Prophylactic Language Use

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The Case of Deaf Signers in England and Their (Lack of) Access to Government Information during the COVID-19 Pandemic

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Context: Communicating COVID-19 in the UK

In the UK, the National Health Service (NHS) is the umbrella term for the four health systems in England, Scotland, Wales and Northern Ireland, which means that there is a degree of decentralisation of health policies across these nations. When the UK Government makes public health announcements, they primarily target the population in England as their health policies are only relevant there. The policies may influence decision-making in the other nations, but ultimately Scotland, Wales and Northern Irish public health announcements are informed by the policy decisions made by the devolved governments. As a consequence, public health announcements related to COVID-19 have often differed throughout the country.

With the advent of the COVID-19 pandemic in early 2020, the UK Government began its "Stay at home, save lives" campaign on 15 March 2020, announcing the first lockdown on 23 March 2020. On 25 March the Coronavirus Act 2020 received Royal Assent, enabling the lockdown measures to legally come into force from 26 March 2020. Over time, with various restrictions in place, it was necessary for the government to regularly communicate information about the ongoing pandemic and provide public health information.

In addition to television broadcasting, digital media also became a dominant channel for broadcasting health information and driving behavioural change (Liu 2020). Throughout 2020 there were regular "Downing Street briefings", broadcast through all the main TV stations and on digital media, in which the British Prime Minister would provide updates on the spread of the virus, plans to contain it and manage treatment, as well as other policies to support people who could not go to work. The Prime Minister was frequently accompanied by the UK Secretary of State for Health, the Chief Medical Officer and other medical experts. Separate COVID-19 briefings were concurrently held by the First Ministers of Scotland, Wales and

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Northern Ireland with information concerning localised arrangements and restrictions.

Much of the public health messaging throughout the pandemic utilised metaphorical language that draws on war or aggression metaphors/analogies, especially by male leaders (Dada et al. 2021; McCormick 2020), for example with references to "battling", "fighting against", "waging a war on" or "gaining victory over" the virus, as illustrated in this example from the British Prime Minister at the time:

> If this virus were a physical assailant, an unexpected and invisible mugger, which I can tell you from personal experience it is, then this is the moment we have begun together to wrestle it to the floor.[1]
>
> (Boris Johnson, 27 April 2020)

Another key component of public health messaging is the use of *prophylaxis*, namely the promotion of prophylactic/preventative measures to guard from, prevent the spread or occurrence of, or to ward off, disease or infection. Prophylactic language is expository in that it is used deliberately to promote any preventative measures and persuade people to adopt behaviours to combat existing, evolving and re-emerging health threats and risks. In the case of the COVID-19 pandemic, UK Government and political public health messages have used prophylactic language specifically to focus on various behaviours to contain or prevent the spread of COVID-19 (Essam and Abdo 2020), such as frequent handwashing, use of hand sanitiser, social distancing and wearing face masks. But people were also required to abide by restrictions, including self-isolation or quarantining; not moving between different parts of the country with varying levels of COVID-19 cases (tiers), understanding the likelihood of the spread of the virus (R number); restrictions on the number of people and/or households you could come into contact with (bubbles); and whether you could meet people inside or outside. The guidance changed repeatedly, so the general public were oversaturated with information from different sources of varying quality in addition to government announcements (Agley et al. 2020).

When the UK experienced a second wave in November 2020 and went into a second national lockdown, the Independent Scientific Advisory Group for Emergencies (SAGE) produced a report urging the government to "reset its communication strategy in order to bring the clarity required for people to understand precisely what to do" (SAGE 2020, 1). The report shared examples of confusing or contradictory messaging in the preceding eight-month period and outlined the following "five principles for an effective COVID-19 lexicon":

1. Messaging never merely provides factual information—communication unavoidably conveys many assumptions (the subtext, indirect meanings, inferences, and implications)

2. Messaging should be lexically and grammatically precise and thus easy to enact and adhere to
3. Messaging should be "irony-resistant"
4. "Branding" or sloganeering should not come at the expense of clarity and precision
5. Messaging should be underpinned by evidence about what is effective

Again, to use an illustration from the British Prime Minister, in referring to a bell curve diagram demonstrating the numbers of cases, Boris Johnson stated: "We need to flatten the sombrero", which did not adhere to the effective COVID-19 lexicon principles.

The way in which leaders conveyed information about COVID-19 through public health announcements has been critical for building trust and ensuring an effective response from within a country (Dada et al. 2021), particularly in getting the message to minority language communities:

> The severe limitations of multilingual crisis communication that the COVID-19 crisis has laid bare result from the dominance of English-centric global mass communication; the longstanding devaluation of minoritized languages; and the failure to consider the importance of multilingual repertoires for building trust and resilient communities.
>
> (Piller et al. 2020, 503)

The Independent Scientific Pandemic Insights Group on Behaviours (SPI-B) acknowledged this issue and produced an official document targeted at Black and Minority Ethnic (BAME) communities entitled "Public Health Messaging for Communities from Different Cultural Backgrounds",[2] suggesting ways of making prophylactic language accessible to language minority communities. It states that:

> Translation into a range of suitable languages is necessary, but not sufficient. *Co-production and pre-testing of health messages with the target community to identify language that retains the meaning of the core message and considers the cultural context for the target audience is essential.* If reading skills are limited, consider using audio files and animations.
>
> (SPI-B 2020, 1; added emphasis)

Therefore, it is emphasised that other prophylactic measures can include making accommodations through different forms of language access, including translation into different languages. As acknowledged in the report, though, translations alone are not enough:

> [C]onnecting with community stakeholders to ensure accurate and culturally-appropriate translation is essential for both preparedness and

> response to crises such as the COVID-19 pandemic. This approach is also more likely to garner trust, an essential component in public health responses.
>
> (O'Brien et al. 2021, 3)

Despite best efforts to foster understanding of public health messaging about COVID-19 across linguistic and cultural minority communities, nowhere in the UK government document was there any mention of deaf people who use British Sign Language (BSL). Sign language interpreters also found themselves in unfamiliar territory, with the use of metaphorical and prophylactic language (Matthews et al. 2022), creating linguistic, cognitive, socio-political and affective challenges. Interpreters had to deal with lexical gaps in public health messaging (exacerbated by metaphorical language and war terminology).

Signing Deaf Communities

Deaf people may acquire sign language in the home from deaf parents or in a deaf school context and therefore be regarded as native or *heritage signers* (Compton 2014; Polinsky 2018). Deaf people can also be *new signers*, who come into contact with a deaf community later in life and learn a sign language which then becomes their preferred everyday language for personal and/or professional reasons (De Meulder 2018). Many deaf signers would consider themselves bilingual in a signed and/or spoken/written language, which may be experienced as a form of "double monolingualism" (Weber 2020).

Deaf signers are a highly minoritized community within the UK, occupying a unique interface of citizenship: positioned as having the "protected characteristic" of disability under the Equality Act 2010 and at the same time as members of a minority linguistic-cultural community (WFD 2018). Neither position has afforded optimum access to information during the COVID-19 pandemic.

It is difficult to estimate the exact number of deaf signers throughout the UK for reasons associated with data collection. Estimations vary from 40,000–70,000 (Turner 2020) to 70,000–100,000, or even 250,000 if hearing signers (such as hearing children born to deaf parents, hearing parents with deaf children, hearing partners, friends, colleagues and sign language interpreters) are included (British Deaf Association 2014). BSL was recognised by the UK Government in 2003 and legally became an official language of Scotland through the BSL (Scotland) Act 2015 and in the UK through the BSL Act 2022, so only deaf signers in Scotland enjoyed legal protections as a linguistic-cultural minority community during the pandemic.

Deaf signers also have the human right to access public services and cultural life in their national sign language through the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) (De Meulder 2014),

which means, in addition to other forms of provision, access to information through professional sign language interpreting services (Stone 2013).

The protection that deaf signers receive through various legal instruments means that their experiences overlap with other COVID-19 risk groups. There is evidence that there is a higher incidence of, and more serious consequences for, BAME communities in catching COVID-19 (Public Health England 2020); and in their "Disability-Inclusive Response to COVID-19" (May 2020),[3] the United Nations recognised that people with disabilities are the most seriously impacted socially, economically and health-wise by the pandemic. So what is the situation for deaf signers in England? Given its dual status as a disability group and a linguistic-cultural minority group, what are the potential risks of the impact of COVID-19 on this minority community?

Signing deaf communities experience barriers in accessing healthcare information due to generally lower literacy levels, lack of access to the "fund of health knowledge" and to healthcare information in sign language (Beaver and Carty 2021; Napier and Kidd 2013; Napier et al. 2014; Barnett et al. 2011; Panko et al. 2021). At the same time, deaf children and adolescent and adult signers respond to linguistic and societal barriers by developing resilience strategies and drawing upon deaf community networks for support (Listman, Rogers and Hauser 2011; Listman and Kurz 2020; Young et al. 2008). Such support can involve relying on other individuals or collectives to source, understand or broker information in sign language (Adam et al. 2011; Green 2015; Napier 2021), which can include family members, friends, neighbours or colleagues.

The provision of professionally qualified English to BSL interpreting and translation services should go some way towards ensuring that deaf signers get access to public healthcare information, although the presence of professional interpreters does not always guarantee inclusion (De Meulder and Haualand 2019). As the UK has well-established professional sign language interpreting quality standards and provision (Stone 2010), when the pandemic hit there were high expectations that public health information about COVID-19 would be widely accessible in BSL.

Information Access for Deaf Signers during the COVID-19 Pandemic

A prophylactic measure for deaf signers in England would have been to provide government public health information in sign language where possible, following the "reasonable accommodation" made in many other countries (Al Zoubi and Bakkar 2021; Rijckaert and Gebruers, this volume; Panko et al. 2021; Qi and Hu 2020; Swanwick et al. 2020). This would ensure that risks were communicated clearly and that deaf signers were sufficiently informed, in order to slow down the spread of the virus and protect health outcomes. As noted in the US context:

> [N]ews briefings conducted without captioning or qualified American Sign Language interpreters preclude deaf and hard-of-hearing individuals from being informed … [creating] significant informational disadvantages that people with disabilities may experience regarding COVID-19 – from prevention (e.g. social distancing) to symptom identification and treatment recommendations.
>
> (Sabatello et al. 2020, 1524)

Although sign language interpreting has been provided for COVID-19 public health announcements worldwide, the level of access is still inconsistent (Beaver and Carty 2021). In many countries, the responsibility has fallen to local or national deaf community organisations and networks to produce informational videos in sign language that take into account the linguistic and cultural needs of deaf signers (Murray 2020), despite many of them not receiving funds for this work (Sabatello et al. 2020). Without access to information in sign language, deaf people can be disadvantaged (Panko et al. 2021; Qi and Hu 2020). Experiences of being marginalised may be exacerbated, leading to "feelings of fear and helplessness [with] a lasting impact on well-being, health, safety, and independence" (Swanwick et al. 2020, 156), especially across the Global South. Deaf healthcare professionals in the UK were also left feeling isolated and frustrated by a lack of accommodations to meet their communication needs (Grote et al. 2021).

Despite limited access to information in sign language, it has been found that deaf signers have applied collective resilience strategies to navigate public health information and identify and report COVID-19 symptoms (Panko et al. 2021; Swanwick et al. 2020); but still deaf people are more likely than hearing people to experience challenges in accessing, understanding and trusting COVID-19 information (Panko et al. 2021).

National and international legislation notwithstanding, deaf signers in England were not afforded optimum access to information during the COVID-19 pandemic. Open Inclusion (2021) conducted a review of key UK Government and health service websites, apps and social media sites to evaluate for readability of COVID-19 information. The vast majority of important information provided by the UK Government relating to COVID-19 and its impacts on society had no BSL interpretation; most information was in written format with varying degrees of complexity. Of 13 analysed sites, three provided information in a way that university-educated people would be able to read, nine would be readable by people who had completed education from Years 9 to 13, and one site that could be read by people below Year-8-level education. Open Inclusion also found that of the 40 parliamentary sessions from March to December 2020, only five had BSL interpretation, 38 had captioning and two had neither. Meanwhile, all government public health announcements in Scotland, Wales and Northern Ireland had a sign language interpreter in the room where the press briefing was taking place so that the interpretation was

Figure 11.1 Scottish First Minister accompanied by a BSL interpreter.

simultaneously transmitted through all broadcasters, as seen in the example of the Scottish First Minister in Figure 11.1.

It has been suggested that the state provision of interpreters for public health announcements contributed to the promotion of deaf people's rights in Northern Ireland (Sinclair et al. 2021), yet there has been a systematic oversight in ensuring access to information for deaf BSL users in England. The UK Government never provided BSL interpretation from the press briefing room. Instead, the responsibility was taken up by the BBC who broadcast interpretation via a video feed through its iPlayer and on the BBC News Channel. Organisations such as the Royal Association of the Deaf and Sign Health provided summaries of the UK Government press briefings. Facebook groups were established for community members and interpreters/translators to collectively translate and share information in BSL.

The long-running social media campaign #whereistheinterpreter has lobbied the UK Government to take responsibility for sign language interpreting provision for public health announcements and to raise awareness of other barriers. This was raised several times at Prime Minister's Question Time and crowdfunding was used to take the UK Government Cabinet Office to the high court for a judicial review, heard on 16 June 2021, with the charge that the UK Government had breached the 2010 Equality Act in not making broadcasts accessible to deaf signers in BSL[4]. The Government denied that it had breached the Act. The judicial review decision was handed down on 28 July 2021, when the judge ruled that "[T]he lack of provision—the provision of subtitles only—was a failure of inclusion, suggestive of not being thought about, which served to disempower, to frustrate and to marginalise".[5]

To this end, we were interested in exploring how and to what degree deaf signers living in England had experienced language and information barriers

during the first year of the COVID-19 pandemic. In particular, we sought to examine whether:

a) deaf signers in England could access the prophylactic language of the UK Government?
b) deaf signers in England could access the COVID-19 specific public health information content?

Methodology

Surveys have been found to be an effective method for eliciting deaf signers' views on their life experiences, opinions or attitudes towards various societal issues, especially now questionnaire instruments may have signing videos embedded (Bosch-Baliarda et al. 2019; Napier et al. 2018; Young et al. 2021). There are ongoing challenges, however, in creating signing surveys that allow respondents to submit answers in sign language, and creating signed surveys is time-consuming. This study was under time pressure to collect data that would feed into evidence for the judicial review and to capture data from as many people as possible. We therefore decided to proceed with a questionnaire survey in English and include embedded BSL videos introducing the survey and explaining key questions. Respondents were given a choice to respond in BSL through a one-to-one video-call appointment or return the written questionnaire in English. No respondents took up the opportunity for a BSL video call.

The Survey Instrument

Working in collaboration with the research consultancy company Open Inclusion, we developed an online survey to better understand the lived experiences and preferences of deaf signers in England relating to official government communications about COVID-19. The survey included 27 questions, structured using a combination of multiple choice, Likert scales with affective/attitudinal statements and open-ended questions. Seventeen questions collected information about respondent demographics and language profiles, and the remaining ten questions addressed:

- How well the communication needs of deaf signers in England had been met by the UK Government in relation to COVID-19 since March 2020
- How deaf signers in England have adapted to gaps in the government communication approach – especially when there have been significant changes such as announcement of new lockdown rules, furlough scheme changes or briefings on the health guidelines
- How deaf signers want their communication needs addressed so they can be aware of changing rules, health recommendations, financial and other support, and
- General experiences about communication regarding COVID-19

Recruitment

Deaf signers were recruited through network and snowball sampling, through social media channels, with an explanation in BSL about the purpose of the survey, as well as by email through personal and professional networks. A follow-up call for participation was sent out after the first batch of survey responses were received to elicit input from a wider range of people across diverse characteristics. Inclusion criteria were only that respondents had to be deaf and use BSL. The survey ran for two weeks in November 2020.

Data Analysis

The survey data was analysed both quantitatively and qualitatively. Descriptive statistics were used to analyse responses to closed/multiple-choice/Likert scale questions, and content and thematic analyses (Krippendorf 2004) were conducted on the free text responses in the open-question comment boxes. Based on a review of the literature and the desk research already conducted by Open Inclusion (2021), *a priori* thematic codes were initially used to code for terms that focused on prevention, (lack of) access, and barrier(s). Further subcodes were identified through an inductive process of thematic coding (Braun and Clarke 2006) to include references to: tier, bubble, confusing.

Results

Respondents

Responses were received from 42 deaf signers (22 women, 18 men, 2 non-disclosed gender) from different parts of England. The majority were aged between 35 and 64 (19% aged 35–44, 28.6% aged 45–54 and 21.4% aged 55–64). The percentage of respondents aged between 25 and 34 and 65 and 74 were comparable at 9.5% for each group, and 7.1% of respondents were aged between 75 and 84; with the lowest response from 18- and 24-year-olds or those who preferred not to disclose their age (2.4% for each group). Of the 42 respondents, 39 indicated their geographical location. Most were from the Greater London area (n=15), followed by the South East (n = 8), South West (n = 5), Scotland (n = 3), the West Midlands, North East and North West (n = 2 each), and the East of England or East Midlands (n = 1 each); the majority (83.3%) live with other people, primarily with family members; most (60%) live with another deaf person in the household.

The majority of the 41 respondents who answered the question about ethnicity indicated white (n=28), followed by Black/African/Caribbean/Black British (n=6), Asian/Asian British (n=3), Mixed/multiple ethnic groups (n=2) or preferred not to say or to self-describe (n=2). Employment status of respondents varied (see Table 11.1), but most were either employed in some capacity or retired. Although some worked reduced hours from March 2020

Table 11.1 Employment status of respondents

What is your employment status?	*Responses*	
Employed full time	19.%	8
Employed part time or casual	21.4%	9
Furloughed	0.00%	0
Self-employed	14.3%	6
Unemployed	2.4%	1
Student	7.1%	3
Full time parent	2.4%	1
Unpaid carer	0.00%	0
Retired	16.7%	7
Prefer not to say	4.8%	2
Other	11.9%	5

(14%) or were furloughed (6%), more than half (56%) had not experienced any change in employment status. A small group (12%) declared that they had caring responsibilities outside of typical parenting responsibilities; 53% of the respondents stated that they did not have any other access needs or daily activities that impact their everyday activities. The remainder noted that they had other needs with respect to vision, mobility, mental health, fatigue and long-term health conditions.

Two-thirds (66.4%) of respondents revealed that they were confident in understanding written English. Others stated that they experienced moderate levels of comprehension with challenges arising from time to time (21.4%) or low comprehension and often experienced challenges with understanding (11.9%). Despite the level of confidence with English, when asked about language preferences, all but two respondents stated that BSL was their preferred language as a heritage or new signer (71.4%), or they were equally comfortable with BSL and English (23.8%).

Accessing COVID-19 Information in England

Our analysis of the survey responses and open-comment text revealed issues for deaf signers in England in accessing and understanding public health information about COVID-19 coming from the UK Government. Five core themes were identified that best represent the lived experiences of deaf signers in England through the pandemic. Below is a summary of the results, with quotations from respondents to elucidate the findings.

(1) Information being hard to find

Only 14% of the survey respondents were happy with the level of UK Government communication regarding COVID-19. Respondents were asked to rank five types of official government COVID-19 information

according to how easy it was to find a BSL version. Results revealed that no information was particularly easy to find. The easiest was health information which still had 54% (21 of 39 respondents) who found it "impossible, very difficult" or "difficult" to get.

The following categories are ranked from easiest to hardest, with the percentage and respondent numbers denoting the number who selected "impossible", "very difficult" or "difficult" to find):

1. Health (54%, 21 of 39)
2. Rules and responsibilities (77%, 30 of 39)
3. Employment (80%, 24 of 30)
4. Education (82%, 19 of 23)
5. Financial information (86%, 24 of 28)

(2) Difficulty in understanding information

More than half the respondents (52%, 22 of 42) found official UK Government information about COVID-19 difficult or impossible to understand. The tier-system information was the hardest, four times more difficult than the next-highest option (which was COVID-19 statistics/R number). The following comments illustrate this pattern (many respondents chose to give a free text response here):

- Tier 2 unclear to state separate household shouldn't mix indoors in public places as know some people breaking rules because they don't understand the rules in English.
- Changing rules between Level 1–5 and Tiers 1–3.
- Confused about how Black and Asian Deaf people are affected.
- Government restrictions about Tiers 1, 2 and 3 without BSL interpreter on News for deaf people living in Greater London.
- Restriction rules & support bubbles are confusing.
- Lockdown rules to do with business places opening and closing haphazardly all over the place information online/in websites not consistent with actual opening times so I couldn't do anything I wanted/planned to do.

Some respondents also expressed concerns for deafblind people who would experience an additional barrier to understanding information depending on their level of vision and whether they can read captions and/or watch BSL.

(3) BSL being the preferred language of access

Many deaf signers struggled to understand complex public health information about COVID-19 because they preferred to receive it in BSL. Accessing

information through BSL was preferred by a fair margin (over 50%) over English captions or written articles; 90% of respondents wanted all UK Government briefings to have a live BSL interpreter (organised by the Government) embedded on all channels when aired on TV:

- This way I can seek information/clarification to support me understand. If in written/printed materials, it can be very confusing and misleading.
- Easy to follow [in BSL]. I am slow reader so captions too fast.
- I don't have a television and so I watched tried to watch news updates on my mobile phone/laptop but there were often no subtitles, and no interpreter either!
- Just totally disappointed with this government. I hate that Boris Johnston does not ensure his social media is accessible, not even subtitles. It feels like they don't care about deaf people. When they are asked why they cannot provide access they come up with ridiculous excuses like social distancing!
- Personally, [I think that] Government has failed to meet the needs for the Deaf here Community under the Equality Act 2010 by making reasonable adjustments.

Sixty-nine percent of respondents said that in addition to live BSL interpretation during Government press briefings, they would have also liked to be able to access a specific BSL helpline to talk about health issues related to COVID-19.

(4) Seeking out multiple sources of information

Given that deaf signers in England often found it difficult to find or understand information, and that their preferred language was BSL, respondents shared that they often had to seek out information about COVID-19 in different, multiple ways. The most popular way of clarifying government information (among 58% of respondents) was to seek out a BSL explanation/translation on social media or a non-government (e.g. community organisation) website. Respondents also reported that they collectively relied on support from other people to broker the information, using the following strategies:

- Ask deaf friends and colleagues to discuss/clarify/explain to each other/navigate together in WhatsApp groups.
- It took some time for me to seek support from both BSL interpreter and BSL explanation/translation as we would likely to get it in two days after the announcements made.
- I ask my deaf partner who is more focused on reading on COVID issues to explain clearer on something I feel unsure.

This was also a challenge for the brokers themselves, who often were deaf:

- Whilst I did not find it difficult to access information as I had no issue accessing the written information, my family who are also deaf did have issues and I had to interpret for them on occasions and that was difficult for me to see that they were not getting the same level of access. I also work with deafblind clients and they have had even a smaller scope of access and I had to interpret for them as well.

(5) Concerns for health and well-being

Almost two-thirds of respondents (64%) were worried about their personal health, safety and well-being as a result of a lack of accessible and understandable government information.

- During my illness, I was not able to watch the live PM's announcement on BBC News Special. Instead of this I lied on my bed armed with my iPad watching it. It turned out that there was no live BSL interpretation. As well as I couldn't access on BBC 24 News at the same time!

The lack of access or understanding created unnecessary feelings of stress:

- I lost all paid work due to the lockdown, no clear information or support for people who are over 60 but not want to retire yet. Also, the rollercoaster experience without a routine deserves better promotion to help avoid me feeling I'm alone in this. I also am "pissed off" with the Government's old-fashioned handling of its broadcasts, refusing a more modern media environment like Scotland & Wales have done, including BSL interpreting. Also, very angry at the total dependence on spoken language, no on-screen captions for prerecorded briefings etc.

Conclusions

In sum, the survey results revealed that deaf signers in England had to seek alternative ways of obtaining information because they generally found the government's public health information hard to access and understand. The lack of access to information in BSL, and subsequent lack of understanding, had an impact on feelings of health and wellbeing. As BSL was the preferred language for accessing COVID-19 public health information, the ideal would have been for the UK Government briefings to have live BSL interpreters in the press briefing room alongside the Prime Minister.

We recognise that there are limitations to this study, in that the survey was administered in English and even though a BSL option was offered, this was not taken up by any respondents. This means that results are possibly

skewed more towards people who were more comfortable responding in English. Even so, the majority of respondents still said that their preference would have been to access COVID-19 information in BSL.

The key barrier for deaf signers in England during the COVID-19 pandemic was lack of access to public health information in BSL. Despite the outcome of the judicial review in July 2021 that the UK Government had breached the 2010 Equality Act in not making broadcasts accessible to deaf signers, at the time of writing in March 2022 the government has still not provided BSL interpreters during live press briefings, even when they have become a regular occurrence again due to the surge in the COVID-19 Omicron variant. This continuing lack of access to public health information has led to the creation of a short film in BSL entitled "Afterthought",[6] which illustrates what it is like for a hearing man living in a deaf BSL world not to be able to access information in spoken English when they cannot understand BSL.

The results of this survey have showed that not providing a BSL interpreter or making information available in BSL through other means, had a prophylactic effect on the British deaf community. Instead of accessing prophylactic language *to understand* how to prevent COVID-19, deaf signers experienced language *as* a prophylaxis, and had to seek information elsewhere, including potentially inaccurate sources. Challenges in accessing the information in BSL created barriers to understanding COVID-19 information and prevented deaf signers from following guidelines and staying safe. Therefore, the UK Government's prophylactic language use to prevent the spread of COVID-19 *backfired* with deaf signers in England by itself becoming a prophylactic and preventing access to public health information.

Despite the lack of access to official information in BSL, deaf signers in England, like deaf signers in other countries and contexts, have shown collective resilience by seeking out information in other ways, either through deaf community organisation websites, BSL social media sites or through personal networks.

For future global health emergencies, accessibility in various languages including sign languages needs to be considered. Public health information should be available in the prophylactic language of these language communities, including sign language communities.

Notes

1 https://www.theguardian.com/politics/2020/apr/27/boris-johnsons-post-coronavirus-speech-what-he-said-what-it-means
2 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/914924/s0649-public-health-messaging-bame-communities.pdf
3 https://www.un.org/en/coronavirus/disability-inclusion
4 https://www.disabilityrightsuk.org/news/2021/june/lack-bsl-covid-briefings-–-high-court-challenge

5 https://www.royaldeaf.org.uk/wp-content/uploads/2021/07/Rowley-Briefing-Note-of-Judgment-28.07.21.pdf
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