

COMMUNICATING COVID-19 IN MULTIPLE LANGUAGES: A MATURITY MODEL ASSESSMENT OF IRELAND'S CRISIS COMMUNICATION PRACTICE¹

Sharon O'Brien*

Patrick Cadwell**

Abstract

Timely, accurate and clear communication is essential in crisis response. Given the multilingual and multicultural nature of many parts of today's populated world, it should be evident that translation is key to enabling crisis communication. Although receiving little attention previously, the COVID-19 pandemic has highlighted the important role of translation in responding to crises. Nevertheless, how prepared are jurisdictions for crisis translation? One way of measuring this is to use a maturity model assessment. In this article, we apply the Organisational Maturity for Disaster Preparedness (OMDP) model Mohamed & Qu (2018) to the Republic of Ireland, assessing the level of response through documentary and interview-based evidence. All considered, we place the response between June and November 2020 at Level 2 on the OMDP. Recommendations for moving up in the maturity model are provided and could be applied to many more jurisdictions.

Keywords: crisis translation; COVID-19; maturity model assessment; crisis response; Ireland.

COMUNICAR LA COVID-19 EN MÚLTIPLES LENGÜES: UNA AVALUACIÓ DEL GRAU DE MADURESA DE LA PRÀCTICA DE LA COMUNICACIÓ DE CRISI A IRLANDA

Resum

Una comunicació oportuna, acurada i clara és essencial en la resposta a la crisi. Atesa la naturalesa multilingüe i multicultural de molts territoris del món actual, hauria de ser evident que la traducció és clau per fer possible la comunicació de crisi. Encara que anteriorment havia rebut poca atenció, la pandèmia de la COVID-19 ha posat en relleu l'important paper de la traducció per respondre a les crisis. Ara bé, els poders públics estan prou preparats per a la traducció en situacions de crisi? Una manera de mesurar-ho és utilitzant l'avaluació del grau de maduresa. En aquest article, apliquem a la República d'Irlanda el Model de maduresa organitzativa per a la preparació davant dels desastres (OMDP), de Mohamed i Qu (2018), i avaluem el nivell de resposta a través d'evidència basada en documents i entrevistes. Una vegada considerades totes les fonts, situem la resposta entre juny i novembre de 2020 al nivell 2 de l'OMDP. Proporcionem recomanacions per millorar el nivell en el grau de maduresa que podrien aplicar-se a molts altres territoris.

Paraules clau: traducció en situacions de crisi; COVID-19; avaluació del grau de maduresa; resposta a la crisi; Irlanda.

1 This research was funded by the DCU Educational Trust through the DCU COVID-19 Research and Innovation Hub and was carried out between June and November 2020.

* Sharon O'Brien, professor in Translation Studies at the School of Applied Language and Intercultural Studies, Dublin City University, sharon.obrien@dcu.ie, [id 0000-0003-4864-5986](https://orcid.org/0000-0003-4864-5986)

** Patrick Cadwell, assistant professor of Translation Studies at the School of Applied Language and Intercultural Studies, Dublin City University, Patrick.Cadwell@dcu.ie, [id 0000-0002-2371-4378](https://orcid.org/0000-0002-2371-4378)

Article received: 12.04.2021. Blind reviews: 22.05.2021 and 14.07.2021. Final version accepted: 30.08.2021.

Recommended citation: O'Brien, Sharon, & Cadwell, Patrick. (2021). Communicating COVID-19 in multiple languages: a maturity model assessment of Ireland's crisis communication practice. *Revista de Llengua i Dret, Journal of Language and Law*, 77, 1-17. <https://doi.org/10.2436/rld.i77.2022.3630>

Summary

1 Introduction

1.1 National context

1.2 Global context

2 Maturity models

3 Methodology

3.1 Documentary evidence

3.2 Interviews: reach and procedure

3.3 Interviews: coding and analysis

3.4 Maturity level assessment

4 Data presentation and discussion

4.1 Evaluation of documentary evidence

4.1.1 Policy records

4.1.2 Ability to provide target languages online

4.2 Evaluation of interview data

4.2.1 Selection of target languages produced

4.2.2 Content types produced

4.2.3 Communication channels used

4.2.4 Business practices employed

4.3 Overall crisis translation practice maturity assessment

4.4 Learning

4.4.1 Define processes

4.4.2 Manage performance

4.4.3 Optimise quality

5 Conclusions

References

1 Introduction

Disaster and crisis response literature recognises that public communication in a crisis needs to be timely, accurate, trusted and appropriate (Seeger, 2006). This is especially true for unfamiliar ideas such as those that emerged during the COVID-19 pandemic (e.g., social distancing or cocooning). However, limited attention has been given to the increasingly multicultural and multilingual nature of many societies. Likewise, the idea that “crisis information” must be delivered in many languages if people are to be given fair access has been largely ignored (O'Brien et al., 2018). In pandemics in particular, ensuring that 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.

Interlingual 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). Research has shown 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 crisis response and will not be considered in crisis preparedness cycles either (see, e.g., O'Brien & Federici, 2020).

The research reported here results from a rapid response research project that sought to understand the maturity level of translation as risk communication in the COVID-19 pandemic in Ireland.

Specifically, the research sought to:

- (1) ascertain the level of maturity for the implementation of translation as a part of crisis response in the COVID-19 pandemic in Ireland;
- (2) understand the impact that non-translation, late translation and 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; and
- (3) identify cases of good practice and cases where lessons can be learned in order to produce recommendations for better implementation of crisis translation practices moving forward.

The focus of the present article is on the first goal listed above, i.e. measuring the level of maturity of the provision of translation for crisis response in one specific European country. Apart from ascertaining the maturity level, we also sought to provide recommendations, where appropriate, on how to improve it. A novel aspect of the research presented here is that, to the best of our knowledge, it is the first application of a maturity model to the implementation of translation as an act of crisis communication.

1.1 National context

Ireland has a diverse population, as outlined in McGinnity et al.'s (2020) profiling of the migrant population in Ireland at the time of the 2016 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 remaining top ten countries of birth outside Ireland were Lithuania, Romania, India, Latvia, Brazil and Germany, which gives an idea of the diversity of the population in Ireland at that time.

English is not the only official language of Ireland. Under the 1937 Constitution of Ireland, Irish and English are both official languages. Irish Sign Language (ISL) also has statutory protection under the 2017 Irish Sign Language Act. In practice, English is the principal language used in public life, and Irish and ISL are minority languages. English proficiency is, therefore, significant to life in Ireland. McGinnity et al. (2020) consider language to be one predictor of integration among migrants. 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, from 0.2 upwards. For Asian countries, some of the lowest scores are for migrants originally from 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 migrants from the European Economic Area, the lowest scores are for Lithuania, Latvia, Poland and Romania. Finally, for "Other Countries", Moldova, Brazil, Georgia and Ukraine score at the bottom. This is not an exhaustive analysis of the linguistic profile of migrants in Ireland. However, it does provide us with context to confirm that Ireland is a linguistically diverse and multicultural country and that parts of the population do not have a strong command of 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), not to mention integration during non-emergency times.

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 & Betancourt, 2020) and Australia (Taylor, 2020). The reports point to language barriers, illiteracy levels – including low levels of digital literacy – socio-economic conditions, and a 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 or to meet the linguistic and cultural needs of their multicultural communities (Cookson & Milne, 2020; Dalzell, 2020; Renaldi & Fang, 2020). Moreover, it has shown that suspicion and fear of government among migrants can hinder communication efforts (Voa News, 2020).

However, numerous initiatives have emerged amid these difficulties, often driven by non-governmental organisations, local authorities or individuals; for example, in Spain, to keep their residents and tourists informed about hygiene practices during the COVID-19 crisis (Todo Disca, 2020); in Norway, to overcome literacy problems among the Somali community (Cookson & Milne, 2020); and in the UK, where the Lawrence Report on the disproportionate impact of COVID-19 on Black, Asian and minority ethnic communities highlights, among other issues, linguistic and cultural barriers (Lawrence, 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, suggesting that the scope of the research presented here is not limited to one European country.

2 Maturity models

A maturity model is "a matrix of practices that define, for each organisational area, the level of formality, sophistication and embeddedness of practices from ad hoc to optimising" (Bititci et al., 2015, p. 3065). Using such models, maturity can be systematically assessed and positioned on an agreed scale. Typically, they progress from attributes describing a basic level of performance up to an ideal standard of performance labelled *mature* (Caralli et al., 2012). They can be thought of as road maps for identifying one's current position and providing directions towards 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 and disaster preparedness (e.g., Katuu, 2019; Commissioner of Official Languages of Canada, 2020; Mohamed & Qu, 2018), and have been shown to promote organisational learning and enable effective assessment of performance management practices (Bititci et al., 2015).

Here we propose the use of a maturity model to provide a framework for assessing Ireland's official crisis translation policy. We aimed to ascertain the level of maturity for the implementation of translation as a part of Ireland's crisis response to the COVID-19 pandemic. The Irish government's policy on public communication was led by the Department of Health and the Health Service Executive (HSE) through Ireland's National Action Plan. We have therefore taken the HSE's implementation to be Ireland's formal implementation. We also took a broad view on crisis policy and practice for translation in the pandemic and, drawing on O'Brien et al. (2018) and Federici et al. (2019), defined policy as any legislation, formal guidance, informal guidance, normal practices or emergency practices regarding translation. Our model, therefore, aims to benchmark the

HSE's current position in terms of crisis translation policy and practice, and to provide directions towards improvement in preparation for future crises. While we focus here on one country's maturity, we believe that other organisations and countries could learn from this assessment in order to prepare for and respond to other types of crises (e.g., climate-related ones).

As demonstrated in O'Brien et al. (2018) and Federici et al. (2019) for both national and international policies, the role of translation as a crisis communication tool is relatively underrecognised and underutilised. We consequently propose only an initial, tentative application of a maturity model, as a first step, to highlight what appeared to be working well and to suggest how improvements could be made in the future. Our analysis 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 interviewed stakeholders in the Irish crisis context, national policy documents, and government and HSE websites, as well as practice in relation to translation during a specific time period in the COVID-19 pandemic. Our motivation for providing this partial snapshot based on a small amount of data is to begin work on a crisis translation maturity model that we hope could guide future assessment efforts in Ireland and beyond.

A number of maturity models were considered for use here, including the Canadian government's 2019 Official Languages Maturity Model (OLMM). The OLMM, while focusing on language, did not take disaster or crisis into account specifically. We opted instead to apply the Organisational Maturity for Disaster Preparedness (OMDP) model (Mohamed & Qu, 2018), which was developed by Australia's Sustainable Built Environment National Research Centre. While not focusing on language explicitly, the focus on disaster management co-ordination and communication processes – albeit in the response phase only – made it more applicable to the context we were studying. This model follows the Gartner Maturity Model, building on the work of Mingay (2002).

The OMDP model (summarised below from Mohamed & Qu, 2018: 2) 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 a “development and application of quantitative performance measures”.
- Level 5 is described as *Optimizing*, in which there is an “organisational commitment to continual improvement”.

The levels are aligned with the descriptors *basic/reactive* at the lowest level and *advanced/proactive* at the highest level (Mohamed & Qu, 2018, p. 2), which match up with the “response” and “preparedness” phases in the well-known disaster management cycle (Alexander, 2014). Mohamed & Qu (2018) emphasise the “network of dependencies” that is required for disaster response and propose that disaster management agencies should target a maturity level of 3 or higher, meaning processes are well-defined and documented and known by other actors within the network (p. 3).

3 Methodology

Our assessment of the maturity level of Ireland's crisis translation response relied on two approaches to data gathering: (1) documentary evidence and (2) interviewing relevant stakeholders.

3.1 Documentary evidence

First, we reanalysed official governmental emergency response policies and guidelines to ascertain if there had been any changes since the analysis 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 *National Risk Assessment* (Irish government, 2019).

We consulted two government websites to establish what content was translated and into what languages. The first website we consulted was gov.ie, which is a portal for Irish government services and information. The second website was hse.ie, the portal page of Ireland's Health Service Executive (HSE), which, along with the Department of Health, led the government's public communication campaign around COVID-19. We collected evidence in the form of screenshots and downloads of available resources, which were subsequently compared and contrasted for coverage and completeness.

3.2 Interviews: reach and procedure

Our aim was to include interviewees from three broad categories of stakeholders living in Ireland during the pandemic: (1) commissioners of translated content; (2) providers of translated content; and (3) recipients of translated content. With these three categories, we hoped to include diverse opinions on the provision of translated content, which would then be used in our assessment of the maturity level.²

As the HSE led the government's public communication campaign around COVID-19 and was the primary official provider of translated content related to health in Ireland during the pandemic, we secured an interview with the HSE. This body used two translation service providers to translate content during the pandemic, one of which agreed to be interviewed.

It was important for us to capture the viewpoints of people in the translated content's target audience. We aimed to interview those living in Ireland who had limited English proficiency (LEP). Despite creating translated plain language statements and the promise of interpretation during interviews, 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 also secured interviews with representative gatekeepers for this cohort. We interviewed four representatives of not-for-profit organisations operating in Ireland who communicate directly with migrants, particularly migrant workers and asylum seekers. The organisations in question were Nasc (a migrant rights group), the Migrant Rights Centre of Ireland, the Covid-19 World Service (a joint initiative of Nasc and a group known as Together Ireland), and the Irish Red Cross. To gain insight into the Irish language situation, we interviewed a senior academic and expert on the Irish language and related policy from the National University of Ireland in Galway (NUIG).

The questions posed to each interviewee were directly linked to the overall objectives of the research and our research questions. Below are some examples:

- 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(s) taking notes. The sessions were recorded and the audio was later transcribed. The transcriptions were sent back to the interviewees for their approval and confirmation.

² In keeping with our research ethics approval (ref.: DCUREC/2020/120), all interviewees read and signed plain language descriptions of the research and informed consent forms. Individual names are anonymised, unless otherwise requested, but organisational names are not.

3.3 Interviews: coding and analysis

Interview transcripts were coded using a phased, multicoder approach based on discussion, agreement and recoding. The approach to coding was top-down, as we had specific questions that we hoped the data would answer. We first identified two main codes:

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

Each researcher independently coded the first interview transcript to isolate passages where these topics were mentioned. We compared our coded transcripts, refined our shared understanding of the codes' meanings, and wrote definitions for the codes. We independently recoded the same transcript using the new definition, re-compared inter-coder agreement, and further refined the definition. We repeated this process with two further transcripts until we were each able to attribute the same passages of transcript data to the relevant codes with satisfactory consistency. We completed coding of the remaining transcripts, discussed any remaining areas of coding divergence, and agreed final coded versions of the transcripts.

Through this process, we defined *policy and practice* 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 sought to collate evidence regarding the translation policies and practices put into operation during the period between early March and July-September 2020 (the period across which interviews were conducted), with a view to then assessing these against the maturity model. We break down our findings below in specific sub-sections, documenting what was learned from the interviews and how practice mapped onto the maturity model levels. We also present lessons and recommendations for future crisis preparedness and response.

We defined *impact on behaviour of linguistic minorities* 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.

As this paper focuses on an assessment of policy maturity, we only include in our analysis interview data gathered under the policy and practice code.

3.4 Maturity level assessment

Following the review of documentary evidence and findings from interviews, we performed a meta-analysis of all evidence and an assessment based on the maturity model described above. We aimed to ascertain the level of maturity within the HSE for the implementation of translation as risk reduction. As explained above, the Irish government's policy on public communication was led by the Department of Health and the HSE through Ireland's National Action Plan, and the HSE's implementation could therefore be taken as a proxy for Ireland's implementation.

4 Data presentation and discussion

In this section, we present our findings and maturity evaluation separated into three broad categories: (4.1) findings and evaluation in relation to the documentary evidence; (4.2) findings and evaluation in relation to interviews; and (4.3) overall assessment of the maturity level.

4.1 Evaluation of documentary evidence

4.1.1 Policy records

Since the analysis conducted by O'Brien et al. in 2018 on Ireland's crisis response policy, 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 2018, at which point the conclusion by those authors was that “the right to translated information is not generally foregrounded in national approaches to disaster management” (p. 634). Although not a formal policy document, the Government of Ireland’s Plan for Living with COVID-19, published initially in September 2020, demonstrates a growing awareness of the importance of language. Indeed, under factors that contribute to high-risk settings, we see the inclusion of “language barriers and access to appropriate channels of communication for non-English speakers” (p. 21). In terms of the OMDP model, and considering only multilingual communication policy, we place Ireland’s maturity at Level 1. Processes, even ad hoc ones, cannot be reliably repeated if they are not explicitly recorded in official policy documents. However, the recognition of Ireland’s multilingual social make-up in a fundamental policy document such as the *National Risk Assessment* could at least serve as a reminder to consider the risk of language barriers and respond with ad hoc measures.

4.1.2 Ability to provide target languages online

At the end of June 2020, the health advice on the gov.ie website was available in English and Irish, in the form of text, with links to websites run by 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 on topics such as looking after mental health, coping at home, staying active and eating healthily 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 and so on. 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. All of the information was available in English. The HSE provided a range of translated resources in both Irish and ISL. 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. In addition to Irish and ISL, the HSE provided translated resources in 24 different languages, as outlined in Table 1. These primarily included information booklets and posters, which were 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 23 June 2020.³

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 | ✗ | ✗ | ✗ | ✗ |

³ As of November 2020, information in Croatian, Hindi, Somali and Tigrinya was also available.

| 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 |
|------------|--------------------------|----------------|--------------|----------------|--------------------------|------------------|--|---|--|
| 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 | ✓ | ✓ | × | ✓ | ✓ | × | × | × | × |

The language coverage exhibited in Table 1 is quite impressive. However, there appears to be no strategic approach to the provision of translated content. Indeed, some of the migrant communities identified in McGinnity et al.'s (2020) analysis of Ireland's census data (see above) appear not to be considered in this table, e.g. speakers of Hindi, Vietnamese, Thai, Burmese or Korean. Furthermore, it was difficult to discover or find the language versions on the HSE website. 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 two public websites ([hse.ie](https://www.hse.ie) and [gov.ie](https://www.gov.ie)) suggests that translation into languages other than English was a key strategy for these organisations. These websites provided content in the three languages in Ireland with statutory recognition: English, 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. Nevertheless, the recurrent addition of target languages from identical source content (though

to different degrees of content coverage) throughout the crisis suggests that management processes for the provision of information on the HSE website in multiple languages, sometimes at speed, were repeatable. This evidence points towards a Level 2 in the OMDP model.

4.2 Evaluation of interview data

From our interviews, we focus our evaluations on findings in relation to code 1 “policy and practice” across four dimensions: (1) selection of target languages produced; (2) content types produced; (3) communication channels used; and (4) business practices employed. The main findings derived from the interviews are discussed below.

4.2.1 Selection of target languages produced

The first languages to appear in translation in Ireland during the period under consideration 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 Ireland's multicultural make-up: e.g. Polish, Lithuanian, Romanian, Brazilian Portuguese and Arabic. Following this, languages appeared in translation by request from specific stakeholders, e.g. Czech, Urdu and Hindi. 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 Ireland's Official Languages Act (Irish government, 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.

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.⁴ 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. Also highlighted was a lack of ISL interpreting in the COVID-19 public health advice TV adverts, which did not include 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 took 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 and that translation was essential in the response to the pandemic. 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. While the ability to provide additional languages was repeatable (see 4.1.2), the selection of target languages appeared largely ad hoc after an initial geographically informed strategy. This suggests Level 1 in the OMDP model.

4.2.2 Content types produced

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

- posters (e.g., information posters at the airport, *Stay Safe, Stay at Home*, cocooning, etc.);

4 Community organisations such as the [Irish Deaf Society](#) and the Council of Irish Sign Language Interpreters provided informal, voluntary interpreting through their social media channels and websites to bridge gaps in official communication at the initial stages of the outbreak.

- booklets;
- leaflets, and
- web content.

There was also video content, e.g.:

- for ISL users;
- for the Roma community, some of whom had literacy issues, and
- for those in direct provision centres.⁵

It is generally accepted as a good practice in a crisis to communicate information in multiple format types, and our interviews also suggested that this was the case. A topic that was raised with considerable frequency in the interviews was that of literacy. It was recognised that some of the target audiences for 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 subsequently translated into some languages (see Table 1). For those with no literacy, parallel videos were produced by the HSE. 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 potential literacy issues prevailing in Irish society. There was also some dissatisfaction with the content produced. 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. These point to a lack of definition and standardisation in the processes involved. Nevertheless, the consistent production of multiple content types during the crisis suggests the existence of management processes that place the HSE at Level 2 in the maturity model for this dimension.

4.2.3 Communication channels used

Less consistent was the management of the communication channels used to distribute these different types of content. Importantly, the point was made in some interviews 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 older⁶ 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 or access them. Consequently, other groups beyond the formal government agencies took on the role of content providers in languages other than English.⁷

Digital literacy also emerged as a very significant issue in our interviews. Information was accessible in print media (although this required basic literacy skills), or on the 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 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, including the appropriate form of dissemination for them as targeted end users. This evidence of “normal

⁵ The name currently given to controversial residential centres where asylum seekers live, sometimes for years, as they navigate the asylum-seeking process in Ireland.

⁶ The HSE also ran [campaigns for younger people](#) on platforms such as TikTok, Facebook and Twitter.

⁷ For example, the Covid19 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 had produced videos in over 30 languages.

practice” suggests that a defined and standardised policy on how to ensure that multiple content types are disseminated across multiple communication channels matching targeted end user needs exists at the HSE. This would merit Level 3 in the maturity model for this dimension. However, it was also explained to us that time pressures, social distancing measures and travel restrictions prevented the HSE from taking this important step in some of their work during this pandemic. As such, we would place the HSE at Level 2 in the maturity model for this dimension.

4.2.4 Business practices employed

Two of our interviewees commented on the business practices linked with the demand for and provision of professional translation services during the pandemic. Extremely quick translation turnaround was required and information was updated at rapid pace, especially in the early stages of the pandemic, as well as 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 language service providers, 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. 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 as well as a team within the HSE who co-ordinated the translation requirements all proved to be very useful and points to Level 3 in the maturity model where processes are defined, documented and standardised.

4.3 Overall crisis translation practice maturity assessment

The above analysis was conducted through the lens of policy, practice and perception of translation commissioners, providers and recipients of translated content. Using both documentary evidence and interview data focusing on a snapshot in time (April to November 2020), we assessed Ireland's performance in the OMDP model, but purely with regard to provision of crisis communication through translation. Although this is a limited analysis, the importance of getting it right is summarised in the phrase “no one is safe until everyone is safe”.

In Table 2 we bring together the dimensions evaluated above to judge the HSE's (and therefore Ireland's) use of translation as risk reduction in the COVID-19 crisis. We also list the level in the OMDP model that we deemed to be appropriate for each dimension and we summarise the main reasons for each judgement.

Table 2. Summary of dimensions of maturity evaluation

| Dimension of crisis translation maturity evaluation | Corresponding level in the OMDP model | Summary of main reasons for level |
|---|---|---|
| Policy records | 1 | Repeatable measures unlikely without more detailed policy on “how” to communicate with Ireland's multicultural/multilingual society |
| Ability to provide target languages | 2 | Evidence suggests that processes allowed the repeated addition of new languages, sometimes at speed, throughout the crisis |
| Selection of target languages produced | 1 | Selection largely ad hoc after initial geographically informed strategy |
| Content types produced | 2 | Consistent production of multiple content types during the crisis |
| Communication channels used | 2 (with potential for 3 when implemented) | Defined normal practice for behaviour change communication exists but could not be consistently implemented |
| Business practices employed | 3 | Existence of SOP as well as team who co-ordinated the translation requirements |

We recognise that the dimensions of evaluation may not be of equal importance in the provision of multilingual crisis communication. Rather, the importance of each dimension could be subjective and depend on the perspective of the evaluator. Determining this importance from the perspective of the HSE, applying weightings and producing a more fine-grained calculation is beyond the scope of this paper. Instead, we take an aggregated

view of the levels attributed to each dimension to assert that the evidence gathered in this project suggests that, overall, the HSE's performance lies at Level 2 in the OMDP model.

There were certainly some consistent management processes applied by the HSE, as evidenced by the existence of their SOP with a language service provider and their efforts to grasp some of Ireland's linguistic diversity and the potentially different communicative needs of some of its migrant communities. The HSE was also able to leverage some pre-existing links with relevant stakeholder groups and displayed very good practices in terms of considering literacy. However, some of these processes have yet to become properly defined and standardised.

4.4 Learning

One of the most useful aspects of a maturity model assessment is the learning and development that can emerge from it. Therefore, in what follows, we suggest some important takeaways and recommendations.

4.4.1 Define processes

There are a number of actions that could be taken to move translation for crisis communication 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 – and, importantly, preparedness – efforts.

It would be beneficial for the HSE to document the processes that they have used for crisis communication in multiple languages during the pandemic. These records can then be used to define and standardise 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. Our research shows that the HSE's processes were guided by some legislative documents, such as Ireland's 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 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 language service providers 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.

Mohamed and Qu (2018) note that disaster management groups normally have developed SOPs but that these "typically fall short of describing inter-agency linkages and how these linkages should operate" (p. 13). Furthermore, they note that when inter-agency linkages are highly reliant on individual officers, this creates a risk of high variability and unreliability. Echoing this observation by Mohamed and Qu about a "network of dependencies", one of the main findings of our research is that a cross-government approach was desirable because information needs extended beyond public health to those of social justice. However, this was not evidenced in our data. Therefore, if the new data and processes within the HSE 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. 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.

While a written policy is useful, a written policy document is no guarantee of implementation. 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.

4.4.2 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, and then instigate performance measures to meet desired criteria in the future. In fact, the OMDP model, or similar, could be repeatedly applied in this assessment and would link to Level 5 where there is organisational commitment to continual improvement.

Our research data, nonetheless, suggest two potentially valuable points of reflection for the HSE: strategic feedback management 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, so that deeper engagement with and knowledge of migrant communities and their needs can be sustained in the future. Requests for translations from community partners and feedback on the translations received were processed ad hoc. Processing these requests and determining priorities proved time-consuming. At the same time, this is evidence of an emerging form of multidirectional, multilingual crisis communication. 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 and practice state. A general review of current partner organisations 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 communities did not benefit from HSE content. This could be important considering one of the themes that arose in our data: participants' belief that the communities they represent may not even know of the HSE or think to check their website for information.

4.4.3 Optimise quality

A final step toward mature crisis translation practice involves a commitment to continual improvement. The teams at the HSE involved in crisis communication showed undeniable commitment. Their work and dedication at this 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.

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 practice. 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.⁸

⁸ 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".

5 Conclusions

Based on our documentary and interview-based evidence, and using the Irish 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 & Qu, 2018). We have provided recommendations for how the HSE (and other bodies) could improve Ireland's performance for crisis communication in the future. Normally, implementation of maturity models is carried out internally by organisations, sometimes with the assistance of consultants (see, e.g., Rosenstock et al., 2000). We wonder if it might be possible to reword this so it is less awkward as "It is obviously up to the organisations themselves to take on this responsibility." In this article, we have simply provided a starting point for such an exercise.

Our research identified several examples of good practice. 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 languages with statutory recognition in Ireland (Irish and ISL), content accessibility issues, and a deeper need for community involvement and two-way communication across aspects that are not limited to health.

Findings from previous research on the use of translation as a crisis communication tool meant that we did not expect to find a highly mature model of crisis translation. The benefit in this analysis is, then, to identify where we are at in a maturity model to enable process improvement and increased maturity over time. Furthermore, we believe that this may be the first attempt to apply a disaster-specific maturity model to the role of translation during an ongoing crisis. Finally, we hope that this analysis can be replicated and extended in other contexts in order to develop a more globally deployed maturity model, which will ultimately benefit those who are affected by crises with multilingual dimensions and communication needs.

References

- Alexander, David. (2014). *Principles of Emergency Planning and Management*. Oxford University Press.
- Bititci, Umit S., Garengo, Patrizia, Ates, Aylin, & Nudurupati, Sai, S. (2015). [Value of maturity models in performance measurement](#), *International Journal of Production Research*, 53(10). 3062-3085.
- Caralli, Richard, Knight, Mark, & Montgomery, Austin. (2012). [Maturity models 101: A primer for applying maturity models to smart grid security, resilience, and interoperability](#).
(Retrieved on 5 November 2020).
- Cookson, Clive, & Milne, Richard. (2020, April 29). [Nations look into why coronavirus hits ethnic minorities so hard](#). *Financial Times*. (Retrieved on 2 November 2020).
- Commissioner of the Official Languages of Canada. (2020). [Official Languages Maturity Model](#). (Retrieved on 11 December 2020).
- Cradden, John. (2020, April 09). [Coronavirus highlights continuing marginalization of deaf community](#). *The Irish Times*. (Retrieved on 27 November 2020).
- Dalzell, Stephanie. (2020, August 12). [Government coronavirus messages left 'nonsensical' after being translated into other languages](#), *ABC*. (Retrieved on 2 November 2020).
- Federici, Federico. M., Gerber, Brian. J., O'Brien, Sharon, & Cadwell, Patrick. (2019). [The International Humanitarian Sector and Language Translation in Crisis Situations. Assessment of Current Practices and Future Needs](#). INTERACT - The International Network on Crisis Translation. (Retrieved on 30 March 2021).
- Irish Government. (2003). [Official Languages Act 2003](#). (Retrieved on 31 March 2021).
- Irish Government. (2008). [A Framework for Major Emergency Management](#). (Retrieved on 5 November 2020).
- Irish Government. (2010). [A Framework for Major Emergency Management – Guidance Document 2: A Guide to Preparing a Major Emergency Plan](#). (Retrieved on 5 November 2020).
- Irish Government. (2015). [A Framework for Major Emergency Management – Guidance Document 6: A Guide to Managing Evacuation & Rest Centres](#). Version 2. (Retrieved on 5 November 2020).
- Irish Government. (2019). [National Risk Assessment: Overview of Strategic Risks](#). (Retrieved on 5 November 2020).
- Jeffers, James. (2011). The Cork city flood of November 2009: Lessons for flood risk management and climate change adaptation at the urban scale. *Irish Geography*, 44(1): 61–80.
- Katuu, Shadrack Ayub. (2019). *Diverse applications and transferability of maturity models*. IGI Global.
- Lawrence, Doreen. (2020). [An Avoidable Crisis. The Disproportionate impact of COVID-19 on Black, Asian and minority ethnic communities. A Review by Baroness Doreen Lawrence](#).
- McGinnity, Frances, Privalko, Ivan, Fahey, Éamonn, Enright, Shannen, & O'Brien, Doireann. (2020). *Origin and integration: A study of migrants in the 2016 Irish Census*. Department of Justice and Equality (Government of Ireland).
- Mingay, Simon. (2002). *Outlining the Gartner BCP maturity model*, ID: G00109611.
- Mohamed, Sherif, & Qu, Xiaobo. (2018). [Organisational maturity for disaster preparedness](#). Sustainable Built Environment National Research Centre (SBEnc) Report. (Retrieved on 11 December 2020).

- Murray, Sean. (2020, 06 May). [Face masks and social distancing mean it's harder for deaf community to communicate during COVID-19 crisis](#). *TheJournal.ie*. (Retrieved on 27 November 2020).
- O'Brien, S., & Federici, Federico M. (2020). Crisis translation: Considering language needs in multilingual disaster settings. *Disaster Prevention and Management*, 29(2), 129–143.
- O'Brien, Sharon, Federici, Federico M., Cadwell, Patrick, Marlowe, Jay, & Gerber, Brian. (2018). Language translation during disaster: A comparative analysis of five national approaches. *International Journal of Disaster Risk Reduction*, 31: 627–636.
- Renaldi, Erwin, & Fang, Jason. (2020, 27 October). [Victoria's coronavirus information mistranslated and outdated for migrant communities](#). *ABC*. (Retrieved on 2 November 2020).
- Rosenstock, Christian, Johnston, Robert. S., & Anderson, Larry M. (2000). Maturity model implementation and use: a case study. Paper presented at Project Management Institute Annual Seminars & Symposium, Houston, TX. Project Management Institute.
- Seeger, Matthew W. (2006). Best practices in crisis communication: An expert panel process. *Journal of Applied Communication Research*, 34(3): 232–244.
- Siddique, Haroon. (2020, 19 October). [UK ministers accused over impact of Covid on minorities and disabled people](#). *The Guardian*. (Retrieved on 2 November 2020).
- Taylor, Josh. (2020, 29 August). [How a trust breakdown left Melbourne's minority communities hardest hit by Covid second wave](#). *The Guardian*. (Retrieved on 2 November 2020).
- Todo Disca. (2020, 5 August). [Prevención COVID-19: la importancia de la comunicación en diferentes idiomas](#) [Preventing COVID-19: The Importance of Multilingual Communication]. (Retrieved on 2 November 2020).
- Voa News. (2020, 19 August). '[Fear, Language Barriers Hinder Immigrant Contact-Tracing](#)'. (Retrieved on 2 November 2020).
- Wilkie, Sarah, & Betancourt, Joseph R. (2020). [Promoting equity and community health in the COVID-19 pandemic](#). [Blog Post]. *Harvard Health Blog*.