjabi 0800 00 22 77
Thursday 1pm-9pm

Urdu 0800 00 22 88
Sunday 1pm-9pm

Turkish/Kurdish 0800 00 22 99
Thursday & Sunday
1pm-9pm



Training courses

'Working with Interpreters'

Scottish Refugee Council

Contact training officer: 0141 248 9799

train@scottishrefugeecouncil.org.uk

'Working with Interpreters'

Scottish Council for Voluntary Organisations

Contact SCVO: 0131 474 8019

Jane.baillie@scvo.org.uk

'Good practice in the use of interpreters'

Blue Tulip training

01923 467 885

info@bluetuliptraining.co.uk




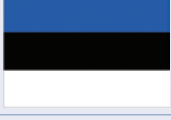







Country of origin and language spoken

This list is intended as a tool to support staff and patients in identifying the language that they speak. It cannot be comprehensive of all languages and countries. No political statement is implied by the inclusion or exclusion of a particular country or region. Please advise NHS Health Scotland of any omissions or mistakes in this list. Full listings of countries with languages spoken can be found at <http://www.ethnologue.com/>

Country/Region	Language	Flag
A		
Afghanistan	Farsi, Hazaragi (Dara), Pushto, Pashto	
Albania	Albanian	
Algeria	Arabic	
Armenia	Armenian	
Austria	German	
Azerbaijan	Azeri	
B		
Bangladesh	Bengali, Sylheti	
Belarus	Belorussian, Byelorussian	
Belgium	Flemish, French, Dutch	

Country/Region	Language	Flag
B Contd.		
Bhutan	Nepalese	
Bosnia-Herzegovina	Bosnian	
Brazil	Portuguese, Japanese	
Bulgaria	Bulgarian, Macedonian, Bulgarian, Turkish	
Burma (Myanmar)	Burmese	
Burundi	Kirundi	
C		
Cambodia	Khmer, Teo Chiew, Vietnamese	
	Canada French/English	
China	Mandarin and many dialects such as Hakka and Cantonese and minority ethnic languages	
Croatia	Croatian	
Czech Republic	Czech	

Country/Region	Language	Flag
D		
Denmark	Danish	
E		
East Timor	Tetum, Hakka (Timorese)	
Egypt	Arabic	
Estonia	Estonian	
Ethiopia	Tigrinya, Oromo, Harari, Somali, Amharic	
Eritrea	Tigre, Tigrinya	
F		
Fiji	Fijian, Melanesian	
Finland	Finnish	
France	French	



Country/Region	Language	Flag
G		
Georgia	Georgian	
Germany	German	
Greece	Greek, Macedonian	
H		
Haiti	Haitian (Creole)	
Hong Kong	Cantonese	
Hungary	Hungarian	
I		
Iceland	Icelandic	
India	Hindi, Hindustani, Konkani, Kashmiri, Malayalam, Marathi, Nepalese, Gujarati, Punjabi, Sindhi, Rajasthani, Telugu, Urdu, Nepalese	
Indonesia	Indonesian (Bahasa Indonesia), Javanese	
Iraq	Arabic, Turkmen, Kurdish	
Iran	Farsi (Persian)	

Country/Region	Language	Flag
I Contd.		
Israel	Hebrew, Yiddish	
Italy	Italian	
J		
Japan	Japanese	
Jordan	Arabic	
K		
Kazakhstan	Kazakh	
Kirgyzstan	Kirghiz	
Korea (North & South)	Korean	
Kuwait	Arabic	



Country/Region	Language	Flag
L		
Laos	Lao, Hmong, Vietnamese	
Latvia	Latvian	
Lebanon	Arabic	
Lithuania	Lithuanian	
M		
Macedonia	Macedonian	
Malaysia	Malaysian (Bahasa Malaysia)	
Malta	Maltese	
Monaco	French	
Morocco	Arabic	
Myanmar (Burma)	Mon, Burmese, Hakka (Chinese)	
N		
Nepal	Nepali, Nepalese	
Netherlands	Dutch, Flemish, French	


Country/Region	Language	Flag
N <i>Contd.</i>		
New Zealand	Maori, Samoan	
Nigeria	Hausa, Igbo, Yoruba	
Norway	Norwegian	
P		
Pakistan	Pushto, Punjabi, Kashmiri, Multani, Sindhi, Urdu, Baluchi, Gujarati, Karhmin	
Palestine	Arabic	
Papua New Guinea	Pidgin, Melanesian, Motu, Hiri-Motu	
Philippines	Tagalog (Filipino), Ilocano, Cebuano	
Poland	Polish	
Portugal	Portuguese	
R		
Romania	Romanian	
Russia	Russian, Uighur, many other minority languages	



Country/Region	Language	Flag
S		
Samoa	Samoan	
Saudi Arabia	Arabic	
Serbia	Serbian	
Sierra Leone	Krio	
Sikkim	Nepali	
Slovak Republic	Slovak	
Slovenia	Slovenian	
Somalia	Somali	
South Africa	Zulu, Xhosa, Afrikaans, English	
Spain	Spanish	
Sri Lanka	Sinhalese, Tamil	

Country/Region	Language	Flag
T		
Taiwan	Mandarin, Taiwanese, Cantonese	
Tanzania	Swahili	
Tatarstan	Tatar	
Thailand	Thai, Khmer, Malaysian (Bahasa Malaysia), Shan	
Tibet	Tibetan	
Tonga	Tongan	
Turkey	Turkish, Syriac, Kurdish (Kurmanji)	
Turkmenistan	Turkmen	
U		
Ukraine	Ukrainian	
United Arab Emirates	Arabic	
Uzbekistan	Uzbek	



Country/Region	Language	Flag
V		
Vietnam	Vietnamese, Khmer, Teo Chiew	
Y		
Yemen	Arabic	