Signs for All: A Linguistic Landscape Analysis of Covid-19 Messaging in Hackney, London

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Outline

- Covid-19 health and risks communication – why a linguistic landscape analysis?
- Case study: Hackney, London
- Research design and data collection
- Differences in Covid-19 signage by deprivation and over time
- (Lack of) public health information targeted at specific communities/social groups
- Why it matters?

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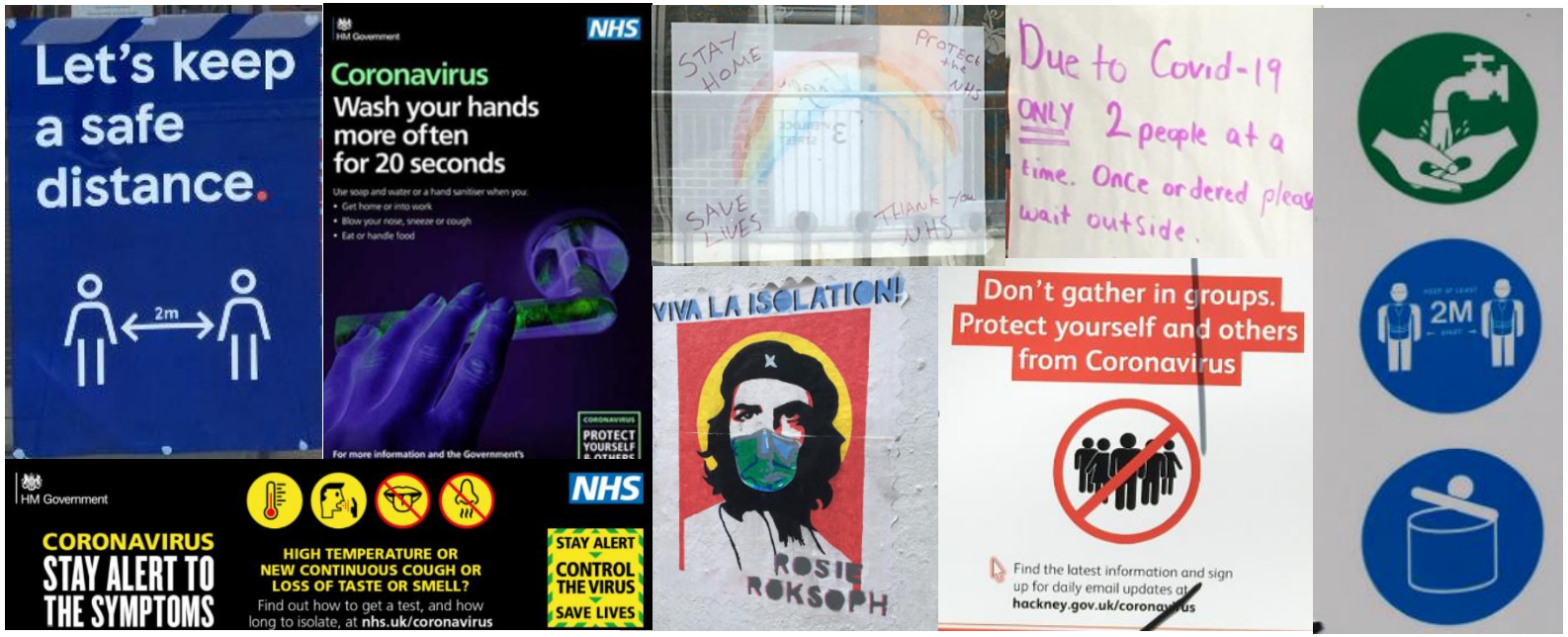
Linguistic landscaping (LL) - investigation of displayed language in a particular space

Outdoor media (e.g. billboards, posters, banners, ads and other signs) = channel to convey Covid-19 related information



Why LL?

High exposure / reach

"Infodemic" in new media environments

Changed use and perception of public space

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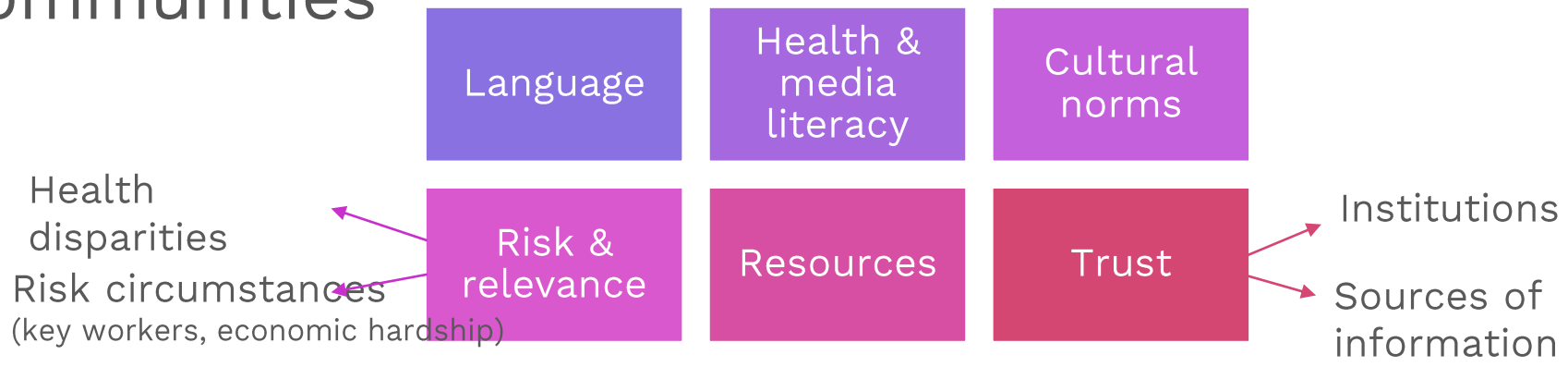
Health communication with ethnic minority and migrant communities



Why inner-city areas such as Hackney?

Hit hard by the 1st wave

Diversity:

- high % of foreign born, BAME and multi-ethnic communities
- levels of deprivation

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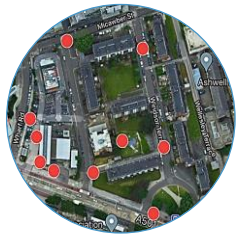
Data collected after each major change to social distancing rules and public health advice in the first wave

3 points in time



6 areas in Hackney

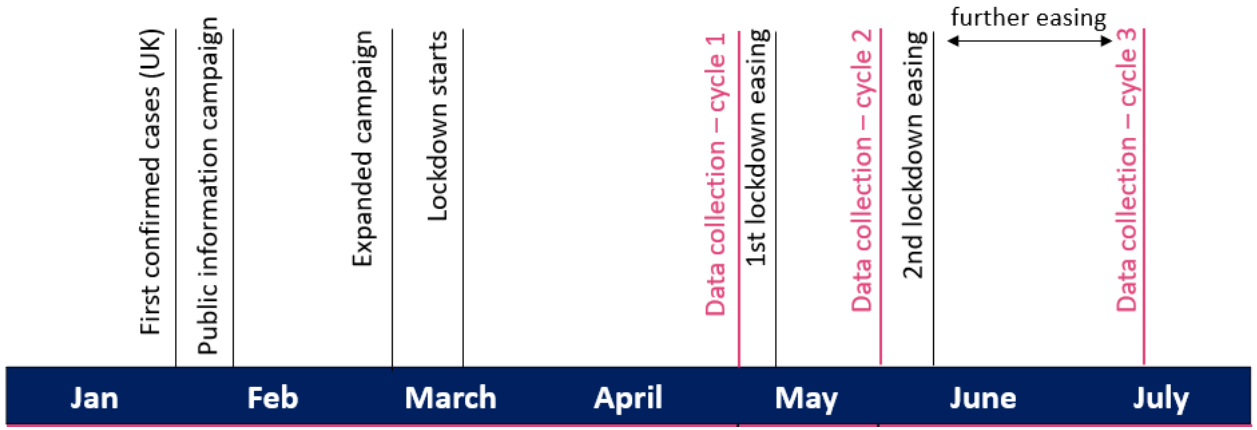
1288 signs

I. Amount, content and prominence of Covid-19 signage

Source: Index of Multiple Deprivation and the LSOA Atlas

II. Draw comparisons between deprived and less deprived areas

III. Changes in messaging over time...



and how these responded (or not) to the unravelling of the crisis?

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Results: differences between deprived and less deprived areas

- **Amount**: less deprived (n = 413) vs deprived areas (n = 292); messaging around spatial *distancing* dominated the LL of both

- **Content**: deprived areas had less signage in all key areas of messaging, with differences being significant for *distancing*, *self-isolation*, *limiting travel*, *avoiding contact*, and *staying at home*

	Deprived	*Less Deprived*	*Chi-square*
Respiratory and hand hygiene	36 (20%)	60 (21%)	χ^2 (1, N = 468) = .000, p =.99, phi = .006
Self-isolation	13 (7%)	51 (18%)	**χ^2 (1, N = 468) = 9.03, p = .003, phi = .15**
Symptoms	7 (4%)	21 (7%)	χ^2 (1, N = 468) = 1.6, p = .21, phi = .07
Distancing	124 (70%)	174 (60%)	**χ^2 (1, N = 468) = 4.04, p = .04, phi = -.10**
No gatherings/ personal contact	18 (10%)	28 (10%)	χ^2 (1, N = 468) = .000, p = .99, phi = -.007
Limit travel	2 (1%)	20 (7%)	**χ^2 (1, N = 468) = 6.97, p = .008, phi = .13**
Avoid contact	13 (7%)	43 (15%)	**χ^2 (1, N = 468) = 5.24, p = .02, phi = .11**
Stay at home/Stay Alert	4 (2%)	55 (19%)	**χ^2 (1, N = 468) = 26.49, p < .001, phi = .25**

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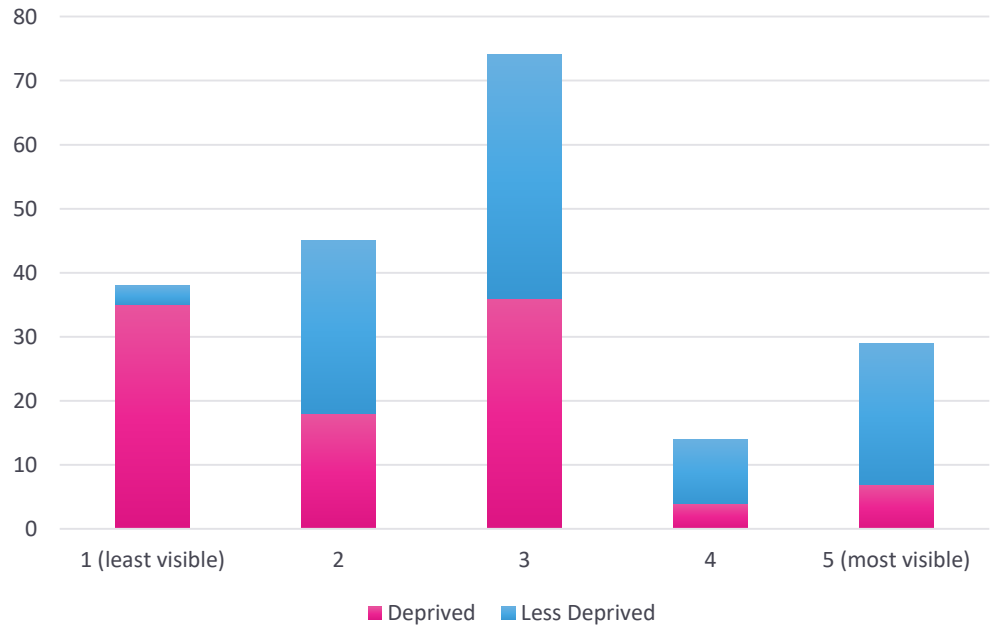
Results: differences between deprived and less deprived areas

- **Prominence:** most easy-to-read and highly visible signs displayed in less deprived LSOAs



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Results: differences between deprived and less deprived areas

- **Change over time:** deprived areas constantly playing catch-up in key areas of public health messaging around Covid-19

Number of **new** signs / data collection cycle

		May 7-9	*May 26-30*	*July 11-13*	*Chi-square*
Self-isolation	Deprived	5 39%)	3 (23%)	5 (39%)	χ^2 (2, N = 178) = 1.8, p = .41, V = .10
	Less deprived	4 (8%)	24 (47%)	23 (45%)	χ^2 (2, N = 290) = 10.32, p = .006, V = .19
Avoid contact	Deprived	2 (15%)	2 (15%)	9 (69%)	χ^2 (2, N = 178) = 2.04, p = .36, V = .10
	Less deprived	3 (7%)	13 (30%)	27 (63%)	χ^2 (2, N = 290) = 12.81, p = .002, V = .21
Symptoms	Deprived	4 (57%)	0	3 (43%)	χ^2 (2, N = 178) = 3.29, p = .19, V = .12
	Less deprived	3 (14%)	11 (52%)	7 (33%)	χ^2 (2, N = 290) = 3.34, p = .19, V = .11
Face covering	Deprived	0	0	6 (100%)	χ^2 (2, N = 178) = 7.46, p = .02, V = .17
	Less deprived	0	9 (37%)	15 (63%)	χ^2 (2, N = 290) = 15.17, p = .001, V = .18
Distancing	Deprived	23 (19%)	15 (12%)	86 (70%)	χ^2 (2, N = 178)= 40.32, p < .001, V = .48
	Less deprived	40 (23%)	57 (33%)	77 (44%)	χ^2 (2, N = 290) = 2.33, p = .32, V = .09

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(Lack of) public health information targeted at specific communities and social groups

- **Language -** almost no information displayed in community/migrant languages despite:
  - the ubiquity of multilingual signage in London
  - resident population's linguistic => in around 20% of Hackney households no people aged over 16 have English as a main language

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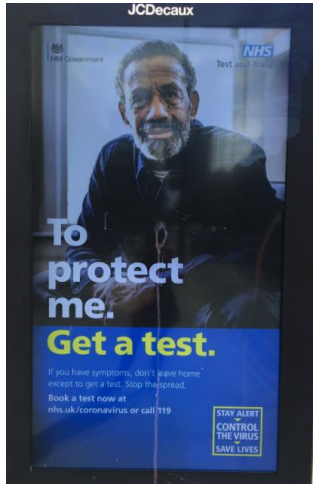
(Lack of) public health information targeted at specific communities and social groups

- Use of **photos depicting people** of different **ages**, **gender**, and **ethnicities**, BUT no examples of Covid-19 communications aimed specifically at multi-ethnic or BAME communities



CAMPAIGNS' REACH LIMITED TO LESS DEPRIVED AREAS

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(Lack of) public health information targeted at specific communities and social groups

No guidance on **risk mitigation** mindful of migrant and BAME communities' particular circumstances:

- clinically vulnerable populations;
- work in key sectors/are unable to work from home;
- rely on public transport;
- live in multi-generational overcrowded households which make physical distancing and self-isolation difficult

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Why it matters?

- **Overall:** Covid-19 signage in deprived areas lagged behind that in less deprived areas leading to potentially **unequal access** to Covid-19 related health information and guidance

- **Limited reach** of nationwide campaigns reinforced existing inequalities in access to information

- Signage falling short of reflecting **local people and realities** => need for co-production of health messages with local communities

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