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PUBLIC SERVICE INTERPRETING AND TRANSLATION

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CRISIS COMMUNICATION AND LINGUISTIC DIVERSITY IN NORWAY DURING THE COVID-19 PANDEMIC: FOCUS ON INTERPRETING AND TRANSLATION SERVICES / COMUNICACIÓN EN SITUACIÓN DE CRISIS Y DIVERSIDAD LINGÜÍSTICA EN NORUEGA DURANTE LA PANDEMIA DE COVID-19: EL CASO DE LOS SERVICIOS DE INTERPRETACIÓN Y TRADUCCIÓN

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ABSTRACT: The COVID-19 pandemic has affected some inhabitants of Norway more than others. Even in the first wave, foreign-born immigrants had more confirmed infections and were hospitalized more frequently than other residents (Indseth et al., 2020). One factor seems to be a lack of information in languages other than Norwegian. Strategic communication of pandemic policies to non-Norwegian speakers has not functioned on an operational or a grassroots level (NOU, 2021, p. 175). However, after some initial confusion, translations of government information become available on a multitude of platforms. Public service employees, NGOs, and mediators were involved in targeted information campaigns. This article traces the state of translation and interpreting, including availability, accessibility, acceptability, and adaptability, during the first year and a half of the COVID-19 pandemic (March 2020 – September 2021) in Norway. Among other issues, the article highlights the importance of making translation and interpreting essential services in future contingency plans.

KEY WORDS: crisis communication, COVID-19, linguistic diversity.

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RESUMEN: La pandemia de COVID-19 ha afectado a los habitantes de Noruega de manera desigual. Durante la primera ola ya se había constatado que los inmigrantes nacidos en el extranjero representaban cifras más altas de contagios e ingresos en hospital que otros residentes (Indseth et al., 2020). La falta de información en otras lenguas, además del noruego, parece haber sido uno de los factores que impulsaron esta disparidad. La comunicación estratégica de medidas relacionadas con la pandemia relativas a los que no hablan noruego no ha funcionado de forma operativa ni estructural (NOU, 2021, p. 175). No obstante, tras la confusión inicial, la información transmitida por el gobierno empezó a traducirse y a difundirse en multitud de plataformas. Funcionarios de los servicios públicos, ONGs y mediadores participaron en campañas de información dirigidas a grupos lingüísticos concretos. En este artículo se analiza la situación de la traducción y la interpretación durante el primer año y medio de la pandemia de COVID-19 (marzo de 2020 a septiembre de 2021) en Noruega, en particular, en lo relativo a la disponibilidad, accesibilidad, aceptabilidad y adaptabilidad. Entre otras cuestiones, el artículo destaca la importancia de integrar a la traducción y la interpretación como servicios indispensables en futuros planes de contingencia.

PALABRAS CLAVE: comunicación en situación de crisis, COVID-19, diversidad lingüística.

1. Introduction

Norway went into lockdown on March 12, 2020, after the first case of COVID-19 was reported on February 26. A series of unprecedented measures were taken to fight the pandemic, including closing the borders and limiting citizens' movements (NOU, 2021). These measures have been revised and adjusted many times during the first 560 days of the pandemic, which has put additional stress on the population. Norway officially opened at 4 p.m. on September 25, 2021, with a celebration that has been compared to New Year's Eve (Lien & Andersen, 2021). However, a new wave of Omicron, a mutated variant of the SARS-CoV-2, was recorded in December 2021 in Norway. This is putting additional pressure on Norwegian society and the whole world.

The COVID-19 pandemic has significantly affected people's health and the economy in Norway, and the nation's immigrant population has not been spared. However, some parts of the immigrant population have been impacted more than the rest of the population. Even in the first wave of COVID-19 in 2020, foreign-born immigrants experienced more confirmed infections and were hospitalized more frequently than other groups (Indseth et al., 2020, p. 5). This was particularly true of immigrants from Pakistan, Somalia, and Iraq. This trend continued throughout the pandemic; the number of infected, hospitalized, and deaths continues to be higher in some parts of Norway's immigrant population than in the non-immigrant population (Indseth et al., 2021, p. 18). Many phenomena have been identified as possible causes for this. The latest report by the Norwegian Public Health Institute (NPHI) gives the following possible explanations:

> 1. Social environments, 2. infection control behavior and compliance with advice, 3. international travel, 4. municipality of residence, 4. [sic] age composition, 5. belonging to medical risk groups, 6. socio-economic conditions, occupation, household income and education, 7. family size and cramped housing, 8. genetic conditions, 9. language skills, translation and use of interpreters, 10. digital competence, 11. reference framework,

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> belonging and media use, 12. conditions that can complicate preventive work and lead to delays in the TISK (testing, isolation, tracing and quarantine) strategy, 13. accumulated vulnerability and 14. coincidences. (Indseth et al., 2021a, p. 24).

All of these elements are connected or overlap to a certain degree, and it is difficult to separate them in an analysis. However, this article will focus on one of these elements: linguistic diversity. More specifically, this article examines translation and interpreting in the public sector during the COVID-19 pandemic in Norway. Earlier studies in Norway have found that a lack of satisfactory communication and language barriers can lead to unwanted consequences, including incorrect medical diagnoses and miscarriages of justice (Jahr, 2005; Kale, 2018; NOU, 2014). Providing interpreting and translation services also helps improve equal access to services for all, which is an explicit goal of the Norwegian authorities (*Lov om likestilling og forbud mot diskriminering*, 2017). Satisfactory communication across language barriers and equal access to services should continue to be key goals in crisis situations.

In the initial stages of the pandemic, it seems that confusion caused by unclear strategies led to a delay in the provision of translated information. Even though Norway has strategic policies and plans about crisis communication on all levels (NMGARCA, 2009; Oslo kommune, n.d.), there was a lack of operational and grassroots crisis communication plans targeting non-Norwegian speaking residents (NOU, 2021, p. 175). The crisis plans did not specify which information should be translated, nor did they identify which languages should be included or who was responsible for ensuring that translations were done. Measures for reaching the target groups were made ad hoc. It took some time for public actors to take responsibility for translating, adapting, and disseminating information to different target groups via appropriate media channels (Felberg, 2021a).

After this initial confusion, various additional measures were undertaken to improve crisis communication, such as involving non-governmental organizations (NGOs) and mediators in targeted information campaigns. However, some issues have still not been addressed in detail. These include assigning responsibility for translations and ensuring their quality, as well as developing systematic approaches for defining when and how interpreting services should be used and for evaluating the quality of mediators' work.

After providing a brief background on linguistic diversity and the provision of translation and interpreting services in the Norwegian public sector, this article will trace the availability, accessibility, acceptability, and adaptability of translation and interpreting (O'Brien et al., 2018, p. 628) during the COVID-19 pandemic in Norway from March 2020 to September 2021. This will be implemented through an analysis of official documents, online portals, and evaluation reports concerning crisis communication and linguistic diversity. The main takeaways from the analysis highlight the need to develop contingency plans on all levels that include clear strategies for reaching members of non-Norwegian speaking population. This highlights the indispensability of quality translation and interpreting services in Norway.

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2. Background

2.1. Linguistic diversity and translation and interpreting services in the public sector in Norway

With over 200 languages in everyday use, Norway is a linguistically diverse country (SSB, 2020, 2021). The ten languages most frequently requested for interpreting services in 2019—Arabic, Dari, Persian, Polish, Russian, Turkish, Somali, Sorani, Tigrinya, and Vietnamese—account for approximately 80% of all interpreting assignments (IMDi, 2020c). Residents who do not speak Norwegian well have a right to free interpreting and translation when dealing with the public sector. This right includes the healthcare sector, where patients are supposed to receive information about their health and treatment in a language they understand (*Helsedirektoratet,* 2018). This right is based on Norwegian laws and regulations (*Lov om pasient- og brukerrettigheter*, 2001; *Lov om domstolene*, 1927; *Lov om offentlige organs bruk av tolk,* 2021).

Provision of interpreting has received due attention from the Norwegian authorities in recent decades, resulting in the Interpreting Act (*Lov om offentlige organs bruk av tolk*) (2021), which defines and outlines the responsibilities of public service providers and interpreters. The law clearly states that public-sector employees are responsible for communication, including hiring an interpreter when needed, and that qualified interpreters are to be procured when necessary.

The Norwegian Directorate of Integration and Diversity (*Integrerings- og mangfoldsdirektoratet* - IMDi), which is responsible for interpreting, has adopted a holistic approach to developing interpreting in the public sector. The holistic approach involves establishing measures such as interpreter accreditation, educating and training interpreters, establishing the National Register of Qualified Interpreters, herein Interpreters Register (*Nasjonalt tolkeregister*) (IMDi, n.d.), and training public-service providers to communicate via an interpreter (Ozolins, 2010). The Interpreters Register boasts 1,701 interpreters qualified in 70 languages. The top ten languages (listed above) are all well represented in the Interpreters Register. However, qualified interpreters are not always used; in fact, the latest statistics show that qualified interpreters are used in only four out of every ten interpreting assignments (IMDi, 2021).

Public-sector translation has not received sufficient attention in Norway. There is no body responsible for the field, and there are no common recommendations to ensure the quality of translations. Furthermore, no translator training is available for speakers of newer minority languages such as Somali, Tigrinya or Sorani. While such translators can obtain state authorization to practice, the numbers of authorized translators and of available languages are limited. Authorized translators are those listed in the register of the Association of Government Authorized Translators in Norway (*Statsautoriserte translatørers forening*, STF).[1] The register allows search either by translator's name or by language. Of the 21 languages included in this

[1] https://www.translatorportalen.com/hjem

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register, only four are among those in the top ten. For two of these, Turkish and Arabic, only one translator is listed who is accredited to translate these languages into Norwegian.

This gap between the supply and demand of translation services became more evident during the COVID-19 pandemic in Norway. Several evaluation reports recommend addressing this situation by establishing a system to tackle possible future challenges (IMDi, 2020a, p. 34; NOU, 2021, p. 186; *Kunnskapsdepartementet*, 2021, p. 55).

2.2. Crisis communication and linguistic diversity in Norway

In Norway, responsibility for crisis communication is distributed throughout the system. The Central Government Communication Policy defines crisis communication as "rapid and specific information enabling them [citizens] to cope with an unwanted incident in the best possible way" (NMGARCA, 2009, p. 18). The immigrant population is mentioned once in this document, where decisions about the need for translation and interpreting services are delegated to subordinate government agencies (NMGARCA, 2009, p. 16). The latest guidelines for crisis communication, which are meant to be incorporated into local security plans, mention "foreign speakers" as a possible target group, along with tourists and those with disabilities, but no additional details are provided (DSB, 2016). Local security plans, such as those of Oslo municipality[2], also fail to provide details, delegating this responsibility down to the city district level (*Oslo kommune*, n.d.). Communicating with non-Norwegian speakers seems to be treated as a deviation, a special case, rather than a normal state of affairs (Felberg, 2021a).

This is disappointing, as the topic of crisis communication and linguistic diversity was found unsatisfactory in the evaluation of the crisis response to influenza A (H1N1) in 2009/2010 (Meld. St. 16, 2012–2013, p. 96). This evaluation report recommends that crisis information be adapted to the entire population, including non-Norwegian speaking residents (Meld. St. 16, 2012–2013, p. 96). The same topic was later addressed in more detail in the Official Norwegian. Report (NOU) *Interpreting in the Public Sector – A Question Relating to the Right to Due Process of Law and Equal Treatment* (NOU, 2014, p. 8). This report criticizes the authorities for not treating translation and interpreting as essential services and recommends that all contingency plans include strategies for reaching non-Norwegian speaking residents (NOU, 2014, p. 8).

Even though the non-Norwegian speaking population is mentioned at all levels of the Norwegian system, no systematic measures to reach them were in place when the COVID-19 pandemic began in early 2020 (NOU, 2021). The COVID-19 pandemic has highlighted gaps in Norway's contingency plans, including crisis communication in languages other than Norwegian.

[2] Norway has a two tier-system of local government: municipality (*kommune*) and county (*fylke*) authorities. The capital, Oslo, has a special status, both of a municipality and county. Oslo is divided into city districts (*bydeler*).

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3. Methodology

The theoretical background of this paper is rooted in the idea that a failure to address linguistic diversity, both in general and during crisis situations, can lead to social injustice (Piller, 2016, Piller et al. 2020). Analyzing the approach to linguistic diversity in official documents and in practice is thus of utmost importance.

The data analyzed in this article consist of official governmental emergency response policies and guidelines, official reports, evaluations of Norway's handling of the COVID-19 pandemic, (IMDi, 2020a; Indseth et al., 2021; *Kunnskapsdepartementet*, 2021; NMGARCA, 2009; Meld. St. 16, 2012–2013; NOU, 2014; NOU, 2021; *Oslo kommune*, n.d.) and relevant online portals (IMDi.no; NHI.no; helsenorge.no; regjeringen.no). Thematically, the article focuses on the sections of these documents/portals that specifically address communication with non-Norwegian speaking residents.

The 4A standard, which was adapted and presented by O'Brien et al. (2018, p. 628), was used to assess the Norwegian response to language barriers during the pandemic. The four as referenced are the availability, accessibility, acceptability, and adaptability of communication. These four standards are defined as:

- Availability—ensuring that two-way translated information is made available relies on policy makers recognizing that translation is an essential product and service.
- Accessibility—ensuring translation is "available" means that it has to be accessible, free, delivered on multiple platforms, in multiple modes, and in all relevant languages for the affected populations.
- Acceptability—ensuring that the provision of translation is acceptable means that provisions are put in place to ensure accuracy and appropriateness of information.
- Adaptability—enabling the provision of translation to be adaptable to different settings; for example, by considering fluid language requirements, literacies, technological demands, new modes of delivery, diverse hazards, and movement of peoples. (O'Brien et al., 2018, p. 628)

The rest of this article addresses each of these four standards in turn, followed by some examples of information measures that were tested in Norway during the first year and a half of the COVID-19 pandemic.

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4. Crisis Communication during COVID-19 pandemic: From Confusion to Consolidation

4.1. Availability and accessibility of translation and interpreting

After the pandemic was declared on March 12, 2020, the Norwegian authorities' communication strategy focused on providing written and oral information to the general public via TV, radio, and online social platforms. Written information included general information about COVID-19 and recommendations for avoiding infection. This information was collected on official sites such as government pages about COVID-19[3], including the online portals of Health Norway[4], the Norwegian Institute of Public Health (NIPH),[5] and IMDi[6]. Oral information was provided in regular press conferences in Norwegian and translated into Norwegian sign language.

On the local level, some cities, such as Oslo, posted online translations of this information into some languages as early as the middle of March. However, these translations were not easily accessible as they were difficult to find online (Ezzati, 2021, p. 63). The municipality translated some information using their own resources or received translations from the central authorities that they then adapted for their own use.

The Norwegian broadcasting agency (NRK), which has a special responsibility for informing all Norwegian residents about important issues (NRK, 2007), highlighted the importance of using translations to reach non-Norwegian speaking residents. However, translations into other languages (Arabic, Polish, Russian, Somali, and Turkish) appeared with some delay on NRK, at the end of March 2020. The translations were done by NRK's multilingual staff, and the quality of the translations was not ensured. Some informative videos about COVID-19 were also posted in four languages (Bakken, 2020).

The platforms that Norwegian authorities used at the beginning of the pandemic were not necessarily the same as those used by non-Norwegian speaking residents. It took some time and several public discussions (which are still ongoing), to draw and keep attention focused on this problem (Bratberg & Sylte, 2020; Felberg, 2021a). A nationwide effort was then made to explore the use of different platforms to reach the target population.

The Norwegian official report *The Government's Management of the COVID-19 Pandemic* evaluates the first year of the COVID-19 pandemic and concludes that, at the beginning of the COVID-19 pandemic, the Norwegian authorities did not effectively communicate important

[3] https://www.regjeringen.no/no/tema/Koronasituasjonen/id2692388/

[4] https://www.helsenorge.no, Health Norway is a web portal where Norwegian citizens can access their health files and communicate with their general practitioners.

[5] https://nhi.no/coronavirus/

[6] https://www.imdi.no/nyttige-nettsider-pa-andre-sprak/

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information to certain immigrant groups; furthermore, the report concludes that health authorities had no plan to reach these residents (NOU, 2021, p. 175). One takeaway of this evaluation is that plans for communicating across language barriers in times of crisis should be incorporated into general crisis plans.

The data showing that immigrants were overrepresented in hospital statistics seemed to serve as a wake-up call for the authorities, who then began looking for the reasons for this and exploring ways to remedy it. Starting in May 2020, the government changed its communication strategy; rather than providing the same type of information for the entire population, messages were adapted to different groups (NOU, 2021, p. 180). The preliminary work was done by a working group that included representatives from the Ministry of Health, the Institute of Public Health, the Directorate of Immigration and Diversity, Oslo University Hospital, and Oslo municipality. The group's aim was to better provide immigrants with information about COVID-19. The need for information in different languages was officially reconfirmed, and actors at the local and national levels, as well as government and non-government actors, became involved.

In order to learn more about informing immigrant groups about COVID-19, to learn about immigrants' compliance with the authorities' measures, and to propose some measures to rectify the situation, another report was commissioned by the Ministry of Knowledge (*Kunnskapsdepartementet*, 2021). Of the 23 measures and recommendations provided by the expert group, several address improving communication, such as calling for "accessible information in different languages at the vaccine centers, a package of measures for targeted and adapted communication, and placing the national responsibility for translation in the public sector" (*Kunnskapsdepartementet*, 2021, pp. 52-53, 55). This last point, appointing a national public-sector body responsible for translation, is of particular importance since, at the start of the pandemic, there were no unified systems for providing translation services and ensuring the quality of translations.

As the pandemic went on, the availability and accessibility of translations have been continuously improving (Indseth et al., 2021). For example, government pages have improved, and, as of December 2021, these pages provide an overview of updated information and measures in Norwegian and direct readers to municipal pages for local measures. The websites also provide links to COVID-19 information in other languages; these links lead to press conferences and press and news releases in nine languages: Arabic, Dari, English, Polish, Russian, Somali, Tigrinya, Turkish, and Urdu. A link to information in other languages leads to an English version of the Health Norway website. This website has also been improved, as an extra section has been added with links to ten languages. The pages are structured into four sub-topics: rules for entry to Norway (in 19 languages); videos (in 13 languages); posters, brochures and informative materials (users can download general information, information about home quarantine and isolation, and information about social distancing in 24 languages; these materials were developed by the Norwegian Institute of Public Health); and information from the National Knowledge Center on Violence and Traumatic Stress on coping with the Norwegian government's extraordinary measures for addressing the COVID-19 pandemic (in 14 languages).

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The Norwegian authorities issued an open call for organizations to develop different ways to reach specific target groups. For example, as early as April 2020, IMDi had granted 6.6 million Norwegian krone (NOK) to six nationwide organizations; in June 2020, 20 million NOK were granted to 140 volunteer organizations to support immigrants, and in March 2021, 40 more million NOK were given to 146 volunteer organizations. Additional funds to continue this work will be available in 2022. These grants supported the development of a number of different measures to disseminate information; these measures addressed both the availability and accessibility of information. Multiple platforms and multiple modes have been explored (some examples are given below). These measures focus on the hardest-to-reach members of society, which include newly arrived immigrants and older immigrants, especially those who live alone (Brekke, 2021). Alongside these measures, the knowledge base has increased considerably thanks to several reports that were commissioned and financed by different government bodies (Skogheim et al., 2021, p. 8).

To date, in January 2022, the availability of information in various languages has improved considerably. The information is also provided on different platforms that target groups that were difficult to reach at the start of the pandemic. However, information is not available in all necessary languages, the amount of information from different sources is huge and sometimes difficult to find, parallel translations are provided by different actors, the translations are not verified, and the effects of different information measures are not known.

4.2. Acceptability and adaptability of translated information

Assuring the accuracy and appropriateness of translated information helps make information about a crisis acceptable to the intended beneficiaries. There is no overview of all the translations that have been produced during the pandemic in Norway. However, the number of translations seems to be high, as new languages have been added since the first wave of COVID-19 and new information is added regularly. However, some users expressed dissatisfaction with translations at the start of the pandemic. For example, one video produced by NRK in Somali was removed from the platform; the reason given was that the video used a "different language interpretation" (Jørnholt et al., 2020). Sheikh et al. (2021, p. 119) offer another example: In this study, immigrant informants stated that poor translations negatively impacted trust in the information provided by the authorities. For example, one municipality sent an SMS text message that contained grammatical and spelling mistakes. Informants added that, since an enormous amount of information was being disseminated, it was important that this information be provided in simple and clear language (Sheikh et al., 2021, p. 119). In an ongoing pilot project, Felberg reviewed some of the translations from Norwegian into Bosnian/Croatian/Serbian and found that the translations contained mistakes, omissions, terminological inconsistencies, non-idiomatic expressions, and elements of linguistic interference from Norwegian (Felberg, 2021b). This finding seems to confirm that provisions to ensure the accuracy of translations, if in place, were unsatisfactory.

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The challenges have indeed been many. These include the number of translations needed, the number of languages, the rapid changes in information, the availability of translators, and quality assurance and control. No systematic, strategic approach was used for translation provision during the pandemic. Translations were acquired by different authorities at the national and local levels. Translation services were provided by different sources, including municipal and private providers, as well as multilingual staff. Therefore, there is a clear need for a body to be responsible for ensuring the quality of public-sector translations (*Kunnskapsdepartementet*, 2021; Hussaini et al., 2021, p. 53).

A survey conducted in twenty municipalities, including Oslo, found that interpreting assignments during the pandemic including booking and providing the results of PCR tests, contact tracing, and written translations (Hussaini et al., 2021, p. 48). These assignments were in addition to the regular interpreting work needed in hospitals and healthcare facilities. Different municipalities used interpreting services to varying degrees (Hussaini et al*.*, 2021, p. 48). No systematic information is available about whether or not these translation services were provided by qualified interpreters. It seems, however, that qualified interpreters have been underused; this may be due to the additional time needed to engage interpreter services. As a result, family members and children were sometimes used as interpreters (Hussaini et al., 2021, p. 53). This aligns with previous findings from a survey of interpreters listed on the Interpreters Register; more than 80% of respondents reported that they had fewer assignments at the start of the pandemic than usual (IMDi, 2020b). This underusage of interpreters is a continuous trend that has also been highlighted in earlier reports (NOU, 2014, p. 8). Other questions included where to find interpreters and who was responsible for paying them (Ezatti & Husaini, 2021, p. 65).

In 2019, before the pandemic, 57% of all interpreting assignments in Norway were done as On-Site Interpreting (OSI); 42% were Over-the-Phone interpreting (OPI) and 1% Video Remote Interpreting (VRI). This changed in 2020 as 34% of assignments were OSI, 64% OPI and 2% VRI (IMDi, 2021). No corresponding numbers are available for 2021; however, it is expected that significantly more interpreting assignments were VRI in 2021. However, some informants in Oslo (Ezzati, 2021, p. 72) pointed out that they were not familiar with OPI, which they used for the first time in the fall of 2020. To improve public employees' knowledge of remote interpreting, Oslo Metropolitan University (OsloMet) produced an e-learning course.[7] This course trains public service providers to communicate via interpreter, with a focus on remote interpreting. IMDi also produced information brochures and videos about remote interpreting aimed at interpreters.[8]

Another problem is that children were used as interpreters (Ezzati, 2021, p. 73; Hussaini et al., 2021, p. 53) The use of children as interpreters is forbidden by law in Norway (Interpreting Act, 2021). An exception may be made in emergency situations, according to §4. However, the pandemic is now entering into its third year, and the use of children as interpreters cannot be justified in all cases. This challenge remains to be addressed.

[7] https://uhx.no/courses/course-v1:BOKSKAPET+2022-201+1/about

[8] https://www.imdi.no/tolk/for-deg-som-er-tolk-eller-onsker-a-bli-det/tolkens-arbeidssituasjon-ved-skjermtolking/

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Literacy levels, the importance of using plain language, and technical demands on users have been highlighted in several reports (*Kunnskapsdepartementet*, 2021; IMDi 2020c; Indseth et al., 2021). Necessary prescribed measures include increasing the digital competence of the immigrant population and adapting information to different literacy levels, including a focus on plain language (*Kunnskapsdepartementet*, 2021, pp. 52, 57).

4.3. From One-Way to Two-Way Communication: Examples of Communication Measures

The acknowledgement of the need to make information about COVID-19 available and accessible in languages other than Norwegian, which was also supported by generous grants to volunteer organizations and NGOs, led to many communication measures and the development of new resources. A list of good practices is available at the IMDi web portal[9], and a selection of these good practices will be presented here. These suggestions have been selected to demonstrate the diversity of the measures. Some of the measures are national, such as interpreting press conferences, and some are local, such as the Ambassador Project. Some volunteer organizations, such as Grønland Parents and Children (*Grønland foreldre og barn gruppe*)[10], have added tasks related to COVID-19 to their portfolios. Others, such as the Norwegian Refugee Council (*Norsk Folkehjelp*)[11] have adapted their activities.

A common factor in all the examples of good practices seems to be involvement of the target group in the production of communication measures and the involvement of mediators between Norwegian and other cultures. The idea behind this is that it is easier to establish trust with members of one's "own" group who understand immigrants' problems and who can communicate in a common language. Trust issues are identified as an important factor in the literature on crisis communication and linguistic diversity; however, they will not be addressed in detail here (Felberg, 2021a; NOU, 2021; Næss, 2018). Another common factor of good practices is two-way communication. Two-way communication allows the target population to negotiate meaning by asking questions.

Including non-Norwegian speakers also means making national press conferences accessible to them. Therefore, IMDi, in cooperation with the Ministry of Health, started a project to interpret press conferences. From February 18 to September 8, 2021, 29 conferences and 133 press releases were interpreted and/or translated into nine languages: Arabic, Dari, English, Polish, Russian Tigrinya, Turkish, Somali, and Urdu. The languages were chosen based on the COVID-19 infection rates in these immigrant groups; higher infection rates indicated a need for more information in these languages. What is of particular importance in this project is the high priority given to assuring the quality of interpreting and translation. Two interpreters and two translators were included for each language so that they could work in pairs. Logistical support

[9] https://www.imdi.no/lar-fra-andre/?themes=Koronainformasjon
[10] https://www.imdi.no/lar-fra-andre/koronainformasjon-gir-jobb-til-ungdom-pa-gronland-i-oslo/
[11] https://www.imdi.no/lar-fra-andre/walk--talk-norsk-folkehjelp-bodo/

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was provided by around 40 people (this included transcribing and preparing manuscripts and dubbing)[12]. This measure attracted some media attention, as the Prime Minister and the ministers who were interpreted met with their interpreters; as PM Erna Solberg said, "I want to greet my own voice."[13] This helped to foreground the interpreting profession.

Another example is the attempt by the Norwegian authorities to reach the Urdu-speaking population with information on COVID-19 through a targeted press conference on December 10, 2020[14]. The press conference was led by the Minister of Health Bent Høie and the Minister of Culture and Social Inclusion Abid Raja, who is a lawyer of Pakistani origin. Two medical doctors of Pakistani descent were also featured, Mr. Sheraz Yaqub and Ms. Memona Majida. The press conference, as well as a Q&A session, were held in Norwegian, Urdu and English (Felberg & Skaaden, 2021).

Yet another example of two-way communication is the COVID-19 hotline[15], a number that residents can call to ask COVID-19-related questions in Polish, Arabic, Urdu, Somali, English or Norwegian.

Local initiatives range from mapping the languages in use to adapting information to different groups, such as members of specific language groups or age groups. For example, the Frogn municipality mapped the languages in use in a particular area. They developed a system to gather information about those who needed information in languages other than Norwegian as well as those who needed specially adapted information[16]. They then planned to include this information in updated municipality security plans. They started with mapping, then did the information work, and finally used this information for contact tracing and to follow up with those infected. Healthcare personnel or other municipality employees who speak the relevant languages are used to communicate with the immigrants.

The National Association for Public Health (*Nasjonalforening for folkehelse*) and the National Competence Service (*Nasjonal kompetansetjeneste*) adapted information to the needs of elderly immigrants[17]. After the information was adapted, it was disseminated in six languages via videos and brochures.

Another example of two-way information is a project called Walk and Talk, an initiative by the Norwegian Refugee Council in Bodø. This initiative combines Norwegian language learning with outdoor activities. It therefore allows participants to continue Norwegian lessons by combining them with discussions of information about COVID-19[18].

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[12] Personal communication with the project coordinator, Augmante Skibelid (Sept. 28, 2021)
[13] https://vimeo.com/607259839
[14] https://www.vgtv.no/video/209672/se-bent-hoeie-og-abid-raja-med-coronainformasjon-rettet-mot-norsk-pakistanske-miljoeer
[15] https://www.helsebiblioteket.no/samfunnsmedisin-og-folkehelse/koronatelefon-pa-flere-sprak
[16] https://www.imdi.no/lar-fra-andre/informasjon-til-innvandrere-som-del-av-kommunens-beredskapsplan/
[17] https://www.imdi.no/lar-fra-andre/informasjon-om-covid-19-tilpasset-eldre-med-innvandrerbakgrunn/
[18] https://www.imdi.no/lar-fra-andre/walk--talk-norsk-folkehjelp-bodo/

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An interesting tendency in these projects is the names used for people involved in information dissemination. Terms like "Health Ambassadors During the Time of COVID-19" (Drammen Women's Public Health Association [*Drammen Sanitetsforening*])[19] were used to recruit multilingual immigrant women to inform others about protecting themselves against infection and about government measures. Volunteer multilingual "Local Infection Control Ambassadors" (Halden volunteer service [*Halden frivillighetssentral*]) were engaged to spread information among different immigrant groups. Finally, "ambassadors" adapted information for Norwegian-Somalis[20] in the Old Oslo City district (*Gamle Oslo*). These names raise the status of these functions, as ambassadors hold positions of high status. So, the importance of these key positions is mirrored in the term "ambassadors." Ambassadors engage in a range of tasks, including working closely with city district employees to plan, design, and implement measures; reaching the target groups; and mapping relevant communication channels. Ambassadors use Facebook groups, WhatsApp groups, radio stations in different languages, SMS text messages, and direct telephone contact to reach members of the target groups. They also often translated and checked information before it was disseminated. The evaluation of the Ambassador Project indicates that the cooperation helped, not only the intended beneficiaries, but also city employees, who acquired important knowledge about adapting messages and the needs of the target groups (*Bydel Gamle Oslo,* n.d.).

These examples represent a sample of the different ways to reach non-Norwegian speaking residents. Most of the volunteers and employees who acted as mediators between the Norwegian authorities and immigrant groups were multilingual and were engaged as translators and interpreters. However, the importance of quality of translation and interpreting was not addressed in detail in presentations of good practices. The development of different information measures also addresses one general challenge: the question of how the authorities can learn more about different groups of residents in Norway in order to serve them better. Experiences from the pandemic can thus help improve integration of immigrants in Norway.

5. Conclusions and recommendations

The COVID-19 pandemic has challenged the whole world, and Norway is no exception. These challenges have involved all levels of society, including health, security, and the economy. However, some groups have been more vulnerable to the negative consequences of the pandemic than others. In Norway, members of some foreign-born groups have been infected and hospitalized more frequently than other residents. This article has focused on one of the many reasons for this: the availability, accessibility, acceptability, and adaptability of crisis communication with non-Norwegian speaking residents. The analysis shows that, after some initial confusion that caused a delay in the interpreting and translation of crisis communication, the situation improved considerably in Norway. In addition to public service employees, local NGOs and volunteers played important roles and were financed generously by the government.

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[19] https://www.imdi.no/lar-fra-andre/helseambassadorer-nar-ut-til-mange-med-koronainformasjon-i-drammen/

[20] https://www.imdi.no/lar-fra-andre/innbyggerinvolvering-i-kommunikasjonsarbeid/

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The COVID-19 pandemic has taught us many lessons. It has highlighted the need for the authorities to learn more about and to address the linguistic needs of its population. Learning about these linguistic needs can also help to improve integration processes in Norway. Another lesson is the importance of including translation and interpreting as essential services in future contingency plans. Having crisis information available in relevant languages could help lower the risk of infection and hospitalization. Available information must be disseminated in ways that allow it to reach the target groups. The COVID-19 pandemic has also reminded us of the importance of two-way and face-to-face communication. The Norwegian public sector is digitalizing more of its communication with citizens with the goal of reaching everybody. However, as some of the examples in this article have shown, this is not in fact the case. One-way communication excluded some parts of the population, including those who do not speak Norwegian. Important information must be disseminated in multiple modes and on multiple platforms, including face-to-face communication, as meaning making happens through interaction. The good practices and mistakes made during the COVID-19 pandemic can be used to improve future contingency plans to include all residents of Norway, including non-Norwegian speakers.

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References

Bakken, J. D. (2020, 25 March). *Her får du korona-informasjon på flere språk*. [You can find information about COVID-19 in different languages here.] NRK nettavis. https://www.nrk.no/osloogviken/ nrk-oversetter-korona-artikler-til-flere- sprak-1.14959079

Bratberg, U. & Sylte, T. (2020) Vårt Land. Loveleen Brenna – *Minoritetene sviktes i krisen*. [Loveleen Brenna – *Minorities are let down in the crisis*.] Retrieved 13 May 2021 from https://www.vl.no/nyhet/loveleen-brenna- minoritetene-sviktes-i-krisen-1.1691433

Brekke, J.P. (2021). Kapittel 8: *Årsaker til forskjeller i korona-smitte i tre innvandrermiljøer.* [Chapter 8: Causes of differences in COVID-19 infection in three immigrant communities.] In Indseth T. (Ed.) 2021. *Koronapandemien og innvandrerbefolkningen, vurderinger og erfaringer [COVID-19 pandemic and immigrant population, assessments and experiences.*] Rapport Folkehelseinstituttet 2021.

Bydel Gamle Oslo. (n.d.). Sluttrapport Ambassadørprosjektet. [Final report. Ambassador project] https://www.imdi.no/contentassets/bc9794198c95407eb63f313ffd907dd1/ambassadorprosjektet_sluttrapport.pdf

Direktoratet for samfunnssikkerhet og beredskap (DSB). *The Norwegian Directorate for Civil Protection*. (2016). Veileder – krisekommunikasjon. [Guide – crisis communication.] Retrieved 13 May 2021 from: https://www.dsb.no/lover/risiko-sarbarhet-og-beredskap/veileder/veileder-krisekommunikasjon/

Ezzati, R.T. (2021). Kapittel 7: Erfaringer fra felt: smittesporerne [Chapter 7: Experiences from the field: contact tracers] In Indseth T. (Ed.) 2021. *Koronapandemien og*

PDF.js viewer 09/06/2022, 15:59

innvandrerbefolkningene, vurderinger og erfaringer, [COVID-19 pandemic and immigrant population, assessments and experiences.] Rapport Folkehelseinstituttet 2021.

Ezzati, R.T. & Hussaini, L. (2021). Kapittel 6: Erfaringer fra felt: Oslo kommune og utvalgte bydeler. [Chapter 6: Experiences from the field: Oslo municipality and selected city districts] In Indseth T. (red.) 2021. *Koronapandemien og innvandrerbefolkningene, vurderinger og erfaringer.* [COVID-19 pandemic and immigrant population, assessments and experiences.] Rapport Folkehelseinstituttet.

Felberg, T.R. (2021a). *"Norwegian-Somalis are best suited to inform Norwegian-Somalis": Crisis communication, linguistic diversity and social (in)equality during the initial stages of the COVID-19 pandemic as represented by the Norwegian Broadcasting Corporation (NRK)*. Journal of Language and Discrimination, 5(2), 90-117.

Felberg, T.R. (2021b) Project: Quality assurance of translation in public sector in Norway during the COVID-19 pandemic. https://app.cristin.no/projects/show.jsf?id=2529291

Felberg, T.R., & Skaaden, H. (2021, 2-3 December) *Linguistic diversity and trust building in a case of crisis* [Paper presentation], CEL/ELC Online Conference.

Helsedirektoratet [Norwegian Directorate of Health]. (2018). *Rett til medvirkning og informasjon.* [Right to participation and information] Retrieved 19 May 2021 from https://www.helsedirektoratet.no/rundskriv/pasient-og-brukerrettighetsloven- med-kommentarer/rett-til-medvirkning-og-informasjon/informasjonens-form

Hussaini, L., Bjørbæk, M., Fretheim, A., & Indseth, T. (2021). Kapittel 5: Erfaringer fra felt: utvalgte kommuner. [Chapter 5: Experiences from the field: selected municipalities] In Indseth T. (Ed.) 2021. *Koronapandemien og innvandrerbefolkningene, vurderinger og erfaringer*. [COVID-19 pandemic and immigrant population, assessments and experiences.] Rapport Folkehelseinstituttet.

https://fitisposij.web.uah.es/OJS/plugins/generic/pdfJsViewer/p...2Findex.php%2Ffitispos%2Farticle%2Fdownload%2F304%2F282%2F1558 Page 16 of 22

IMDi. [Norwegian Directorate of Integration and Diversity] (2020a). *Forslag til tiltak for å redusere COVID-19-smitte blant innvandrere.* Rapport fra ekspertgruppe. [Proposed measures to reduce COVID-19 infection among immigrants. Report from an expert group] 4. desember 2020. Oslo.

IMDi. (2020b). *Hvordan har koronasituasjonen påvirket din arbeidshverdag som tolk*. [How has COVID-19 situation influenced your work as interpreter]. Retrieved 13 May 2021 from: https://www.imdi.no/contentassets/ 05fdc1489d7a455ba2b163eff83b59ac/hvordan-har-koronasituasjonen-pavirket- din-arbeidshverdag-som-tolk.pdf

IMDi. (2020c). *Tolking i offentlig sektor i 2019 og tolking under koronapandemien*. [Interpreting in the public sector in 2019 and interpreting during COVID-19 pandemic.] https://www.imdi.no/globalassets/dokumenter/tolk/faktaark_tolk_2020.pdf

IMDi. (2021). *Tolking offentlig sektor 2020*. [Interpreting in the public sector in 2020.] https://www.imdi.no/globalassets/dokumenter/tolk/tolking-i-offentlig-sektor-2020.pdf

IMDi. (n.d.). *Nasjonalt tolkeregister* [National register of qualified interpreters.] https://www.tolkeregisteret.no

Indseth, T., Godøy, A., Kjøllesdal, M., Arnesen, T., Jacobsen, C., Grøsland, M., & Telle, K. (2020). *COVID-19 etter fødeland: personer testet, bekreftet smittet og relaterte innleggelser og dødsfall*. [COVID-19 according to country of birth: persons tested, confirmed infections, related hospitalization and deaths.] Folkehelseinstitutet. Retrieved 13 May 2021 from: https://www.fhi.no/globalassets/dokumenterfiler/rapporter/2020/covid-19-etter-fodeland-personer-testet-bekreftet-smittet-og-relaterte-innleggelser-og-dodsfall-rapport-2020-v2.pdf.

Indseth, T., Elgersma, I., Strand, B.H., Telle, K., Hernæs, K., & Arnesen, T. (2021). *Kapittel 2: COVID-19: Påvist smitte, testing, innleggelser, død, og reiseaktivitet blant innvandrere i Norge, perioden fra februar 2020 til mai 2021*. [Chapter 2: COVID-19: Confirmed infections, testing,

hospitalizations, deaths, and travel activity among immigrants in Norway, the period from February 2020 to May 2021] In T. Indseth (Ed.), Koronapandemien og innvandrerbefolkningene, vurderinger og erfaringer. [COVID-19 pandemic and immigrant population, assessments and experiences.] Rapport Folkehelseinstituttet.

Indseth, T., Telle, K., Labberton, A., Kjøllesdal, M., Ezzati, R.T., Gele, A., Sheikh, N., Methi, F., Harris, J.R., & Arnesen, T. (2021a). *Kapittel 3: Mulige forklaringer på overrepresentasjon i påvist smitte og innleggelser*. [Chapter 3: Possible explanations about overrepresentations of confirmed infections and hospitalizations.] In T. Indseth (Ed.) Koronapandemien og innvandrerbefolkningene, vurderinger og erfaringer. [COVID-19 pandemic and immigrant population, assessments and experiences.] Rapport Folkehelseinstituttet.

Jahr, K. (2005). *Rett til tolk, Tolking og oversettelse i norsk straffeprosess*. Justis- og politidepartementet. [Right to interpreter, Interpreting and translation in Norwegian criminal proceedings. Ministry of Justice and Police] Oslo. Retrieved 13 May 2021 from: https://www.regjeringen.no/globalassets/upload/kilde/jd/rap/2005/0005/ddd/pdfv/240757-rett_til_tolk.pdf

Jørnholt, M., Eliassen, H.Ø., & Yidliz, M. (2020, 8 April). *Her er videoer om korona på ulike språk*, [Here are the videos about COVID-19 in different languages.] NRK nettavis. https://www.nrk.no/kultur/her-er- informasjonsvideoer-om-korona-pa-ulike- sprak-1.14978101

Kale, E. (2018). *Communication barriers in healthcare consultations with immigrant patients.* PhD dissertation. Oslo: University of Oslo.

Kunnskapsdepartementet [Ministry of Education and Research]. (2021). Rapport fra ekspertgruppe. Innvandrerbefolkningen under koronapandemien. Smitte, vaksine og konsekvenser for integrering. [Report from an expert group. Immigrant population during COVID-19 pandemic. Infection, vaccine, and integration consequences.] Retrieved 2 January 2022 from:

PDF.js viewer 09/06/2022, 15:59

https://www.imdi.no/contentassets/c10db702b4fc4c25b6c0d2073a05617b/innvandrer befolkningen_under_koronapandemien.pdf

Lien, M.S., & Andersen, Ø. (2021). *Norge er åpent*. [Norway is open.] Dagbladet nettavis. https://www.dagbladet.no/nyheter/norge-har-apnet/74267913

Lov om domstolene (domstolloven) [Courts Act]. (1927). https://lovdata.no/dokument/NL/lov/1915-08-13-5

Lov om likestilling og forbud mot diskriminering (likestillings- og diskrimineringsloven). *Equality and Anti-Discrimination Act. Act relating to equality and a prohibition against discrimination*. (2017). (LOV-2017-06-16-51). https://lovdata.no/dokument/NL/lov/2017-06-16-51

Lov om offentlige organers ansvar for bruk av tolk mv. (tolkeloven). *Act on public bodies' responsibility for the use of interpreters etc. (Interpreting Act*). (2021). https://lovdata.no/dokument/NL/lov/2021-06-11-79

Lov om pasient- og brukerrettigheter (pasient- og brukerretighetsloven) [Act on patients' rights]. (2001). https://lovdata.no/dokument/NL/lov/1999-07-02-63

Meld. St. 16. (2012–2013) *Beredskap mot pandemisk influensa*. [White paper: Preparedness for pandemic infuenza.] Det kongelige helse-og omsorgsdepartmenetet. Retrieved 13 May 2021 from: https://www.regjeringen. no/no/dokumenter/meld-st-16-20122013/id716183/?ch=4

Næss, A. (2018). *Trust, cultural health capital, and immigrants' health care integration in Norway*. Sociology, 53(2), 297-313. https://journals.sagepub.com/doi/full/10.1177/0038038518793371?casa_token=tmPMuezup4IAAAAA %3AiJB9KfWQu8EsEavoWjbzJNWluNeiIhp5quo4ZEZEWjjyPSfBVcxgTGt_oVSfsfhlXqlDgHX2sLWb

NMGARCA [Norwegian Ministry of Government Administration, Reform and Church Affairs]. (2009). Central government communication policy. Retrieved 13 May 2021 from:

https://fitisposij.web.uah.es/OJS/plugins/generic/pdfJsViewer/p...2Findex.php%2Ffitispos%2Farticle%2Fdownload%2F304%2F282%2F1558 Page 19 of 22

PDF.js viewer 09/06/2022, 15:59

https://www.regjeringen.no/globalassets/upload/fad/vedlegg/informasjonspolitikk/statkompol_eng.pdf.

NOU 2014: 8. (2014) *Tolking i offentlig sektor – et spørsmål om rettsikkerhet og likeverd.* [Interpreting in the public sector – a question relating to the right to due process of law and equal treatment] Retrieved 19 May 2021 from: https://www.regjeringen.no/no/dokumenter/ NOU-2014-8/id2001246/

NOU 2021: 6. (2021). *Myndighetenes håndtering av koronapandemien*. The authorities' handling of COVID-19 pandemic. Retrieved 13 May 2021 from: https://www.regjeringen.no/no/dokumenter/nou-2021-6/id2844388/.

NRK [Norwegian broadcasting agency]. (2007*). A gigantic small broadcaster*. Retrieved 13 May 2021 from: https://www.nrk.no/about/a-gigantic-small-broadcaster-1.3698462

O'Brien, S., Federici, F.M., Cadwell, P., Marlowe, J., & Gerber, B. (2018). *Language translation during disaster: A comparative analysis of five national approaches*. International Journal of Disaster Risk Reduction, 31, 627-636.

Oslo kommune. (n.d.). *Overordnet beredskapsplan for Oslo kommune*. [General contingency plan for Oslo municipality] Retrieved 13 May 2021 from: https://www.oslo.kommune.no/getfile.php/13364318-1584100344/Tjenester%20og%20tilbud/Politikk%20og%20administrasjon/Egenberedskap/Kommunens%20arbeid%20med%20samfunnssikkerhet%20og%20beredskap/Overordnet%20beredskapsplan%20for%20Oslo%20kommune.pdf

Ozolins, U. (2010). *Factors that determine the provision of public service interpreting: Comparative perspectives on government motivation and language service implementation*. The Journal of Specialised Translation, 14, 194-215. https://www.jostrans.org/issue14/art_ozolins.pdf

https://fitisposij.web.uah.es/OJS/plugins/generic/pdfJsViewer/p...2Findex.php%2Ffitispos%2Farticle%2Fdownload%2F304%2F282%2F1558 Page 20 of 22

PDF.js viewer 09/06/2022, 15:59

Piller, I. (2016). *Linguistic diversity and social justice*. Oxford University Press.

Piller, I., Zhang, J., & Li, J. (2020). *Linguistic diversity in a time of crisis: Language challenges of the COVID-19 pandemic*. Multilingua, 39(5), 503-515. https://doi.org/10.1515/multi-2020-0136

Sheikh, N.S., Spilker, R.S., Nordstrøm, C., Duahle, H., Tsige, S.A., Kour, P., Qureshi, S., Gawad, M., & Gele, A. (2021). *Kapittel 9: Erfaringer fra felt: Perspektiver fra personer med innvandrerbakgrunn.* [Chapter 9: Experiences from the field: Perspectives from persons with immigrant background.] In T. Indseth (Ed.), Koronapandemien og innvandrerbefolkningene, vurderinger og erfaringer. [COVID-19 pandemic and immigrant population, assessments and experiences.] Rapport Folkehelseinstituttet.

Skogheim, R., Orderud, G.I., Ekne Ruud, M., & Søholt, S. (2021*). Informasjon og tiltak rettet mot innvandrerbefolkningen i forbindelse med Covid 19.* [Information and measures targeting immigrant population in connection with COVID-19.] NIBR-rapport 2021:6.

SSB [Statistics Norway]. (2020). *Fakta om innvandring.* [Facts about immigration.] Retrieved 13 May 2021 from: https://www.ssb.no/ innvandring-og-innvandrere/faktaside/innvandring

SSB [Statistics Norway]. (2021). Innvandrere og norskfødte med innvandrerforeldre. [Immigrants and Norwegian born with immigrant parents.] Retrieved 19 May 2021 from: https://www.ssb.no/befolkning/innvandrere/statistikk/innvandrere-og- norskfodte-med-innvandrerforeldre

https://fitisposij.web.uah.es/OJS/plugins/generic/pdfJsViewer/p...2Findex.php%2Ffitispos%2Farticle%2Fdownload%2F304%2F282%2F1558 Page 21 of 22