

CO review Phase 3 Review point June 2020

SPI-B Consensus on reintroduction of measures and their impact on rate of infection

Approach: Analysis of behavioural considerations around reintroduction of measure(s).

From a behavioural perspective, reintroduction of measures might evoke various responses from the population – silent compliance, critical compliance or visible resistance (eg. from marginalised groups, young people). Policy and communication need to take these different forms of response into account in order to be successful.

Several factors should be considered when deciding what measures to introduce and how to introduce them. These apply equally at a national level, and at a more local level.

First, **changes in behaviour may precede any policy announcement.** During the initial stages of the pandemic, official announcements had a limited effect on behaviour, because reductions in activity were beginning to occur among many groups in advance of major announcements. Figure One shows data (1) on the proportion of respondents who reported “Self-isolating i.e. deliberately not leaving your home” per day. Figure Two shows Apple mobility data for the UK (2). In both cases, note that changes began in advance of the 23 March lockdown announcement. Policymakers should be aware of this – behaviour may change as a result of media attention to local outbreaks even in the absence of official measures being taken. Rumours that circulate about local outbreaks are also likely to trigger behaviour change - JBC and other agencies should be alert to this and work to provide open, timely and trustworthy information about outbreaks to counteract the effect of rumour. Where spontaneous changes occur, they are likely to be behaviours that people perceive to be most effective and to have fewest costs (e.g. a return to homeworking where possible, renewed avoidance of public transport or healthcare facilities, and so on).

Second, **changes in behaviour will not necessarily be sudden,** unless this is enforced either through legal enforcement or by closing workplaces / schools etc. Again, note in Figures One and Two that declines in activity are not immediate. This is also likely to apply after restrictions are lifted again. Figure Three shows data from DHSC polling showing the proportion of people who report engaging in different activities each week (3). Note the slow increase in those who report seeing friends again after the 10 May announcement of the easing of restrictions (week 16 in the graph) and that, several weeks later, most people are still not doing this. Broadly similar trends can also be seen in other datasets (4)

Figure One: Proportion of people in a series of polls (each n=1,000+) who report “deliberately not leaving your home.”

[For data source and methods, see: <https://savanta.com/coronavirus-data-tracker/>]

Self-isolation - over time

Are you currently self-isolating i.e. deliberately not leaving your home?

Those who say they are self-isolating

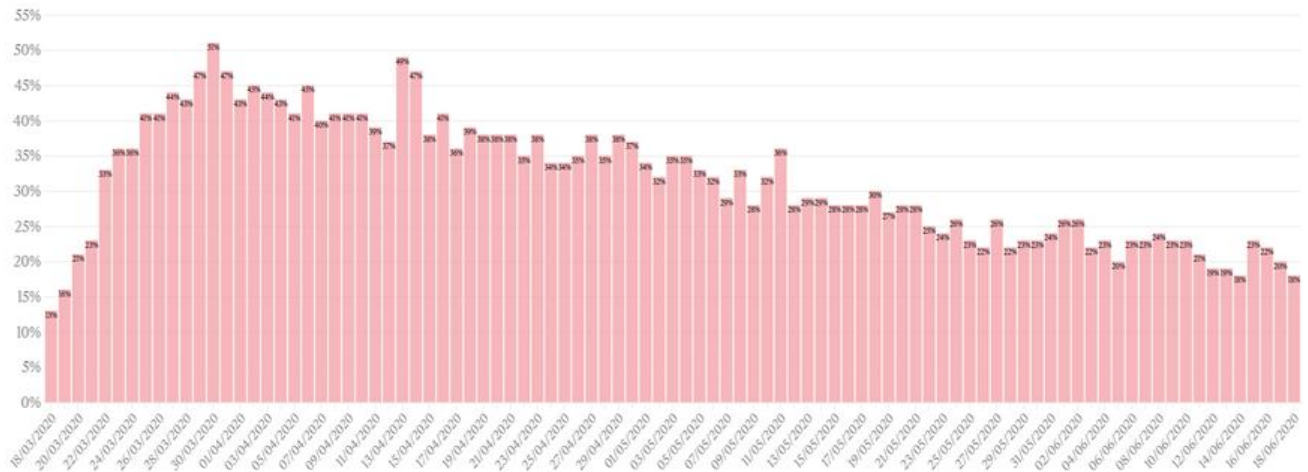


Figure Two: Apple mobility data for the UK.

[Note caveats about these data: <https://www.apple.com/covid19/mobility>]

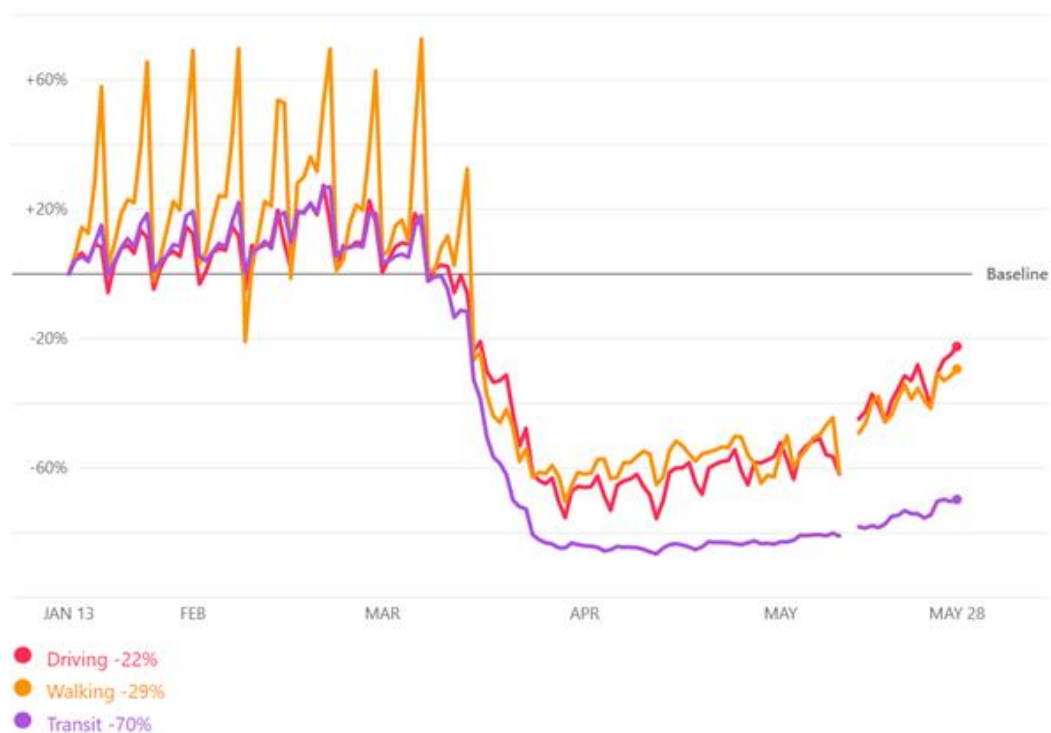
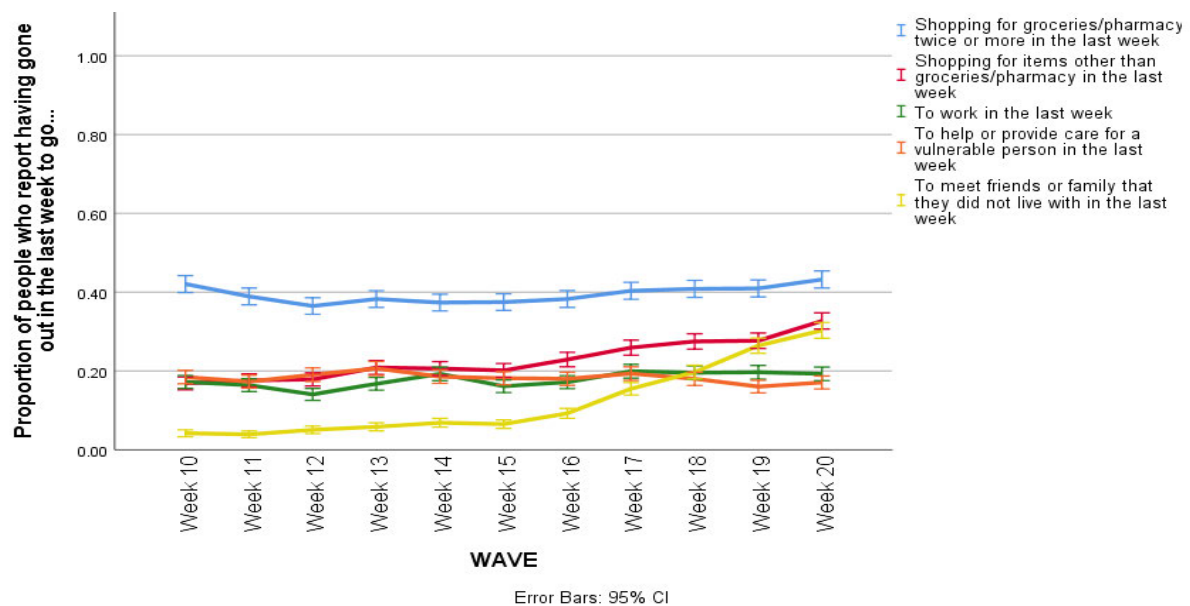


Figure Three: Data from DHSC weekly polling of the proportion of people who have been out in the last week.

Note that meeting up with friends and family (yellow line) shows a steady increase from week 16 (11-13 May) corresponding with the relaxation of measures announced on 10 May.



Third, the **psychological context now is different** to the context seen at the beginning of the pandemic. Cabinet Office polling (5) shows that trust in government communications has shown a steady decline since early April, though trust may have started to increase again since early June. Levels of worry and perceptions of risk have also steadily declined since their height in late March. Worry and risk perception are strong determinants of uptake of protective behaviour (6, 7). There is also evidence that a lack of consensus exists within the community about the pandemic (8) and that disagreements are contributing to levels of anxiety and depression (9). People who feel at high risk from infection or are concerned for family members at high risk are anxious about resuming activity. People who are more concerned about the socioeconomic and mental health consequences of activity restriction may place a lower priority on adherence to infection control. Disagreements about the appropriate response to the pandemic are likely to complicate any attempt to reimpose restrictions.

Fourth, the issue of **equity has become even more important**. Both the pandemic itself, and the restrictions imposed to contain it, have had a much greater impact on some sections of society than others. This can be seen, for example, across the socioeconomic gradient (10), in the differential impact on BAME groups (11) and on various professions (12), and across age groups (9, 13). The Black Lives Matter protests have raised awareness of the importance of equalities. Simply re-imposing measures that do not take these differential effects into account or use support measures to mitigate their impact may lead to anger and poor adherence. For example, if schools are among the last sectors to re-open following lockdown, and are also among the first to close again during a resurgence, then this is likely to cause anger. Regional and cross-national variations may also give rise to resentment during a resurgence (for example with restrictions reintroduced in some towns, regions or countries, but not others). Paying attention to such issues when deciding how to sequence any new measures will be important – they should not necessarily be reimposed in the same order that they were relaxed.

Fifth, there has been an **increase in resistance to social distancing** measures in recent weeks, which grows out of a sense of generational and structural inequality and corresponding decrease in perceived legitimacy and priority of social distancing. This is particularly pronounced in the case of certain demographics and communities which have borne the brunt of lockdown but in some cases are at less at risk, e.g. younger people. However, the drivers of resistance transcend inter-generational and structural inequality and express a hierarchy of priorities which relegates Covid to other concerns such as the right to social interaction (free parties) and the right to protest (e.g. Black Lives Matter). These forms of resistance then flow into other intersectional issues such as extremist organisations and organised crime groups using public gatherings as an opportunity to ferment social disorder (Extreme Right Wing, Jihadist) or promote crime (e.g. drug supply at raves). (14, 15)

Sixth, there is evidence that **some people still lack a basic understanding** of COVID-19. For example, only 65% of people recognise that cough and fever are among the main symptoms of COVID-19 (16). Many people are confused by rapidly changing government guidance and do not fully understand the rationale for it (17), which makes it less likely that they will be intrinsically motivated to undertake and sufficiently skilled in implementing effective infection control (18). On a positive note, adherence is likely to be supported by the use of health and safety procedures such as personal risk assessments that can increase understanding or risk and its management, and by increasing social norms, habits and environmental support for many hygiene practices.

These issues can be pre-empted. We recommend work now to develop a communications campaign, drawing on existing theory and evidence as well as rapid research to optimise the effectiveness of the messaging. Given the recent decline in the credibility of, and trust in, the government in relation to the pandemic (5), a communications campaign that focuses simply on giving information is likely to be ineffective. It is crucial that the campaign be structured around a core principle previously stated by SPI-B (19), that of engaging the community in developing the guidance through co-creation. The campaign should also follow previous SPI-B advice on communication (20), changing guidance safely (21) and reducing transmission in high risk situations (22). It should also:

- Develop and widely disseminate a variety of resources that can promote a better understanding of the symptoms and mechanisms of transmission of Covid-19. This will help the public understand how to implement hygiene behaviours now that will prevent the resurgence of the disease.
- Ensure that the public are aware now that measures might need to be reintroduced in the future, to encourage adherence to existing measures and to ensure that any reintroduction is seen as legitimate.
- Develop resources to promote a better understanding of when and how to implement less familiar and currently less widely used methods of infection control (e.g. mask wearing, ventilation, avoiding sharing surfaces and indoor spaces where possible). Again, this will help the public implement these measures now, and during any future resurgence.
- Develop new motivational messages targeted at and tailored for subgroups of the population with different attitudes to infection control, effectively addressing their specific beliefs, social norms and concerns and communicating the benefits of infection control for both saving lives and avoiding future need for activity restriction (23).
- Acknowledge inequalities between groups in risk of exposure and disproportionate impact of restrictions on groups to support equal creation of safer environments for all UK communities.

- Enlist the support of trusted opinion leaders from all sectors of the community to help endorse and deliver the communications, such as popular sports, music and media celebrities, local community leaders and health professionals.

In addition, policy decisions on what measures to introduce, and how, should consider:

- The existing impact of the pandemic on sections of society, and the need for new policies to mitigate against inequities and to be clearly seen as legitimate by those affected.
- Whether communications alone will be sufficient to generate a sufficiently rapid change in behaviour if this is needed, or whether additional measures are required, including economic support, incentives or legal enforcement.

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