SPI-B insights on self-isolation and household isolation

Date: 09/03/2020

Task

- SPI-B was asked to provide advice to PHE on their guidance for home isolation of individuals with coronavirus, from a social and behavioural perspective. SPI-B discussed:

    - Household isolation

        - What are the barriers and facilitators to isolation, especially in vulnerable groups?

        - How do we promote and guide altruism to benefit those in isolation?

        - What communication strategies can be implemented to discourage presenteeism in schools and workplaces?

    - Horizon scanning

        - Which social science questions are going to be important for government?

        - What areas of research need to occur?

        - What areas should SPI-B discuss or come to consensus on?

Conclusions

- PHE's draft "Guidance for home isolation of individuals with coronavirus" needs to more strongly consider the specific needs of different audiences e.g. individuals with more severe symptoms, vulnerable groups, and sole caregivers. The phrase "mental health and wellbeing" should be replaced with just "wellbeing" and should also include advice on how to support physical wellbeing. The guidance could also include advice on preparation for potential self-isolation, and how others can safely support those who are self-isolating.

- There may be issues with adherence with household isolation policies, where symptomatic individuals might perceive that household isolation would endanger members of their own household in order to reduce the risk to their wider community. This presents ethical issues that are better discussed by others, and which might be informed by modelling: what is the increased risk to household members if a symptomatic member is isolated with the family as opposed to entering isolation elsewhere.

- Effective methods to encourage adherence to guidance and discourage presenteeism were discussed; these included emphasising civic duty, changing social norms and allowing others to express disapproval, emphasizing the role of the organisation individuals are part of (e.g. for health care workers), emphasizing high levels of adherence in the wider population, giving more control and choice to individuals, and providing specific guidance to people in different circumstances. There was agreement on the importance of community organisations in providing support and of instilling a necessary sense of community spirit. Technical options that were discussed included an online or SMS-based registration service that provides personalised advice and support accounting for individual circumstances (e.g. a chatbot).

- Relevant research needs, for rapid consideration, include:

    o qualitative research with individuals who have experienced self-isolation to explore barriers to and facilitators of adherence, and how they occupied themselves.
    o adapting ongoing DHSC focus groups to obtain feedback on the advice from people from different economic backgrounds and at-risk groups.

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