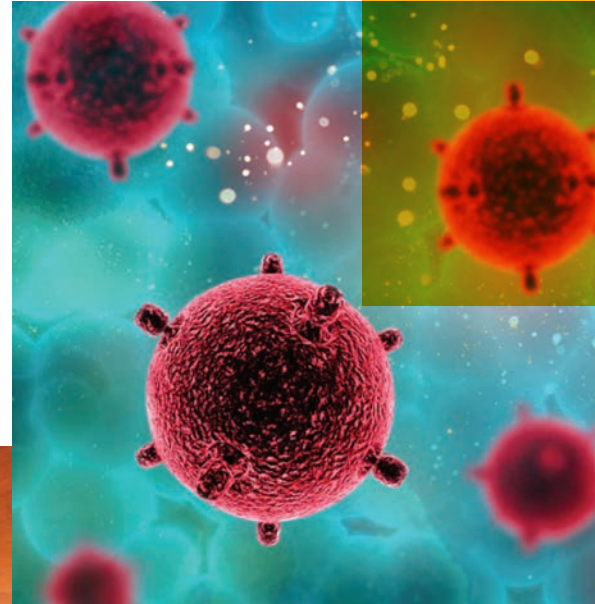




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Communicating COVID-19

Translation and Trust in Ireland's
Response to the Pandemic





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Executive Summary

Public communication in a crisis needs to be timely, accurate, trusted, and appropriate, especially when that crisis is health-related. This is especially true for unfamiliar ideas such as those that emerged during the Covid-19 pandemic. Our research on crisis settings has confirmed that very little attention had been given to the increasingly multicultural and multilingual nature of many societies and, therefore, the idea that 'crisis information' must be communicated in many languages, through translation. In pandemics in particular, ensuring all language communities are aware of crisis messaging, understand it, trust it, and act appropriately on it is vital because no-one is safe until everyone is safe.

Our rapid response research project sought to understand the maturity level of translation as risk communication in the Covid-19 pandemic in Ireland and its role in behaviour change among diverse language communities. We did this by investigating documentary evidence of what was translated in Ireland, for whom, by the government and state bodies such as the HSE. We interviewed nine stakeholders representing three broad categories: (1) Commissioners of translated content; (2) Providers of translated content; and (3) Recipients of translated content, all of whom were living in Ireland during the pandemic.

Although Ireland's official emergency response policies and guidelines take little cognisance of the multilingual nature of Ireland's society (O'Brien et al. 2018), there is evidence of emerging good practice in relation to multilingual crisis communication. The HSE provided information in English, Irish, Irish Sign Language and at least 24 other languages. This content was provided via different formats, taking issues of literacy into account. Some good business practices relating to translation service provision were in evidence. The readability level of the English source text was such that it could be understood easily by 13-15-year-old students.

Nonetheless, there were a number of issues linked with multilingual communication which can serve as lessons to be derived for ongoing crisis preparedness. We highlight some of the main issues here. The provision of multilingual information was considered to be rather slow, reactive and random. The provision of content in Irish and Irish Sign Language was seen to lag behind in the early stages. Most importantly, one way, top-down provision of information by state bodies is inadequate. Those who are targeted by that approach are unlikely to use websites such as the HSE's to gather information, turning instead to resources in their own languages and outside Ireland, which may provide incorrect information. While health-related information was crucial, people needed other kinds of translated information too, relating to workers' rights, mental health, and visa renewal arrangements, for example. Digital literacies also need to be considered. Connecting with community stakeholders to ensure accurate and culturally-appropriate translation is essential for both preparedness and response to crises such as the Covid-19 pandemic. This approach is also more likely to garner trust, an essential component in public health responses. This report provides numerous recommendations that could allow us to learn from these lessons, build on the successes, and lead to an increase in the maturity of Ireland's crisis communication policy.

Top Recommendations

Throughout the report a number of lessons learned and subsequent recommendations are highlighted that will be of interest to government policy makers and agents, not-for-profit organisations representing those in Ireland who have limited English proficiency or who have a right to information in a language other than English, language service providers, as well as to residents in Ireland who may need information in languages and formats other than written English. The six most crucial recommendations from the researchers' viewpoints are listed here.

1. In a crisis, state departments need a coordinated approach to the provision of translated content.
2. In a crisis, state communications in all official languages of the country need to be timely and consistent with existing legislative protections and language policy.
3. As a preparedness strategy, have standard operating procedures in place with multiple language service providers.
4. In a crisis, it is recommended that a diverse range of communication channels (print, website, social media, traditional media) is used.
5. Establish strategic partnerships with relevant not-for-profit organisations in advance of crises so that communities are more likely to receive crucial information more rapidly and that they might have a higher level of trust in that information.
6. Communication in crises should not be monodirectional and top-down only. Dialogue with communities, enabled through translation and interpreting, is vital to achieving effective behaviour change.

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1. Introduction

Disaster and crisis response literature recognises that public communication in a crisis needs to be timely, accurate, trusted, and appropriate. This is especially true for unfamiliar ideas such as those that emerged during the Covid-19 pandemic (e.g., social distancing or cocooning). However, our research on crisis settings has confirmed that very little attention had been given to the increasingly multicultural and multilingual nature of many societies. Therefore, the idea that ‘crisis information’ must be delivered in many languages, if people are to be given fair access, has been largely ignored. In pandemics in particular, ensuring all language communities are aware of crisis messaging, understand it, trust it, and act appropriately on it is vital because no-one is safe until everyone is safe.

Translation enables the delivery and exchange of multilingual information, yet ‘translation’ rarely figures in national, international or regional crisis policies, including those of Ireland (see O’Brien et al. 2018). Through the EU-funded INTERACT project (International Network on Crisis Translation), led by Prof. Sharon O’Brien of DCU, the role of translation as a risk reduction and response mechanism has been brought to attention globally. The network found that, when a crucial part of the jigsaw such as translation is missing from crisis communication policy, communication of multilingual information is unlikely to be implemented systematically or fully in a response and will not be considered in preparedness cycles either.

Our rapid response research project, funded by the DCU Educational Trust, sought to understand the maturity level of translation as risk communication in the Covid-19 pandemic in Ireland and its role in behaviour change among diverse language communities.

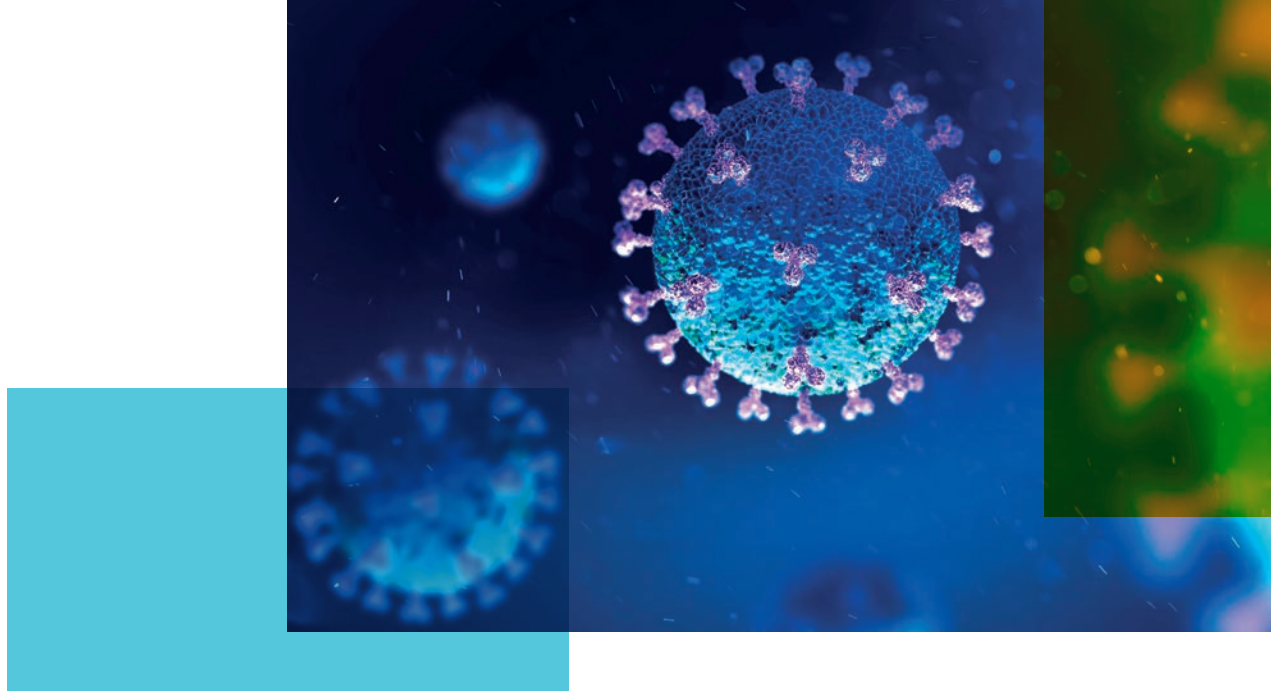
Specifically, the research sought to:

- (1) Ascertain the level of maturity for the implementation of translation as risk reduction policy in the Covid-19 pandemic in Ireland;
- (2) Understand the impact that non-, late or low-accessibility translation had on the behaviour of some culturally and linguistically diverse (CALD) communities in Ireland and on their trust in information being broadcast;
- (3) Identify cases of good practice and cases where lessons can be learned in order to produce recommendations for better implementation moving forward.

1.1 National context

Using Ireland’s 2016 census, McGinnity et al. (2020) profiled the migrant population in Ireland at the time of that census. The UK accounted for the top country of birth for migrants at 34.6% (7.1% born in Northern Ireland and 27.5% born elsewhere in the UK). This was followed by Poland at 13.6% and the US at 3.9%. The other countries that made up the top ten countries of birth outside Ireland were Lithuania, Romania, India, Latvia, Brazil, and Germany, giving an idea of the diversity of the population in Ireland at that time.

McGinnity et al. (2020) consider the issue of language as one predictor for integration among migrants. However, the focus in that report is on self-reported English language ability, rather than on abilities in other languages. Using a scale from 0 to 1, with 1 representing the highest ability, the report points to a considerable range of self-reported ability, ranging from 0.2 upwards. For Asian countries some of the lowest scores are for China, Vietnam, Thailand, Burma and South Korea. Afghanistan, Bangladesh, Syria, and Oman also feature at the lower scoring end of this list. Countries such as Togo, Congo, Somalia, Angola, and Algeria appear at the lower end for African countries. For EEA migrants, the lowest scores are for Lithuania, Latvia, Poland, and Romania. Then, for ‘Other Countries’, Moldova, Brazil, Georgia, and Ukraine are at the bottom. This is not an exhaustive analysis of the linguistic profile of migrants in Ireland. It nonetheless provides us with context to confirm that Ireland is in fact a linguistically diverse and multicultural country and that some of the population do not have a strong command of either Irish or English. This, in turn, raises challenges for communication in a pandemic as well as in other emergencies, such as flooding, to which the country is prone (Jeffers 2011).



1.2 Global context

Due to the global nature of the Covid-19 pandemic, we can observe and compare how other countries approached multilingual crisis communication. News reports suggest that multicultural migrant communities have been disproportionately affected by the pandemic in places such as the UK (Siddique 2020), the US (Wilkie and Betancourt 2020) and Australia (Taylor 2020). The reports point to language barriers, illiteracy levels, socio-economic conditions, and general lack of trust in the authorities as some of the potential factors that make these communities more vulnerable.

The pandemic has also revealed that many countries are ill-equipped to provide timely and accurate translated information, and to meet the linguistic and cultural needs of their multicultural communities. For example, there have been multiple reports made by the Australian broadcaster ABC to highlight errors in messages translated by the Australian government, deeming them 'nonsensical' and 'laughable' (Dalzell 2020). In some cases, flyers with the wrong languages on them had been distributed. A more recent report states that, although multilingual communication has improved amid the second wave, more needs to be done as information in some languages has not been updated (Renaldi and Fang 2020). The UK government has also been criticised for consistently failing to 'ensure that its messaging has effectively reached all communities across the UK'. The criticisms point out the absence of 'inclusive and accessible communications for Black, Asian and minority ethnic communities, and deaf and disabled people' (Siddique 2020).

Further issues can be observed in the US, where some of the hardest-hit states are the ones with the largest Latino communities. According to the New York City deputy health commissioner, the lack of Spanish-speaking contact tracers impeded efforts to reach people who tested positive and with whom they had contact (Voa News 2020). In addition to language barriers, the deputy commissioner also highlighted suspicion and fear of government among immigrant communities as a barrier. In Norway, specialists from the Norwegian Institute of Public Health pointed out that many communities do not tune in to mainstream media and are, therefore, less exposed to information about Covid-19 (Cookson and Milne 2020).

However, numerous initiatives have emerged amid these difficulties, often driven by non-governmental organisations, local authorities or individuals. For example, in Spain the local government of Roquetas de Mar, a small town in the Southern region of Almería, launched a multilingual campaign to keep their residents and tourists informed about hygiene practices during the Covid-19 crisis. They put up a series of posters in Spanish, English, German, French, and Arabic to remind the public of the importance of social distancing and face masks (Todo Disca 2020). Similarly, a local entrepreneur in South Africa launched a multilingual Covid-19 assistance platform, available in all eleven official languages (Bizcommunity 2020). In Norway, an Oslo doctor created a YouTube channel to overcome literacy problems among the Somali community, which the government had supplied with written material only (Cookson and Milne 2020).

These instances demonstrate that the needs of migrant communities go far beyond language, and the issues of cultural awareness and trust are of crucial importance in providing multilingual crisis communication. Furthermore, this is a global issue.

2. Methodology

We briefly explain here the methodology used for the research. We relied on two approaches: (1) gathering documentary evidence and (2) interviewing relevant stakeholders.

2.1 Documentary evidence

First, we analysed official governmental emergency response policies and guidelines to see whether they had changed since the last analysis done by O'Brien et al. (2018). The documents in question were *A Framework for Major Emergency Management*, together with two guidance documents on preparing a major emergency plan and managing evaluation and rest centres (Irish Government, 2008, 2010, 2015), and the *National Risk Assessment* (Irish Government 2019).

We consulted two government portal sites online to establish what content was translated and into which languages. The first website we consulted was gov.ie. This is a portal for Irish government services and information. The second website was hse.ie. This is the portal page of Ireland's Health Service Executive (HSE), which along with the Department of Health leads the government's public communication campaign around Covid-19. We collected evidence in the form of screenshots and downloads of available resources. We then compared this with the content available on the WHO website, in order to identify similarities and differences in the multilingual resources. We were particularly interested in public health advice, such as information on wearing masks, hand-washing and social distancing. This information was available in six languages on the WHO website (English, Spanish, French, Russian, Arabic and Mandarin Chinese), in the form of downloadable materials such as posters (see Appendices).

Following from this, we used the content of the gov.ie and hse.ie websites to create two corpora using the corpus compilation and analysis tool Sketch Engine, which allowed us to establish a snapshot of the English language being used to communicate about the pandemic. The gov.ie corpus had 26,649 words, while the hse.ie corpus had 18,197. The content of each corpus was taken from the relevant web pages in English on Covid-19 information. We conducted a readability level analysis of the English content across the two corpora, using the Flesch Reading Ease metric.

2.2 Interviews - reach and procedure

Our aim was to include interviewees from three broad categories of stakeholders: (1) Commissioners of translated content; (2) Providers of translated content; and (3) Recipients of translated content, all of whom were living in Ireland during the pandemic. With these three categories, we hoped to include diverse opinions on the provision of translated content and either confirmatory or non-confirmatory points of view about trust in translation of Covid-19 related content.¹

As the HSE leads the government's public communication campaign around Covid-19, it has been the primary official provider of translated content related to health in Ireland during the pandemic. We reached out to both the HSE and to the Taoiseach's office via email and letter and secured an interview with the HSE.

The HSE used two translation service providers to translate content during the pandemic. We reached out to both of these, mentioning our interview with the HSE, and secured an interview with one of these providers. Despite several attempts to connect with the second provider via email and social media, we received no response.

It was important for us to get the viewpoints of those who were the target audience for the translated content. We aimed to interview those living in Ireland who had limited English proficiency (LEP). This meant that the interviews could not be conducted in English, so provision was made for interpreter-mediated interviews. Knowing that Polish and Brazilian Portuguese were two of the 'big' languages in Ireland other than Irish and English, we also translated our plain language statement and informed consent forms into those languages.

1 In keeping with our research ethics approval, all interviewees read and signed plain language descriptions of the research and informed consent forms. Individual names are anonymised, but organisational names are not, unless otherwise requested.

We reached out to numerous members of our networks in an attempt to secure interviews with relevant members of LEP communities in Ireland, but even with the promise of interpretation and the translated explanations of the project objectives, it proved very difficult to gain direct access to this important cohort of interviewees (note that the interviews were held during pandemic restrictions). We secured two interviews with speakers of Brazilian Portuguese. Nevertheless, we felt that this was not sufficient and so altered our strategy to seek interviews with representative gatekeepers for this cohort. We interviewed four representatives of not-for-profit organisations operating in Ireland who deal directly with the cohort in question, particularly migrant workers and asylum seekers. The organisations in question were Nasc, the Migrant Rights Centre of Ireland, Covid-19 World Service (a joint initiative of Nasc and Together Ireland), and the Irish Red Cross. To get insight on the situation with the Irish language, we interviewed Dr John Walsh, Senior Lecturer in NUIG. Though this was not the ideal scenario, we felt that this at least provided some insight into the issues faced by the communities of interest.

The questions we wanted to ask of each interviewee were directly linked to the overall objectives of the research and concerned questions such as:

- What were the information needs and how were they met (what)?
- Did the information meet the needs of the target audience (evaluation)?
- What could be done differently (lessons learned and possible recommendations)?

While we tailored the list of questions slightly to make sure they were relevant to the specific interviewee, the core aspects listed above were consistent across all interviews. The approach taken was a semi-structured one.

In total, we conducted nine interviews. These were carried out online via Zoom, with two or more of the researchers present - one asking the questions and the other researchers taking notes. The sessions were recorded and then the audio was transcribed. The transcriptions were sent back to the interviewees for their approval and confirmation.

2.3 Interviews - coding and analysis

The approach to coding was top-down because we had specific questions we hoped would be answered in the data. We first discussed two main codes and their definitions:

- (1) Policy and practice;
- (2) Impact on behaviour of linguistic minorities

'Policy and practice' was defined as: 'Any time somebody talks about institutional, governmental, NGO etc. policy / legislation / formal guidance / informal guidance / normal practices and emergency practices regarding translation'.

With this code we wanted to collate evidence regarding what policies and practices on translation were put into operation during the period of early March 2020 to between July and September 2020, the period across which interviews were conducted. We collate the findings below, according to specific sub-headings, documenting what was learned from the interviews, what good practice was evident, and also deriving lessons and recommendations for future crisis preparedness and response.

The second code, 'impact on behaviour of linguistic minorities' was defined as: 'Any time somebody talks about behaviour of linguistic minorities linked to translation'.

This code allowed us to search for evidence of the effect of (non-)translation on the behaviour of recipients of that translation. Interview transcripts were coded using a phased, multicoder approach based on discussion, agreement, and recoding.

3. Findings

In this section, we present our findings separated into two broad categories: (1) Findings in relation to the documentary evidence and (2) findings in relation to interviews.

3.1 Documentary evidence

3.1.1 Government policy

Since the analysis conducted by O'Brien et al. in 2018, there has been one update in the government policy. The *National Risk Assessment* document from 2019 now mentions 'language', as it recognises the government's need 'to be responsive to the changing nature of society, for example in terms of the needs of a now multilingual society and the potential for language to become a barrier in accessing Government communications and services' (p. 47). There are also multiple mentions of 'immigration', but none of them relate to language and communication issues directly.

In short, apart from the single update to the National Risk Assessment strategy, the Irish Framework for Emergency Management has not changed since the previous analysis by O'Brien et al. in 2018, which concluded at that time that 'the right to translated information is not generally foregrounded in national approaches to disaster management' (p.634).

3.1.2 HSE and GOV.IE websites

We acknowledge that website content changes over time and this is especially true in a fluid situation such as the Covid-19 pandemic. The information presented here is a snapshot of what was available on these sites at the end of June 2020.

The health advice on the gov.ie website was available in English and Irish, and the main topics included symptoms, ways to protect yourself and others, how Covid-19 spread, and general advice for keeping well during the pandemic. This information was available in the form of text, with links to websites of relevant bodies, such as the HSE. Gov.ie also produced a series of public use posters on topics such as face coverings, hand hygiene, and other public information. All of these posters were available in both Irish and English, as downloadable PDFs. The government also issued a campaign called 'In This Together', which provided additional information such as looking after mental health, coping at home, staying active, and healthy eating during the Covid-19 pandemic. All information was available in English and Irish, and included videos with practical tips and ideas for workout routines, healthy recipes, etc. The videos linked with this campaign were available in English only, however, with accompanying text in Irish.

The HSE website provided information on many of the same topics, expanding the information available in some sections and adding information about testing and managing coronavirus at home. The information provided was very detailed and included a checklist of dos and don'ts, videos, and step-by-step instructions for hand washing, wearing a face mask and self-isolating. There were also useful tips for doing exercise at home (including instructions with photographs), eating well, and managing mental health. All the information was available in English.

The HSE provided a range of translated resources in Irish, Irish Sign Language (ISL), and 24 other languages. The information in Irish was also very detailed and covered the same topics as in English, including information on symptoms, cocooning, contact tracing, and further advice on healthy eating, exercise, and mental health. There was also a series of videos in ISL for the Deaf Community. The videos were organised into three sections:

1. Contact information for the Deaf Community
2. COVID-19 Information Booklet
3. Testing for COVID-19

The information booklet was a series of five videos that ranged from 3:26 minutes to 6:55 minutes in length and covered the topics of what coronavirus is, protection, social interaction, self-isolation, and keeping well. These videos covered the same information as the printed version of the Public Information Booklet and used the same graphics, statistics, and tables. The last section of the ISL resources provided information on the testing procedures, location, and test results in a series of four 2-minute videos.

In addition to Irish and ISL, the HSE also provided translated resources in 24 different languages, as outlined in Table 1. These primarily included information booklets and posters, which are all available for download and printing as PDFs. However, the amount of information varied from language to language. Table 1 illustrates which resources were available in each language, as of June 23, 2020².



2 As of November 2020, information in Croatian, Hindi, Somali and Tigrinya was also available.

Table 1: Multilingual content available on the HSE website

Language	Information booklet	Who is at risk	Hand hygiene	How to prevent	Cocooning	Stay safe poster	Patient information sheet for self-isolation	Advice for people who share a home with someone with symptoms	Information for close contacts of a confirmed case
Albanian	✓	✓	✗	✓	✓	✗	✗	✗	✗
Arabic	✓	✓	✓	✓	✓	✗	✗	✗	✗
Bulgarian	✗	✗	✗	✗	✓	✗	✗	✗	✗
Chinese	✓	✓	✓	✓	Link unavailable	✗	✗	✗	✗
Czech	✓ + easy read version	✗	✗	✗	✓ + easy read version	✗	✗	✗	✗
Farsi	✓	✓	✗	✓	✓	✗	✗	✗	✗
French	✓	✓	✓	✓	✓	✗	✗	✗	✗
Georgian	✓	✓	✗	✓	✓	✗	✗	✗	✗
German	✓	✓	✗	✓	✓	✗	✗	✗	✗
Greek	✓	✗	✗	✗	✓	✓	✗	✗	✗
Hungarian	✗	✗	✗	✗	✓	✗	✓	✓	✗
Italian	✓	✓	✓	✓	✓	✗	✗	✗	✗
Kurdish	✓	✓	✗	✓	✓	✗	✗	✗	✗
Latvian	✓	✓	✓	✓	✓	✗	✗	✗	✗
Lithuanian	✓	✓	✓	✓	✓	✗	✗	✗	✗
Pashto	✓	✗	✗	✗	✓	✓	✓	✓	✗
Polish	✗	✓	✓	✓	✓	✗	✓	✓	✓
Portuguese	✓	✓	✓	✓	✓	✗	✓	✓	✓
Romanian*	✓ + easy read version	✓	✓	✓	✓ + easy read version	✗	✗	✗	✗
Russian	✓	✗	✗	✗	✓	✗	✓	✓	✓
Slovak	✓ + easy read version	✓	✗	✓	✓ + easy read version	✗	✗	✗	✗
Spanish	✓	✓	✓	✗	✓	✗	✗	✗	✗
Urdu	✓	✓	✗	✓	✓	✗	✗	✗	✗
Yoruba	✓	✓	✗	✓	✓	✗	✗	✗	✗

*includes a video with information for the Roma community

The language coverage exhibited in Table 1 is quite impressive. However, it is also noted that there appears to be no strategic approach to the provision of content in translation. It is not clear why, for example, Russian would not have a version of 'Who is at Risk' or 'Hand Hygiene', while Romanian and Spanish do.

Ireland's public health advice is said to be guided by WHO advice. The Irish government produced resources that resemble WHO posters both in terms of content and graphics (see Appendices). This was the case for some of the posters, such as the one on hand washing. However, other resources were simplified, and the information is communicated primarily through the means of text rather than images.³ This makes the information less accessible to non-English speakers and people with low literacy levels. While the WHO produced materials in all six official WHO languages (English, Spanish, French, Arabic, Russian, and Chinese), the information in English is presented in the widest range of formats, as is outlined in Table 2.

Table 2: The range of content, format, and languages available on the WHO website

	English	Spanish	French	Arabic	Russian	Chinese
Information about the use of face masks	✓ (videos and posters)	✓ (posters)	✓ (posters)	✓ (posters)	✓ (posters)	✓ (posters)
Ask WHO - a series of answers to FAQs	✓ (posters)	✓ (plain text)	✓ (plain text)	✓ (plain text)	✓ (plain text)	✓ (plain text)
Mythbusters	✓ (posters)	✓ (plain text)	✓ (plain text)	✓ (plain text)	✓ (plain text)	✓ (plain text)
How to cope with stress	✓ (poster)	✓ (poster)	✓ (poster)	✓ (poster)	✓ (poster)	✓ (poster)

The materials produced in English were much more visual, including videos and posters for every category, while the same information was often displayed as just plain text in other languages.

The analysis of documentary evidence derived from the three public portal websites (hse.ie, gov.ie, and who.int) suggests that translation into languages other than English was a key strategy for these organisations. Hse.ie and gov.ie provided content in the three official languages in Ireland (including Irish and ISL). However, which content is translated for which languages appears to be rather random, and translations are sometimes more 'textual' than the English language content. In other words, all languages are not equally serviced in translation.

³ Covid-19 posters and resources can also be compared at <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public> and <https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/>.

3.1.3 Readability analysis

To briefly examine the type of language that was being disseminated in English by the HSE and the Irish government at this time, we created two corpora using the Sketch Engine tool (the COVID-19_EN_HSE Corpus, shortened to HSE here and the COVID-19_En_GOV corpus, shortened to GOV here). The HSE corpus was created by downloading 28 pages on the 01/07/20 from hse.ie and the GOV corpus was likewise created by downloading 13 relevant pages on the same day from gov.ie.

One of our objectives in creating these corpora was to assess the readability level of the text that was being translated. We used the storytoolz.com online tool to calculate the readability statistics for each corpus. This tool provides statistics for many of the common readability indicators. Though considerable debate still exists as to the usefulness and accuracy of such readability calculators, they nonetheless provide at least an indication of the readability levels.

The average Flesch Reading Ease score for the GOV corpus was 65 and the average score for the HSE corpus was 74. For Flesch Reading Ease, a score between 60-70 indicates that the text would be easily understood by 13-15-year-old students, whereas a score between 70-80 is classified as 'fairly easy to read'. The higher the score, the easier the text is seen to be. Based on this brief analysis, we can conclude that the English language text available on hse.ie and gov.ie had high readability levels. Much of this text was then being used as a source text for translation. Nonetheless, it is also worth noting that some stakeholders requested 'easy read' versions of the information being broadcast, suggesting that the texts were not accessible to those with very limited English literacy.



3.2 Interviews

This section is divided into two sub-sections: Section 3.2.1 focuses on our findings in relation to code 1: policy and practice and section 3.2.2 focuses on code 2: impact on behaviour of linguistic minorities.

3.2.1 Policy and practice

The main findings derived from the interviews are divided into the following categories:

- Target Languages
- Content Types
- Content Providers
- Channels Used
- Literacy
- Business Practices

Target languages

We asked our interviewees to list the languages that they had either translated or been asked to provide in translation and when that content was provided. A long list of languages emerged. The first languages to appear in translation in Ireland were largely dictated by the geographical spread of the virus towards Ireland, i.e. Mandarin Chinese, French, Italian, German, and Spanish. Languages that appeared next were dictated by the multicultural make-up of Ireland: e.g. Polish, Lithuanian, Romanian, Brazilian Portuguese, and Arabic. Following this, languages appeared in translation by request from specific stakeholders, e.g. Czech, Urdu, Hindi, etc. As can also be seen from our documentary evidence (Table 1), content was made available in a considerable number of languages, but there appears to have been a rather random strategy for deciding what content was translated for which language.

A significant issue raised by one of our interviewees, Dr John Walsh of NUI Galway, was the slow move towards the provision of content in one of Ireland's official languages, Irish. There was a strong perception that Irish was put on the back-burner. The content in Irish lagged behind the provision of content in English and there were alleged breaches of the Official Languages Act (2003) when official signage was erected in public spaces in English only. Furthermore, it was felt that the government communications via press briefings was lacking in terms of providing this kind of content to Irish speakers. There was a sense that other languages were prioritised over Irish when it came to translation. Private media outlets, e.g. Tuairisc.ie, were having to translate content provided in English by the government.

Similarly to Irish, ISL interpretation was not provided during the initial Covid-19 briefings and there was no information in ISL available on the HSE website. It was only after 'ferocious lobbying' by the Irish Deaf Society that the government started to provide ISL interpreting in their daily briefings, and has been doing so consistently since then (Cradden 2020). The Irish Deaf Society also collaborated with the HSE to produce a series of videos with ISL information on Covid-19, but criticised the HSE for slow progress, especially given the urgency of the situation. The lack of ISL interpreting in the Covid-19 public health advice TV ads was also highlighted, which did not include any subtitles in English either. Additional communication difficulties have also been reported, such as implications of mask wearing for the deaf community and lack of ISL interpreters during testing procedures (Murray 2020).

It is evident that translation has taken place for a broad range of target languages during the period under analysis. This is testament, we believe, to the increasing recognition that Ireland is a multilingual and multicultural society. The prioritisation of languages was inevitably driven by the nature of the threat and its geographic spread initially, but was then informed by requests from specific stakeholders within the country.

At the same time, there are useful lessons to be derived from our documentary evidence as well as from our interviews:

- The official languages in the country need to be prioritised in government communication, which means providing the same content in these languages as is provided in English with no delay and ensuring that government press briefings and news reports from state-funded media outlets serve all official languages adequately. It is beyond the scope of this report to go into the language policy and economic debates that are frequently associated with this topic. At the very least, this is a legislative requirement.
- Having an up-to-date linguistic profile of the linguistic communities in the country will allow for strategic decisions regarding the prioritisation of translated content.
- Ensuring adequate translation capacity for languages that represent the majority of CALD community members means that translators, and interpreters when required, can be quickly identified and contracted. Adequate translation capacity for Irish and interpretation capacity for ISL should also be an imperative. This can be achieved through formal training programmes, such as those that exist in universities already.
- For some languages, including Irish, translation capacity may be limited. Consider establishing technological support solutions in advance of a crisis in order to increase productivity. This would include computer-aided translation tools such as Translation Memory and Machine Translation technology.

Content types

According to our interviewees as well as our documentary evidence presented above, there was a considerable range of content types produced during the pandemic. These included written content such as:

- Posters (e.g. information posters at the airport, Stay Safe, Stay at Home, Cocooning etc.);
- Booklets;
- Leaflets;
- Web content;

as well as video content, e.g.,

- for ISL users;
- for the Roma community who had literacy issues;
- for those in direct provision centres.

Some of the textual content also contained graphics. This heavy use of graphics was an issue for translation because it required multiple rounds of quality checks to ensure the right text had been inserted into the right graphic. Having the wrong language inserted into graphics was an error that caused quite a stir in the Australian media (see Dalzell 2020). Some of the content was deemed to be general, straightforward text, but some was also quite specialised as it was drawn from the medical domain and required specialised translators.

Generally, it would be considered to be good practice in a crisis to communicate information in multiple types of format and we can see from the list above that Ireland varied the way in which information was disseminated.

During our interviews, several target audiences were mentioned for this content including migrant workers, the Roma community, Travellers, the homeless, those with substance abuse problems, Irish language speakers, the deaf community, the blind community, and parents of CALD children returning to school.

The important lessons on content types derived from our interviews were that:

- (1) A dedicated graphics specialist within the translation team solution is important to enable rapid processing of translated graphics; the graphics specialist should also have support from language specialists to ensure that the correct language and script is embedded in graphics.
- (2) For some of the Covid-19 content, but not all of it, it was important to have access to translators who were specialised in the medical domain; Establishing a database of specialised medical translators and interpreters would contribute to preparedness for crises.
- (3) To enable production of professional video content, which is highly recommended as a diverse channel for communication, the translation commissioner and/or service provider needs to have video production capacity. This was hampered by lockdown since 'voice talent' could not travel and recording studios were shut. For such circumstances, the use of subtitling as an alternative is recommended.

Content providers

The WHO was an important source of information for official content providers in the first instance, after which government departments commenced the creation of their own content, including the HSE, the Department of Justice, and the Department of Housing, Local Government and Heritage. Although the initial content was health related, it quickly became apparent that content relating to other matters was imperative, e.g. residential permit renewal, workers' rights if laid off, rights relating to eviction notices etc. The need to communicate with the marginalised in the community, e.g. the homeless, those with substance abuse issues, also became apparent. These state departments made use of existing relationships with official language service providers (LSP - also known as translation agencies) to ensure the provision of translated material.

According to some interviewees, there was some confusion over which government department had responsibility for specific content and its translation. There was also a sense of dissatisfaction in some interviews with the slow rate at which content was being translated. Importantly, the point was made that, although content was translated into many languages and different formats, the audience for that content may never have heard of the HSE and are not likely to have ever accessed their website where a lot of information was being posted. Furthermore, while older⁴ Irish nationals are very familiar with traditional media outlets in the country (the national newspapers, TV and radio stations), immigrants are much less likely to be familiar with these outlets or to access them. Consequently, other groups beyond the formal government agencies took on the role of content provision in languages other than English.

A notable example here is the Covid-19 World Service⁵, which recognised the need to get content out to CALD communities rapidly, in a format they could easily access, communicated by people who spoke their language, were authoritative, and looked like them. Health professionals from diverse cultures around the country were recruited to create content in translation and to record video messages that were then distributed via WhatsApp and other channels to relevant community groups. Other not-for-profit organisations also took on the role of content providers and translators, sometimes using bilingual staff or clients representing specific community groups to translate that content. They, in turn, were asked by smaller groups to help create content.

As mentioned above, the Irish language media stepped into the breach for the provision of content in Irish. Journalists in Irish language radio and TV stations and in online media created content in Irish that was not already provided by state organisations.

4 The HSE also ran campaigns for younger people on platforms such as TikTok, Facebook and Twitter: <https://www.thejournal.ie/tiktok-hse-covid19-5285061-Dec2020/>

5 Covid-19 World Service (<https://nascireland.org/covid-19-world-service>) is a voluntary project that produces multilingual videos, in which Ireland-based GPs of various nationalities provide public health information on Covid-19. As of November 2020, they have produced videos in over 30 languages.

It was confirmed in some of our interviews that some living in Ireland with limited English proficiency also turned to the Internet for relevant content. This meant, however, that they were often accessing information about the virus, as well as instructions on how to behave, that was relevant to their country of origin and not applicable to Ireland. A safer form of information acquisition was through social media, especially expat online communities. For instance, given the large number of Brazilian citizens living in Ireland, a number of online communities have emerged such as Irlanda News⁶ or Calcinhas in Ireland⁷. These were an important source of translated information, especially for Brazilian Portuguese speakers with limited English proficiency. In addition to these online sources, some of our interviewees confirmed that they used online machine translation services such as Google Translate to help them understand messages, though they also showed an awareness of the fallibility of such technologies.

It is evident that there was a rapid realisation by state authorities that the type of content that had to be translated pertained not only to health, but also to many other facets of life that were affected by the pandemic. Since many migrant communities work in the service industry in Ireland, they were likely to be highly affected by the closure of businesses such as cafés, hotels, commercial buildings etc. It was, therefore, important to recognize the broad range of content that required translation, including, for example, workers' rights.

A considerable number of lessons could be learned through our interviews with various stakeholders:

- In a crisis such as the one presented by Covid-19, state departments need a coordinated approach to the provision of translated content. Scenario planning for future types of crises would help with coordination and, thus, with the speed of content delivery.
- In any multilinguistic society, there is a rich resource of CALD individuals who can be called upon to act as bridges to difficult-to-access groups. Seeing somebody who looks and speaks like you is likely to increase trust, not to mention increase the likelihood of compliance to behavioural guidance, such as social distancing or the wearing of masks. Knowing these individuals and having pre-planned methods for accessing communities would allow for more effective communication when a crisis occurs.
- Relevant not-for-profit organisations already have established networks and access to CALD communities; Strategic partnerships with these organisations, in advance of crises, means that communities might be able to receive crucial information more rapidly and that they might have a higher level of trust in that information.
- However, the point above also introduces a paradox: our interviews demonstrated that staff in not-for-profits were called upon to act as informal translators and interpreters. While this might create a higher level of trust through known individuals, it also introduces risks if those staff are not trained as translators or interpreters. Training and guidance for this type of role should be introduced as part of a preparedness programme. This training should also include what is termed 'MT Literacy', i.e. knowing how and when to use online machine translation technology.⁸

6 Irlanda News is available at <https://www.facebook.com/IrlandaNews.ie>

7 Calcinhas in Ireland is available at <https://www.instagram.com/calcinhasinireland/?hl=en>

8 Note that the EU-funded INTERACT project has created such training resources, available here: https://www.youtube.com/channel/UCRbg0k_1W8KU1xDFqZjDZtg/

Channels used

As mentioned above, various content types were produced to disseminate information. In addition to traditional dissemination channels such as printed matter and website content, our interviewees mentioned other channels used to gather and disseminate information. It is well recognised in crisis communication literature that diversity in channels is to be recommended as this means that more people might receive information. It was noted by some interviewees that CALD communities rely heavily on social media channels, such as WhatsApp and Facebook. However, other channels were also mentioned like radio stations (e.g. Spirit.fm), churches and organisations such as migrant support groups, trade unions, employers, and English language schools. Charging employers with ensuring that migrant workers received clear and timely information was, however, seen as a weakness by one of our interviewees.

Our takeaways on this are:

- Using a diverse range of channels for communication is to be advised.
- Relying on employers only to disseminate information is risky. Additional channels should be used to target migrant workers in particular.
- CALD communities will seek information across diverse channels but this might include information and guidelines that are not relevant to the local situation. Reaching out through diverse channels to CALD communities is important to ensure that locally relevant information is readily available.
- The Citizen's Information Service might be a useful resource for the provision of multilingual information.⁹

Literacy

A topic that was raised with considerable frequency was that of literacy. It was recognised that some of the targeted audiences for the Covid-19 information in English had low or no literacy. For those with low literacy in English, 'easy read' versions of content were produced and they were subsequently translated into some languages (see Table 1). For those with no literacy, parallel videos were produced by the HSE.

Digital literacy also emerged as a very significant issue in our interviews. Information was accessible via paper versions (but this required basic literacy skills), or via radio or TV. However, as information changed rapidly a significant amount of it was channelled through online environments such as websites or social media apps. This was problematic for anyone whose digital literacy skills were low, such as older adults. Furthermore, even if you knew how to access a website, it was observed that the information in specific languages was often difficult to locate.

The production of easy-to-read information was evidence of good practice here, both for English and for languages in translation. Additionally, recognition of the fact that this was not adequate in itself through the production of parallel video content was also evidence of good practice and demonstrates an awareness of the literacy issues that might prevail in Irish society, leading to the following recommendations.

- Ensure that content creators have training in advance to produce 'easy-to-read' content so that they are not learning to do this on the fly.
- Consider that some members of society might have no literacy skills and may require alternative types of content, such as video content.
- Keep in mind that a reliance on digital literacy skills could alienate some members of society, such as older adults; Consider alternative mechanisms such as the use of pre-established community groups for the transfer of information orally.
- Make website content easily accessible so that people do not have to 'dig for it', as one of our interviewees mentioned.

⁹ A check on 16 November 2020 confirmed that information on this website (citizensinformation.ie) was available in English and Irish only and several of the documents relating to Covid-19 were not available in Irish.

Business practices

Two of our interviewees commented on the business practices linked with the demand for and provision of professional translation services during the pandemic. Very rapid turn-around of translation was required and information was being updated rapidly, especially in the early stages of the pandemic, but also when the staged approach to restrictions was introduced. Additionally, this rapid turnaround was necessitated to counteract the broadcasting of fake news. Although the HSE has no written policy around the provision of translation in general, it does have a standard operating procedure (SOP) in place with certain LSPs and this proved to be beneficial since the SOP and contracts did not have to be negotiated before translation of Covid-19 related information could commence. The content providers within the HSE formed an internal team to engage with partners and stakeholders who required translated content. Furthermore, no explicit budget restrictions were set for translating content. Impact was measured by counting downloads of files and clicks on links. However, it was also recognised that the pandemic required a return to some more traditional methods of communication (e.g. leaflets) and to diverse channels (e.g. video messaging, social media). The existence of the Official Languages Act (2003) meant that no discussion or debate was required around the provision of Irish; it was understood that this was a requirement, even if it was delivered slowly. Overall, the HSE communication activities were guided by best practice in communicating emergencies in general, including establishing trust, making information accessible, listening to the community, and social inclusion.

The existence of an SOP and the Official Languages Act as well as a team who coordinated the translation requirements all proved to be very useful. However, as has already been mentioned, the speed with which information was translated, and the fact that some of it was difficult to access via the HSE website led to some complaints. It was also unclear whether quality checks for translation were being conducted by the government bodies that commissioned the translations.

Though we have evidence that some good practices led to rapid ramping up of translation provision, there are also lessons to be derived for future crisis preparedness:

- Bodies who have responsibility for communication with CALD communities should ideally have a translation policy in place and this should include policies for emergency scenarios. See <http://doras.dcu.ie/23880/> for policy recommendations.
- Have an SOP in place with multiple language service providers who can cover priority languages for the region's linguistic profile. Ideally, the SOP would include provision for emergency situations. For example, having translators in different time zones means that translation can potentially be carried out 24 hours a day.
- Have a dedicated resource internally whose job it is to ensure that translation and interpreting demands are centrally coordinated. This resource would ideally have knowledge of and be trained in the business practices of translation and interpreting.
- Flexibility in standard practices may be required in emergency situations and ought to be discussed as part of preparedness training. For instance, standard dissemination channels may need to be reconsidered; quality checks may need to be redesigned for emergency situations.
- Translation during a crisis is not always a neat, linear process: translated information may require frequent updates. It is important to get buy-in from other stakeholders involved to ensure their understanding of and cooperation with the translation process.

3.2.2 Impact on behaviour of linguistic minorities

As for the previous code that focused on policy and practice, we divided the findings from our interviews into categories for our second code. The sub-categories are as follows:

- Growing complexity of information in a crisis
- Coverage of translation within the government
- Understanding of what is important to CALD communities

Growing complexity of information in a crisis

At the onset of the crisis, the HSE perceived that it was asking for behaviour changes that did not involve much complexity. Communicating about such things as coughing and sneezing etiquette, social distancing or restricting social interactions was relatively straightforward. As a result, translation proved to be straightforward, too, and the translation of posters about these topics was adequate at the beginning of the crisis.

Previous research on crisis translation indicates that information needs will change and develop as a crisis progresses and that the complexity of the information to be communicated will increase. This was affirmed by our interviewees, who generally agreed that migrants had good awareness of basic Covid-19 messaging, thanks in large part to translated posters. However, what they lacked was nuanced messaging to be able to understand more complex elements of the crisis response and public health campaign.

New procedures (e.g. knowing when to apply for a Covid-19 test or how to apply for a special unemployment payment), new concepts (e.g. cocooning, support bubbles), and concepts that were open to some interpretation (e.g. deciding what essential travel or work were) were highlighted by our interviewees as complex informational content in the Covid-19 crisis that needed to be translated in order for migrants with limited English to correctly change their behaviours. A lesson can be drawn from this.

- As a crisis progresses, information needs will become increasingly complex. Translations that provide greater context to compensate for CALD individuals' lower levels of overall situational awareness will be required, especially to achieve effective behavioural change.

Coverage of translation within the government

Our interviewees highlighted the issue of the sometimes patchy coverage of translation within the Irish government as a whole during the crisis. It made sense for the HSE to take the lead on communicating a health crisis to the public in Ireland and, therefore, to take the lead on ensuring translation initially. As the crisis progressed, however, it became clear that public health behaviours were linked to many diverse aspects of people's lives and livelihoods, and that translation would be needed in other areas of the government. For instance, our interviewees explained that some CALD individuals with limited English proficiency needed translated information primarily about unemployment benefits or their visa status if they were to be expected not to try to go out to work or school. At an even more basic level, people with limited English who caught the virus and were expected to self-isolate needed translated information to learn how to do things like register to shop online in Ireland.

The HSE were becoming increasingly aware of this more holistic need for translation as the crisis progressed, and at the time of our interview they were starting to think about how they would navigate this development and deal with informational content that would be covered by other government departments, especially related to employment, social welfare, housing, education, and finance.

Nevertheless, several interviewees talked about the lack of a whole-government approach to translation, and this lack of broader coverage or consideration of multilingual issues beyond public health may also have hindered appropriate behaviour change among some CALD communities. The lesson to be drawn here is as follows:



- A whole-government approach is needed to crisis translation when aiming for wide-scale public behaviour change in a multilingual setting. A large-scale health crisis will require more than the translation of health-related information alone. Information about all aspects of CALD individuals' lives and livelihoods—including employment, social welfare, housing, education, and finance—will have impacts on their behaviours and will need to be considered for translation.

Understanding of what is important to CALD communities

A final pattern to help explain the behaviours of CALD communities in the crisis was that a fundamental understanding of what was important to CALD communities was not fully captured or understood in governmental policies or practices. This could be seen, for instance, in the use of the HSE website as a major communicative channel for translated content; this choice failed to recognise that the website was not an important (or even a known) channel for many CALD communities. Similarly, several interviewees argued that the Irish government displayed a poor understanding of the fears that drove the behaviour of many CALD individuals. For example, fear of being separated from family and community, fear of causing trouble with authorities (especially relevant for asylum seekers), fear of stigma in the broader community, or fear of getting evicted may have been much better predictors of behaviour for many CALD individuals than fears related directly to health in the Covid-19 crisis.

Interviewees argued that some of these fears could have been mitigated (and appropriate behaviours encouraged) if translations had been provided to explain in more detail Covid-19 testing processes, to tell migrant workers of their rights, to make them aware of the social welfare supports available to them, and so on.

The HSE explained that their normal process in a behaviour change campaign would be to work with communities to understand the most relevant contextual and cultural factors related to that community. Time pressures, social distancing measures, and travel restrictions prevented them from taking this important step in some of their work during this crisis. Three further lessons can be drawn at this point:

- Understanding a CALD community's situational awareness and informational context—in particular, the content types, providers, and channels that are important to them and regularly used by them outside a crisis—is an important first step in a behaviour change campaign in a multilingual setting.
- Understanding the fears motivating the behaviour of members of a CALD community is another important step in a behaviour change campaign in a multilingual setting.
- Translation should be used in a crisis to establish feedback mechanisms with CALD communities. Communication in a crisis should not be monodirectional and top-down only. Dialogue with communities, enabled through translation and interpreting, is vital to achieving effective behaviour change.

Trust

Trust is an issue that cut across our coding on policy and practice and on the impact of policy and practice on the behaviour of linguistic minorities. We present it here separately from the other sections to account for this.

The HSE recognised that some communities may not trust easily and worked to build trust with them. They and other interviewees underlined that trust is hard to gain (especially with those from refugee or asylum seeker backgrounds) and easy to lose. The HSE cited their work with Roma communities as an example of the good practice in trust building that they would like to be able to implement with every community.

We must remember, too, that just because information may be distrusted does not mean it will not be used, especially in a crisis. People perform complex risk calculations when deciding to trust information. These calculations may lead them to apply a penalty to some information and not trust it fully or to trust it provisionally until other information is available. For instance, several interviewees explained that machine translation was distrusted but widely used by many people during the crisis. The first lesson to be learned with respect to trust is its dynamic nature.

- Trust and distrust in translated information (or any crisis-related information) are not static. Migrants will perform different trust calculations at different times under different contexts. Policy and practice should focus on measures to build trust and deal quickly with situations that lead to distrust, bearing in mind that both trusted and distrusted information may still be used.

Existing research on trust indicates that it is transferable from one setting or stakeholder to another (e.g. Strub and Priest 1976; Milliman and Fugate 1988; Stewart 2003). This was affirmed by several interviewees. They described trust being transferred from other settings to the Covid-19 setting and argued that the HSE needed to do more to advertise its translated content to key community contact points who were already trusted by members of CALD communities. These included GPs (more likely to be a point of contact than the HSE), teachers (to get the right information to parents), and broader community organisations such as Nasc, the Migrant Rights Centre of Ireland, or the Irish Red Cross. Some of these trusted contacts saw the purpose of translation activities in the crisis very broadly. For them, the function of translation was not only to inform migrants. Translations were also a way to show respect to these migrants, to convince them of the accuracy and trustworthiness of certain sources of information, and to foster a sense of belonging in order to increase buy-in into the Irish crisis response. It was suggested by some participants that technology could be a way to link information from official sources with pre-trusted organisations and individuals. The second lesson to be learned here is as follows:

- Leverage existing trusted contacts as distribution points for translated information and gathering points for translated feedback from CALD communities, remembering the importance of multidirectional communication in crises.

In general, peer-to-peer communication is important for CALD communities in a crisis--especially those with refugee or asylum seeker backgrounds--as a way to build trust in information by cross-checking it with multiple sources and by benefitting from the language expertise of more proficient peers. Verification of information across multiple sources suggests a third lesson to be drawn about trust from our interview data:

- Distribute reliable information in appropriate languages across a broad range of channels so that trustworthy, accurate information is being reinforced when being cross-checked.

4. Crisis translation policy maturity

Maturity models provide a framework for assessing Ireland's official crisis translation policy. Maturity models are a collection of attributes structured to benchmark performance in a particular setting; typically, they progress from attributes describing a basic level of performance up to an ideal standard of performance labelled 'mature' (Caralli, Knight, and Montgomery 2012). They can be thought of as a roadmap to identify a current position and provide directions toward improvement (Commissioner of Official Languages of Canada 2020). Maturity models have been used to assess performance in a variety of settings and policy landscapes, including information management, digital government, language policy, disaster preparedness (e.g. Katuu 2019; Commissioner of Official Languages of Canada 2020, Mohamed and Qu 2018).

In this project, we aimed to ascertain the level of maturity for the implementation of translation as risk reduction policy in the Covid-19 pandemic in Ireland. As we have shown in this report, the Irish government's policy on public communication was led by the Department of Health and the HSE through Ireland's National Action Plan. For the purposes of this report, we have taken the HSE's implementation to be Ireland's implementation. We also took a broad view on crisis policy for translation in the pandemic and defined it as any legislation, formal guidance, informal guidance, normal practices, and emergency practices regarding translation. Our model, therefore, aims to benchmark the HSE's current position in terms of crisis translation policy and to provide directions toward improvement in preparation for future crises. Due to the nature of this crisis, we focus here on the HSE, but we believe that other organisations could learn from this assessment in order to prepare for and respond to other types of crises (e.g. climate-related ones).

Creating a full maturity model would require detailed identification, description, and analysis of core organisational attributes of the HSE that were beyond the scope of this rapid response project. We propose an initial, tentative model to highlight what appears to be working well at the HSE and to suggest how improvements could be made in the future. Our model is based on limited data, including perceptions of policy expressed by a member of the HSE at interview, perceptions of HSE policy expressed by other stakeholders in the Irish crisis context at interview, national policy documents, and government and HSE websites. Our motivation for providing this partial snapshot based on a small amount of data is to begin work that we hope could guide future assessment efforts within the Department of Health.

In this report, we have used the Organisational Maturity for Disaster Preparedness model (Mohamed and Qu 2018) to assess the HSE's performance. This model structures the performance of organisations involved in disaster preparedness across five levels of attributes, moving from a basic, reactive standard of performance at Level 1 to an advanced, proactive standard of performance at Level 5.

- Level 1 is described as "Ad hoc", in which "process management systems are initiated";
- Level 2 is described as "Repeatable", in which "consistent management processes are applied";
- Level 3 is described as "Defined", in which "processes become well defined, documented, standardised";
- Level 4 is described as "Managed", in which there is "the development and application of quantitative performance measures";
- Level 5 is described as "Optimizing", in which there is an "organisational commitment to continual improvement" (Mohamed and Qu 2018: 2).

The evidence gathered in this project suggests that the HSE's performance lies between Level 2 and Level 3. There were certainly some consistent management processes applied by the HSE, as evidenced by the existence of their SOP with an LSP and their efforts to grasp some of the diversity of Ireland's linguistic profile and the potentially different communicative needs of some of its CALD communities. It was clear, too, that the HSE could leverage some pre-existing links with relevant stakeholder groups and were able to display very good practices in terms of consideration of literacy, and so on. However, the fact that two-way communication with CALD communities was not always enabled, the randomness and lack of speed of some translation, especially for official languages, as well as the uncertain internal ownership of the crisis translation issue within the government indicates that some of these processes have yet to become properly defined and standardised.

There are a number of actions that could be taken to move translation as risk reduction policy in Ireland from a basic, reactive status to a mature, proactive status. We suggest that the HSE should define its crisis translation processes, manage its crisis translation performance, and optimise the quality of its crisis translation processes and products to firmly establish multilingual crisis communication as a mature and proactive element of Ireland's crisis management efforts.

4.1 Define processes

It would be beneficial for the HSE to document the processes that they have used for crisis communication in multiple languages. These records can then be used to define and standardise their processes. Our interview with a representative of the HSE revealed that there is currently no written policy on crisis translation in the HSE. This is not to say that the HSE's processes were unguided. As our report has shown, the HSE's processes were guided by some legislative documents, such as the Official Languages Act (2003), WHO policy, the HSE's own social inclusion policy, and responsive restructuring of the communications team at the outset of the crisis. Nevertheless, documenting defined processes in the crisis so far will present several advantages.

Firstly, defined and documented processes may save time and facilitate a speedier response in the future. This benefit was evident in the SOPs that were agreed between the HSE and their LSPs during the crisis. The HSE is well aware of the importance of speed to successful crisis communication and of the unavoidable time-lags in public health information that must first be received from experts, simplified for non-specialist audiences, checked for accuracy, and then translated. This makes it all the more important to save time in any other steps in the process and to systematise in advance where possible. Some time savings suggested by the data in this research include time spent profiling the language and communicative needs of Ireland's (particularly vulnerable) language communities, time spent processing ad hoc language translation requests from different stakeholders and community contacts, and time spent explaining the translation process and translation needs to associated governmental departments. The HSE now has a good crisis translation profile for Ireland that should not be lost and that can be adapted and improved on in future (waves of) crises.

Secondly, if these new data and processes are properly recorded, they can also be shared, especially with other government departments and agencies. Such information could also be used as a learning tool for other emergency response organisations. A strong pattern in the data gathered in this research revealed that the communication in this crisis became about more than purely health issues as the crisis evolved, and other departments responsible for people's lives and livelihoods were also important for CALD individuals. Documented processes of successful multilingual communication developed by the HSE could benefit other government departments that may not yet realise their work needs to be communicated in other languages and could help to facilitate a whole-government approach to multilingual crisis communication. For instance, the success of a future vaccination programme may depend on reliable communication to Ireland's diverse population from a variety of sections of the government.

While a written policy is useful, a written policy document is no guarantee of implementation. As this research showed, written, legislative protection and recognition of Irish language or ISL provision did not guarantee that communication in Ireland's official languages was necessarily available when required during the crisis. It is equally important to consider explicitly assigning responsibilities and budgets as a way to facilitate policy implementation; if the responsibility for crisis translation is clear and a budget line is specified to support crisis translation activities, it is more likely that the processes developed by the HSE so far can be repeated and improved on in the future, whether or not a policy is written down. Our data suggests that the HSE's budgets were not restricted in this crisis and developments in the policy landscape in Ireland have increased the recognition of the importance of language and Irish society's multilingual composition. Nevertheless, formal acknowledgement of crisis translation (for example within a broader communications policy and budget) would help to standardise it as a part of the government's way of communicating with its people in a crisis.

4.2 Manage performance

Having documented crisis translation processes and data, the next step that the HSE could take to move to a more mature policy on crisis translation would be to conduct a reflection exercise to see what worked and what did not work and then instigate performance measures to meet desired criteria in the future.

As explained above, a full policy maturity audit requires a comprehensive review of organisational attributes that is beyond our project's remit. Our research data, nonetheless, suggest two potentially valuable points of reflection for the HSE: strategic management of feedback and using a case of best practice as a measure of success. These points of reflection are presented here with the acknowledgement that the HSE is probably aware of these points already and may not yet have had the time or resources to reflect on them.

Direct feedback from users and intended users of translated crisis communication should be central to any attempt to measure performance. The HSE has been developing feedback mechanisms as the crisis has evolved, and these efforts should be systematised and formally managed from now, so that deeper engagement with and knowledge of CALD communities and their needs can be sustained in future. Requests for translations from community partners and feedback on the translations received were processed ad hoc. Processing these requests and deciding priorities were time consuming. The ad hoc nature of translation requests and stakeholder feedback so far could also explain the rather random nature of the provision of content in translation observed in our research. A more strategic and managed approach to stakeholder engagement in the context of crisis translation is recommended to move the HSE toward a more mature policy state. A general review of the partner organisations engaged with and a call for proposals to engage with new community organisations as stakeholders, including those that do not receive funding from the HSE, could help fill gaps in cases where certain communities did not engage with HSE content. This could be important because a theme in our data was that participants did not believe that the communities they represent would even know of the HSE or think to check their website for information.



There is evidence that the HSE already has models of best practice for translated communication in a crisis. Their explanation of their work with the Roma community in Ireland during the Covid-19 crisis illustrates this. The key to moving forward is to take these management principles and use them as measures of performance in future communication campaigns with CALD communities in Ireland. Specifically, these measures could include:

- The extent to which community leaders have been directly involved in the planning (this was key in the HSE's campaign with the Roma community to building trust);
- The extent to which direct engagement with and feedback from the community has been used to identify communicative needs and challenges specific to that community (for example, issues of literacy and lack of trust in the Roma community);
- The extent to which content has been tailored to meet those specific needs and challenges (in this case transforming the content of posters and leaflets into videos delivered by trusted individuals);
- The extent to which timeliness and accuracy in the communication have been achieved (remembering that a very appropriate message delivered by a trusted individual is of less use if the information is delivered too late or contains errors);
- The extent to which multiple, relevant channels for dissemination have been used (in this case of the campaign with the Roma community, this meant not just posting a video on a HSE website or using their social media, but working directly with Roma community members to distribute the videos through WhatsApp).

Of course, these measures may not always be achieved optimally or be possible to replicate in all instances of crisis communication with CALD communities. However, they constitute robust guiding principles and measures of success.

4.3 Optimise quality

A final step toward a mature crisis translation policy involves a commitment to continual improvement. There is no doubt of the commitment of the teams at the HSE involved in crisis communication. Their work and dedication at a critical time were impressive, and their campaigns compare favourably with multilingual crisis communication observed in other jurisdictions. Nevertheless, there will always be room for improvement as crises evolve and new crises emerge. Training is one way to aim for continual improvement. The EU-funded INTERACT project created a manual containing advice on how to train people involved in translation in crisis settings, including advice on needs analysis, ethical issues, preparation of training content, and more.¹⁰

In addition to a commitment to improving translation processes through training, it would also be useful for the HSE to consider measures to continually improve translation products. Implementing formal mechanisms at the HSE for translation quality evaluation would be another mark of a mature crisis translation policy. It was not clear in our research data if or how the quality of translations provided by the HSE was being evaluated. Standardised, direct feedback mechanisms with users and intended users of translations will certainly help with this quality evaluation.¹¹

10 The training manual is available here: <https://tinyurl.com/u6o5ajg>

11 There are many quality evaluation frameworks to draw on, but the following might be a useful guide, especially Section C which deals with "Information for the Public": https://ec.europa.eu/translation/maltese/guidelines/documents/dgt_translation_quality_guidelines_en.pdf

5. Conclusion

This rapid response research project sought to:

- (1) Ascertain the level of maturity for the implementation of translation as risk reduction policy in the Covid-19 pandemic in Ireland;
- (2) Understand the impact that non-, late or low-accessibility translation had on the behaviour of some CALD communities in Ireland and on their trust in information being broadcast;
- (3) Identify cases of good practice and cases where lessons can be learned in order to produce recommendations for better implementation moving forward.

Based on our documentary and interview evidence, and using the state body that had primary responsibility for communicating health-related information during the Covid-19 pandemic, we place Ireland tentatively between Levels 2 (“Repeatable”) and 3 (“Defined”) of the Organisational Maturity for Disaster Preparedness model (Mohamed and Qu 2018). We have provided recommendations for how the HSE (and other bodies) could improve Ireland’s performance for crisis communication in the future.

Our research identified several examples of good practice, which have been discussed in detail here. To highlight some noteworthy aspects, the Irish government translated Covid-19-related information into 24 languages, produced easy read versions, and disseminated information across multiple channels. Nonetheless, we have also identified several issues that need addressing, including the slow provision of content in two of Ireland’s official languages (Irish and ISL), issues with accessibility of content, and a deeper need for community involvement and two-way communication across aspects that are not limited to health.

We have pointed to the fact that fear, trust, and situational awareness play an important role in communicating with CALD communities in a crisis and that the communicative situation is highly complex and can be affected by the global nature of the crisis, literacy levels, the means by which these communities access information, etc. Setting up and nurturing dialogic relations seems advisable in terms of preparedness for future crises.

At the time of publication, the global Covid-19 pandemic is ongoing. Some optimism is palpable with announcements of successful vaccination trials and roll out of those vaccinations. The challenges of effective multilingual communication remain, and we hope that the findings of this research can help inform multilingual campaigns in relation to the roll out and uptake of vaccines among the public in all its cultural and linguistic diversity.

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Appendices

Appendix 1. WHO poster on hand washing

Protect yourself and others from getting sick

Wash your hands



- after coughing or sneezing
- when caring for the sick
- before, during and after you prepare food
- before eating
- after toilet use
- when hands are visibly dirty
- after handling animals or animal waste



World Health Organization



The poster features a blue faucet on the left with water spraying down. Two hands are shown being washed under the water, with blue soap bubbles. The background is orange. At the bottom, there is a white banner with the 'RESIST' logo, the website URL, and the HSE and Hpsc logos.

Protect yourself and others from getting sick

Wash your hands

- after coughing or sneezing
- when caring for the sick
- before and after you prepare food
- before eating
- after toilet use
- when hands are visibly dirty
- after touching cuts, blisters or any open sores
- you can use alcohol hand rub, if hands are not visibly dirty

RESIST

www.hse.ie/handhygiene

HSE **hpsc**

Appendix 3. WHO poster on wearing face masks

HOW TO WEAR A NON-MEDICAL FABRIC MASK SAFELY

who.int/epi-win

Do's →



Clean your hands before touching the mask



Inspect the mask for damage or if dirty



Adjust the mask to your face without leaving gaps on the sides




Cover your mouth, nose, and chin



Avoid touching the mask



Clean your hands before removing the mask



Remove the mask by the straps behind the ears or head



Pull the mask away from your face



Store the mask in a clean plastic, resealable bag if it is not dirty or wet and you plan to re-use it



Remove the mask by the straps when taking it out of the bag



Wash the mask in soap or detergent, preferably with hot water, at least once a day



Clean your hands after removing the mask

Don'ts →



Do not use a mask that looks damaged



Do not wear a loose mask



Do not wear the mask under the nose



Do not remove the mask where there are people within 1 metre



Do not use a mask that is difficult to breathe through



Do not wear a dirty or wet mask



Do not share your mask with others

A fabric mask can protect others around you. To protect yourself and prevent the spread of COVID-19, remember to keep at least 1 metre distance from others, clean your hands frequently and thoroughly, and avoid touching your face and mask.



World Health Organization

Appendix 4. HSE poster on wearing face masks

Coronavirus **COVID-19**



Coronavirus
COVID-19
Public Health
Advice

**Face coverings
must be worn
here. Stay safe.
Protect each other.**



**Wearing a face covering helps prevent
the spread of COVID-19**

- > It should fit snugly and cover your nose/chin
- > Avoid touching it while wearing
- > Continue to wash your hands and social distance
- > Not suitable for under 13s or those who have difficulty wearing them

#holdfirm

Ireland's public health advice is guided by WHO and ECDC advice



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