Royal Cornwall Hospitals
NHS Trust

Interpretation Services within Maternity Standard Operating Procedure

V1.0

April 2026

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Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent, this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

1. Introduction

1.1. Effective communication is fundamental to providing safe, equitable, and person-centered maternity care. Language barriers can impede clinical assessment, reduce informed decision-making, and increase the risk of adverse maternal and neonatal outcomes. Research consistently demonstrates that women with limited proficiency in the dominant language of their healthcare system experience higher rates of misunderstanding, reduced engagement with services, and disparities in clinical outcomes when compared to their fluent counterparts. To address these risks, the structured and timely use of professional translation and interpreting services is recognised as an essential component of high-quality maternity care.

1.2. National and international guidelines—including those from the World Health Organization (WHO), the National Institute for Health and Care Excellence (NICE), and the American College of Obstetricians and Gynecologists (ACOG)—emphasize the importance of ensuring clear, culturally appropriate communication throughout the continuum of maternity care, from antenatal booking to postnatal discharge. These guidelines explicitly caution against the use of untrained family members or friends as interpreters in clinical encounters, due to concerns about accuracy, confidentiality, and safeguarding.

1.3. This Standard Operating Procedure (SOP) outlines the processes, responsibilities, and standards for accessing and delivering translation and interpreting services within maternity care. Its purpose is to ensure that all service users—regardless of language proficiency—receive safe, respectful, and informed care, in alignment with professional, ethical, and legal obligations.

2. Purpose of this Standard Operating Procedure

The purpose of this Standard Operating Procedure (SOP) is to outline the processes, responsibilities, and standards for accessing and delivering translation and interpreting services within maternity care. Its purpose is to ensure that all service users—regardless of language proficiency—receive safe, respectful, and informed care, in alignment with professional, ethical, and legal obligations.

3. Scope

3.1. This SOP applies to:

3.1.1. All patient-facing staff providing antenatal, intrapartum, and postnatal care within RCHT. This includes, but is not limited to, doctors, midwives, maternity support workers, ward clerks and administrators, ward hosts, and volunteers.

3.1.2. All contracted interpreters/translators (face-to-face, telephone or video) engaged by RCHT for maternity services.

3.1.3. All occasions when the patients preferred or required language is not English.

3.1.4. All stages of maternity care: booking, antenatal care, Triage, labour and intrapartum care, postnatal care, neonatal care, and community midwifery.

4. Definitions

4.1. Interpreter: A person providing oral translation (face-to-face, telephone or video) between the patient and staff.

4.2. Translator: A person who translates written materials (e.g., information leaflets, consent forms) into a patient's preferred language.

4.3. Non-English speaking/Limited English Proficiency (LEP): Patients whose first language is not English, or who require language support to understand and access maternity care.

4.4. Language Support Request: A formal request (via JobLine/BigWord) for interpreter/translator services.

5. Ownership and Responsibilities

5.1. This section outlines the specific duties of maternity clinicians, administrative teams, interpreters, safeguarding staff, and service managers in implementing this SOP. By clarifying expectations for each role, the organisation ensures consistent practice, reduces variability, and upholds the principles of equity, dignity, and informed choice as recommended by NICE and the WHO. This section is adapted from the RCHT Interpreting and Translation Services Policy.

5.2. Role of the Chief Nursing Officer

The Chief Nursing Officer is the executive director for interpreting and translation services with the responsibility of ensuring compliance with national guidelines and links to the quality and safety agenda.

5.3. Role of the Head of Patient Services

The Head of Patient Services is responsible for ensuring that the Trust provides an interpretation and translation service which:

- Meets the needs of its patients.
- Abides by legislation.
- Makes the best use of Trust resources.
- Is subject to periodic review and facilitates changes to services as required.
- Liaises with external organisations to ensure provision of service is delivered in line with agreed service level agreements and contracts.

5.4. Role of the Director/Deputy Director of Midwifery

5.1.1. To support the Chief Nursing Officer in ensuring compliance with national guidelines and reviewing any complaints that may be received in relation to interpreting and translation services.

5.1.2. Discuss any breach of the interpreting and translation policy with Trust Executives in Performance Review meetings and provide assurance about how performance will be improved.

5.5. Role of the Senior Leadership Team

5.5.1. Responsible for ensuring that the interpreting and translation policy is applied throughout Maternity and Obstetrics.

5.5.2. Ensure that learning from any interpreting and translation incidents/complaints are embedded into quality improvement and service development work within Maternity.

5.5.3. Ensure that actions and learning arising from interpreting and translation incidents/complaints are implemented and shared Trust wide.

5.5.4. Ensure that the staff are aware of the interpreting and translation procedure.

5.6. Role of the Ward/Team/Departmental Leaders

Ward/team/departmental leaders are responsible for:

- Ensuring that the policy is followed and understood as appropriate to each staff member's role and function and that staff abide by the policy and attend any relevant training as required.
- Ensuring that the ward/department has up to date information for their staff on how to access interpreting and translation services.
- Implementing the policy effectively and taking any issues which may affect implementation to Heads of Nursing or Service.
- Ensuring this information is shared with all new staff on induction.

5.7. Role of Individual Staff

All staff members are responsible for ensuring that they provide a culturally acceptable and appropriate service to patients who require interpretation and translation services, or who are unable, or have difficulty, gaining access to services due to linguistic barriers and:

- Recognising when interpreting or translation needs to exist.
- Assessing which language is being spoken.
- Assessing and making provision for that need.

- Liaising with the interpreting service to arrange for an interpreter.
- Record in the patient's handheld notes (and E3 if appropriate) the patient's preferred spoken language, the patient's preferred written language and whether the patient requires an interpreter.
- Document every offer of translation or interpretation services throughout the community and acute admissions.
- Document whether the patient accepts or declines the offer translation and/or interpretation, along with an explanation regarding why.
- Please remember that translation/interpretation is an "opt-out" service.

5.8. Role of Translator/Interpreter

Interpreters must:

- Interpret accurately.
- Maintain confidentiality.
- Explain cultural differences where appropriate.
- Ensure their language skills are up to date.

Interpreters must NOT:

- Give their own opinion.
- Be used as a chaperone or escort.
- Advocate for the patient or staff member.
- Befriend patients.

5.9. Role of Patient

Patients must highlight their preferred language and any communication needs as early as possible and engage with the interpreter as required.

6. Standards of Practice

6.1. Identification of language/communication need:

6.1.1 Preferred language is outlined on the A16 (New Pregnancy Referral) submission form, along with whether an interpreter is required. This will be noted by the community midwife arranging Booking appointment.

6.1.2 If patient presents for care prior to booking or without submission of an A16, the midwife will identify the language required prior to any other clinical care.

6.1.3 Record the preferred language on E3, green handheld notes and Personalised Care Plan.

6.1.4 Personalised Care Plan should be translated and printed in the preferred language prior to Booking appointment.

6.2. Requesting interpreter/translator services:

6.2.1. If an interpreter is required for any maternity appointment (antenatal appointment, scan, obstetric clinical, specialist team clinic, Triage, labour, postnatal visit), staff must request the service as early as possible (as soon as the appointment is scheduled). Highlight requirement preference for female interpreter when booking.

6.2.2. For pre-scheduled appointments on DAU, the person booking the appointment is responsible for booking the interpreter at the same time.

6.2.3. Complete the language services request form (See Appendix 1) and send to jobline.rcht@nhs.net. You will receive email confirmation when your interpreter is confirmed. Your interpreter is **not** confirmed until you receive this email.

6.2.4. If an interpreter is not available to attend in person, you will be required to send a Teams link for them to attend virtually. This needs to be done in advance to avoid any technical difficulties.

6.2.5. Face-to-face interpreters are the gold standard and should always be arranged if possible.

6.2.6. If face-to-face interpretation is not available, telephone translation should be utilised via JobLine by phoning – 01872 324 500 (option 3) or outside of office hours 07793 955 862. This may mean a local interpreter, that the family are familiar with, is able to support via telephone.

6.2.7. If JobLine are unable to facilitate, please continue to source telephone translation via BigWord.

6.2.8. See Appendix 2 for directions re Big Word.

6.3. Provision of interpreter/translator at the appointment:

6.3.1. On the day of the appointment, the interpreter should arrive on time. If there is a delay, staff should wait if safe to do so and document the reason and impact. Consider DATIX if appropriate.

6.3.2. Staff should ask the interpreter to introduce themselves in the patient's preferred language, explain their role and conduct the consultation with the interpreter present and speaking in turn. The interpreter must not be bypassed (unless an emergency arises).

6.3.3. Use the "Three-way" communication model: staff → interpreter → patient → interpreter → staff, ensuring clarity and confirming understanding at each key step.

6.3.4. Allow extra time or schedule a “double slot” to ensure enough time is provided for additional questions or clarifications.

6.3.5. Confirm confidentiality and impartiality with the interpreter and ask them to reassure the patient.

6.4. Using family or friends as interpreters:

6.4.1. NHS England and local trust guidelines recommend that a professional interpreter should be offered at every contact. This is preferable to using family or friends to interpret.

6.4.2. Staff must be aware that interpretation undertaken by people involved with the patient may be distorted and impartiality may be difficult to maintain.

6.4.3. Family members, carers or other persons should not be used other than in exceptional circumstances when no other alternatives are available.

6.4.4. If family members, carers or other people are used as an interpreter, this must be documented in the handheld notes and on E3.

6.4.5. Using children as interpreters is inappropriate. Children may lack the linguistic and cognitive ability to reliably interpret in technical or stressful situations. Additionally, they may be embarrassed when discussing sensitive subjects, especially related to women’s health and/or maternity care.

6.4.6. Using children and/or untrained interpreters presents the risk of breach of patient confidentiality and must not be done.

6.4.7. More information about using relatives/carers as interpreters can be found in Section 6.8 of the RCHT Interpreting and Translation Services Policy.

6.5. If an interpreter is refused:

6.5.1. To protect patients from coercion, interpreters should be present in all situations where there are concerns about child safety or gender-based violence.

6.5.2. The importance of professional interpretation should be explained to the patient, and it should be made clear that interpreting services within the NHS are free-of-charge for those entitled to NHS care.

6.5.3. Overseas visitors that are required to pay for their care must be informed that the cost of an interpreter is included as a part of the national tariff and will not be raised as a separate charge.

6.5.4. The Trust must not be exposed to risk by not providing the patient with an interpreter solely due to the unwillingness or inability of the patient to pay.

6.5.5. If the patient insists on using a non-professional interpreter, this decision must be documented within the handheld notes and on E3.

6.5.6. The use of translation/interpretation is an opt-out service and refusal of professional interpretation services must be communicated with staff, via a professional interpreter. If the patient refuses to use the professional interpreter to decline services, a Datix must be completed.

6.5.7. If the refusal of professional interpreter services results in staff feeling that will compromise patient safety, the staff member is able to postpone the appointment or assessment on that occasion. This should be documented in the handheld notes/E3 and escalated to Team Leader. Consider Datix as appropriate.

6.6. Emergency situations/Intrapartum Care:

6.6.1. If a patient presents in active labour with no advanced booking for an interpreter exists, please identify the language and contact JobLine on 01872 324 500 (option 3) or outside of office hours 07793 955 862.

6.6.2. If JobLine are unable to facilitate a local interpreter, please proceed with BigWord.

6.6.3. The language code can be identified on a sticker on the front of the handheld notes.

6.6.4. In obstetric emergencies, staff should proceed with care under clinical urgency. If possible, a telephone interpreter should still be sought, but clinical care must not be delayed. If telephone interpretation cannot be obtained, the use of PocketTalk can be utilised.

6.6.5. If a face-to-face interpreter is present and the patient requires care in theatre, the interpreter is **not** counted as a Birthing Partner. The interpreter is a valid and crucial member of staff and must not be used in place of a birth partner.

6.6.6. After the event, document the communication attempts and escalate any issues to Intrapartum Floor Manager and/or Matron.

6.6.7. Complete a Datix if communication breakdown contributed to safety issues.

6.7. Medication administration and TTO's (medicine to self-administer outside of the hospital setting):

6.7.1. Staff must ensure patients are able to understand their medication regimen, including the name, purpose, dosage, timing and potential side effects/risks in their preferred language.

6.7.2. This can be done using the Big Word Global Management system, outlined in 6.22 of Interpreting and Translation Services Policy. If you are unable to access this system, please email the TTO sheet to the named Porth midwife who will be able to support post-discharge. If Porth midwife is on annual leave or not working for more than 24 hours post-discharge, please forward to area Team Leader to ensure dissemination of safe medication administration information.

6.7.3. Providing medication for self-administration outside of the hospital setting without full understanding is a patient safety concern with the potential for serious adverse outcomes and/or death.

6.7.4. If a face-to-face translator is providing support, ask for their support in writing down the relevant information in the patients preferred language.

6.7.5. If a telephone translator is providing support, ask them to verbally tell the patient the relevant information and provide the patient with the means to write down the information they require. Please do this sensitively and respect that some patients do not have the skills to write.

6.7.6. The clinicians dispensing the TTO's is responsible for ensuring the patient is discharged with adequate information, enabling them to take their medication safely and appropriately.

6.8. PocketTalk:

6.8.1. PocketTalk is a handheld device that can be used for translation services if all other options have been explored and exhausted.

6.8.2. The device holds ninety-two languages and has its own internet connection.

6.8.3. Please see Appendix 3 for user instructions.

6.9. Intimate examinations and procedures

6.9.1. Whilst caring for pregnant/birthing people, it is likely that personal care or intimate examinations will be offered/performed with consent.

6.9.2. All patients have the right to a chaperone during this time. Please see RCHT Chaperone Policy for more information.

6.9.3. Interpreters must **not** be used as a chaperone in any circumstance.

6.9.4. If interpretation is required during the examination or care episode, dignity must be maintained and the patient must be visually shielded from the interpreter by use of curtains or screens.

6.9.5. A telephone interpreter may also be more appropriate in this situation.

6.10. Religious, cultural, and spiritual diversity:

6.10.1. Cultural sensitivity must be prevalent throughout care for non-English speakers.

6.10.2. Patient's that identify as female may prefer a female interpreter and this preference should be identified and documented at the first opportunity.

6.10.3. If a female translator is not available, and a male translator is declined, refer to Section 6.6 of this SOP.

6.10.4. It is important to consider different dialects in the same language and ensure the correct services are sought. For example, a patient may request an Arabic interpreter, but there are around thirty different dialects.

6.11. Written information:

6.11.1. Health literature within maternity is available in multiple languages and this should be used wherever possible.

6.11.2. Please see RCH Shared Folder – TR11 – Midwives – Porth Community Midwives – TRANSLATIONS. Select the language you require and see available translations/links.

6.11.3. If you require any specific information, please contact the Porth Midwife for the local area who will be able to assist (likely the patients named midwife).

6.12. Wellbeing of interpreters:

6.12.1. Research suggests vicarious trauma is prevalent in the interpreter community (Villalbos et al, 2021).

6.12.2. It is important to consider the physical and psychological wellbeing of interpreters.

6.12.3. If the appointment is likely to last over an hour, make it clear to the interpreter and the patient that they can request a comfort break at any point.

6.12.4. Additionally, if you are discussing emotive or sensitive topics, check the psychological safety of the interpreter at the end of the appointment.

6.12.5. Interpreters working in Maternity at RCHT can access PMA support. They can access this by emailing rcht.pmakernow@nhs.net. Please make this known to the interpreter.

6.12.6. Additionally, you can signpost them to their GP and The Samaritans on 116 123 for further support.

7. Dissemination and Implementation

7.1. This policy will be published via the Trust's Document Library and will be disseminated directly to those staff groups most likely to be affected by the SOP.

7.2. The SOP will be highlighted as part of Mandatory Training for Maternity staff and distributed to all wards and departments within the Maternity unit.

8. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Were interpretation services offered at every contact if language needs are identified? Was the attempted order of face-to-face, telephone, internet interpretation services used?
Lead	Porth Team Midwife.
Tool	Excel.
Frequency	6 months after implementation and then yearly unless issues identified.
Reporting arrangements	Audit Review Team. Community Governance Meeting. Maternity and Obstetrics Business and Governance Meeting.
Acting on recommendations and Lead(s)	Community Governance Meeting.
Change in practice and lessons to be shared	SMART objectives, if identified.

9. Updating and Review

The SOP will be reviewed and updated three yearly.

10. Equality and Diversity

10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the Equality Diversity And Inclusion Policy or the Equality and Diversity website.

10.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Interpretation Services within Maternity Standard Operating Procedure V1.0
This document replaces (exact title of previous version):	New Document
Date Issued / Approved:	April 2026
Date Valid From:	April 2026
Date Valid To:	April 2029
Author / Owner:	Fiona Howard, Registered Midwife, Porth Team
Contact details:	Fiona.howard3@nhs.net
Brief summary of contents:	To outline the processes, responsibilities, and standards for accessing and delivering translation and interpreting services within maternity care.
Suggested Keywords:	Interpreter, interpretation, translation, translate, translator, maternity, obstetrics, Google, language, community, Porth, non-English, speaking, antenatal, postnatal, intrapartum, pregnancy, neonatal.
Target Audience:	**RCHT:** Yes **CFT:** No **CIOS ICB:** No
Executive Director responsible for Policy:	Chief Medical Officer
Approval route for consultation and ratification:	Maternity Guidelines Group
Manager confirming approval processes:	Caroline Chappell
Name of Governance Lead confirming consultation and ratification:	Michael Cross
Links to key external standards:	None
Related Documents:	None Required
Training Need Identified:	No

Information Category	Detailed Information
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical / Midwifery and Obstetrics

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
April 2026	V1.0	Initial issue	Fiona Howard Registered Midwife, Porth Team

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust The Policy on Policies (Development and Management of Knowledge Procedural and Web Documents Policy). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Quality and Equality Impact Assessment (QEIA) Form

The QEIA process allows RCHT to monitor the impact of changes to its policies and services, ensuring that nobody is unduly disadvantaged.

Please ensure you have completed a Quality and Equality Impact Assessment (QEIA) using this link to complete the form:

E11 QEIA Policy.

For guidance, please see the QEIA Essentials – Quick Reference Guide or contact as required below:

Equality, Diversity and Inclusion guidance, please contact: rcht.inclusion@nhs.net.

Quality Governance guidance, please contact Jillian Tozer:

Appendix 3. JobLine Interpreter Request Form

Request Form For Interpreter

Table 1 to be completed (in full) by RCHT member of staff/PCT Midwife and emailed to jobline.rcht@.nhs.net

Table 1:

Date Requested	**Requesters Name and Extension**	**Patient's Name**	**CR Number**	**Language**
Date Required	**Start Time and End Time**	**Department and Person to See**	**Authorising Manager**	**Budget Number**

If 'End Time' is left blank, the appointment will be expected to last no longer than one hour.

Table 2 to be completed by Jobline Staffing providing the above information has been completed in full. Please return to requester – copy to Interpreter's email account Interpreters.rcht@cornwall.uk

Table 2:

Assignment number	**Interpreter's name**

Additional Information	

For urgent enquiries please contact the Jobline interpreter service on – 01872 324 500 (option 3) or outside of office hours – 07793 955 862

Appendix 4. Telephone Interpreter Big Word Guidance

Phone 03333 449473.

Access code 84003005.

To commence a three-way phone call, press *1 once the interpreter has connected then dial the patient's contact number.

Afar	535	French (Canada)	511	Lugandan	718	Sinhala	754
Afrikaans	701	Fukienese	715	Macedonian	775	Slovak	755
Akan	723	Fulani	745	Mai Mai	548	Slovene	756
Albanian	702	Fuzhou	546	Malagasy	736	Somali	757
Alcholi	728	Ga	505	Malay	737	Soso	333
Amharic	91	Gaelic (Scottish)	545	Malayalam	507	Spanish	1
Arabic	92	Garre	774	Maltese	512	Sudanese	542
Armenian	772	Georgian	784	Mandarin	97	Swahili	998
Asante	510	German	4	Mandinka	739	Swati	525
Assamese	504	Greek	993	Marathi	714	Swedish	761
Assyrian	502	Gujarati	738	Marshallese	292	Sylheti	526
Azerbaijani	778	Hakka	513	Mirpuri	533	Tagalog	762
Bahasa Indonesia	727	Hausa	721	Mixteco Alto	298	Taiwanese	763
Basque	705	Hebrew	722	Mongolian	790	Tajik	788
Belarussian	779	Hindi	994	Mulam	146	Tamil	729
Bengali	706	Hmong	744	Mwini, dial	516	Telugu	532
Berber	530	Hungarian	724	Ndebele	521	Tetun	551
Bosnian	17	Ibo	759	Nepali	741	Thai	992
Bravanese	547	Icelandic	725	Norwegian	742	Thmne	527
Bulgarian	707	Ilocano	726	Not Applicable	0	Tibetan	798
Burmese	708	Italian	995	Nuer	795	Tigrinya	773
Cambodian	991	Japanese	96	Oromo	796	Tongan	792
Cantonese	93	Jula	517	Pahari, dial	524	Trukese	740
Catalan	506	Kachchi	534	Pangasinan	514	Tshiluba	760
Cebuano	768	Karen	257	Papiamento	743	Turkish	764
Chaldean	503	Kashmiri	508	Pashto	98	Turkmen	791
Creole (Haitian)	780	Kazakh	786	Pidgin, Nigerian	522	Twi	709
Czech	710	Kirghiz	787	Polish	5	Ukrainian	765
Danish	711	Kirundi	70	Portuguese	996	Urdu	999
Dinka	748	Kongo	518	Pothwari	523	Uzbek	793
Dutch	713	Korean	3	Pulaar	746	Vietnamese	2
Esperanto	529	Krio	720	Punjabi	749	Welsh	531
Estonian	783	Kurdish (Kurmanji)	520	Reer Hamar	1002	Wolof	747
Ewe	771	Kurdish (Sorani)	730	Romanian	750	Xhosa	769
Fanti	509	Kurdish(Bahdini)	731	Russian	997	Yiddish	528
Farsi (Afghan)	712	Language Identifier	700	Rwandan	519	Yoruba	794
Farsi (Persian)	94	Laotian	732	Samoan	104	Zulu	770
Finnish	716	Latvian	733	Serbo-Croat	752		
Flemish	501	Lingala	734	Shanghainese	515		
French	95	Lithuanian	735	Shona	753		

Appendix 5. PocketTalk Instructions

🔌 CHARGING

1. Plug the cable into the Pocketalk.
2. Plug the other end into a wall charger or USB port.
3. Charge until the battery icon shows full.

⭕ TURNING IT ON

1. Press and hold the Power button.
2. Release when the screen turns on.
3. Wait a few seconds for it to start.

🌐 INTERNET CONNECTION

Pocketalk works using built-in data or Wi-Fi.

To connect to Wi-Fi:

1. Tap Settings (⚙️).
2. Tap Wi-Fi.
3. Choose your network.
4. Enter the password.

🗣️ TRANSLATING SPEECH

To translate what YOU say:

1. Press and hold the microphone button for your language.
2. Speak clearly.
3. Release the button.
4. The translation will appear and be spoken aloud.

To translate what THE OTHER PERSON says:

1. Hand them the device.
2. They press and hold the other language button.
3. They speak and release.
4. The device translates back to you.

🔁 CHANGING LANGUAGEs

1. Tap the language name or flag at the top of the screen.
2. Choose a new language.
3. Set both sides if needed.

🔊 VOLUME

- Use the volume buttons on the side.
  OR
- Go to Settings → Sound.

📷 CAMERA TRANSLATION (If Available)

1. Tap Camera.
2. Point at text (menu, sign, paper).
3. Translation appears on the screen.

🔋 TURNING IT OFF

1. Press and hold the Power button.
2. Tap Power Off.