What is the best approach to encourage people to engage with the behaviours required for a suppress and control route?

SPI-B initial view [22 April 2020]

- SPI-B have been asked to provide an initial view on the best approach to encouraging people to engage with the behaviours required for a suppress and control strategy.

- In this paper we set out a route which we believe will allow an answer to be produced.

- We have already provided notes on the principles to consider when introducing or changing measures and how to improve adherence to existing measures. We recommend policy makers and guidance cells review these for advice on immediate changes. [See Principles for the design of behavioural and social interventions].

1. List out the behaviours

- Our broad understanding of the suppress and control approach is to lower incidence of transmission in the community by reducing opportunities for transmission, limiting or breaking chains of transmission and isolating individuals most at risk. The people (or places) with very large numbers of new contacts are disproportionately important in driving transmission. A large part of a suppress and control strategy would be to identify these individuals/places in order to lower their contacts or reduce the probability of transmission at each contact.

- At this stage, the precise behaviours that people might be asked to engage in have not been made explicit. This is a crucial first step.

- This process will need to be a joint endeavour across the SAGE groups. SPI-B can support in helping make explicit: the behaviours that are implicit in the strategy, who will need to undertake them, and at what stage of the pandemic.

2. Literature review

- For each specific behaviour, or cluster of behaviours, a rapid evidence review should be commissioned to identify factors associated with adherence.

- SPI-B participants may wish to volunteer to conduct these reviews themselves. Other resource might be found through the University of Edinburgh public health group [See Review of facemasks in the community and the impact on the spread of infection], the Health Psychology Exchange, or NIHR infrastructure including the Policy Research Units or Health Protection Research Units.

- Reviews should focus on factors associated with adherence and also on possible negative or unintended consequences of the behaviour or policy.

- Before starting, it is important to check who else is working in this field, in order to coordinate and compare approaches and findings. Reviews from our groups should also be registered and published to benefit others.

3. Qualitative research and stakeholder engagement

Literature reviews will only take us so far. The current context is unprecedented, with multiple different behaviours being undertaken concurrently by different sectors of the population.

- Rapid, qualitative research will help us to understand more clearly the specific drivers, enablers and barriers for new behavioural recommendations. As for reviews, this work could be taken on directly by SPI-B participants as part of their academic roles, incorporated in the existing qualitative research being conducted regularly by DHSC, PHE and others, or commissioned via NIHR infrastructure.

- Polling data can also be used to explore particular issues. Scope exists to ask for items to be included with existing Government polls.

4. Apply our existing guidance

- SPI-B has produced guidance on how to design behavioural and social interventions. Any additional advice that we provide should take these factors into account.

Where do we start?

- An initial review of the suppress and control approach suggests several behaviours and challenges that can be used as worked examples. These are selected on the basis that they are likely to be relevant to most strategies that might be employed. Work on these could begin immediately, while discussion to produce a full list of other behaviours is ongoing. We have excluded schools as covered by SPI-C (Sub-group on role of children in transmission and school closure).

    - What contextual factors or concomitant interventions will affect adherence to social distancing or self-isolation? For example, does adherence to advice alter as infection rates fall or more testing becomes available, and what can be done to prevent this? Are there particular groups or members of the population who may find these behaviours more difficult and how can they be supported to undertake them?

    - What elements of shared outdoor and indoor spaces can be redesigned for most effect to enable physical distancing and minimal touch?

    - What factors or interventions will promote adherence to public health advice following contact tracing?

- What factors or interventions will promote uptake of a health app? [Already under discussion with Health Psychology Exchange]

- What factors or interventions will promote return to work following a major public health incident?

- What factors or interventions will promote uptake of mass screening, especially in the context of infectious disease? How might this vary by venue of invitation or testing (e.g. NHS trust, GP, local authority)?

- What factors or interventions will promote self-identification, and reporting, of COVID-19 symptoms? What factors or interventions will promote accuracy of self-identification?