The Independent SAGE

Behaviour change: Report to inform the COVID-19 Public Inquiry

BEHAVIOUR CHANGE:
REPORT TO INFORM THE COVID-19 PUBLIC INQUIRY

Throughout the pandemic, behaviour change has been, and continues to be, central to an effective Covid-19 response. In order to limit infections, it has been necessary for people to limit their contacts with others and, when in contact, to observe safeguards including physical distancing, mask wearing, and ensuring meeting spaces are well ventilated. It has also been imperative that people take up the offer of vaccines.

The behavioural dimension to pandemic control is not instead of pharmaceutical interventions. The two are interdependent. For instance, vaccines are of no use if people do not take them up and, as been clearly demonstrated, they are not a panacea. A 'VaccinePlus' strategy is required, the 'plus' comprising behavioural, social and environmental interventions.

As with pharmaceutical interventions, behavioural interventions must be based on behavioural science (evidence and theory). There have been huge costs to failing to apply behavioural science and instead using 'common-sense' assumptions about public behaviour and motivations. One example of this was the notion of 'behavioural fatigue' which appeared to play a part in delaying introduction of the 'stay at home' rule in March 2020 which has been estimated to have increased the first-wave death-toll by between ~15,000 and ~36,000 lives.

This public inquiry submission focuses on three things that governments can do to promote the behaviours people need to undertake in order to protect themselves and others from Covid-19. The first is **effective communication**. People need to know what they need to do, how to do it, and why it is important. They need to be reminded about it, and it needs to become established as a normal part of their routine. In addition, misinformation and disinformation need to be effectively countered. The second is providing adequate financial, material and social **support**. People need to have the resources required to enact protective behaviours. The third is building cohesive **communities** to provide people with the resilience they need to deal with a crisis and to ensure that all sectors of society are covered.

In each of these three areas we consider: 1) What should have been done during the pandemic? 2) What was actually done? and 3) What lessons can we learn for the future?

1. EFFECTIVE COMMUNICATION

What should have been done during the pandemic?

Everything that the UK government decided to enact as policy, guidance, mitigation, regulation, or legislation as part of its strategic response to COVID-19 – from testing and vaccination to behaviours – needed to be communicated to the public in a timely way, with clarity and concision, to enable adoption and adherence. From May 2020, the different nations of the UK needed to communicate differences in their approach to the pandemic.

What was actually done during the pandemic?

Policy, guidance, regulation and legislation was published on the UK government website. In addition, COVID-19 messaging was regularly conveyed via straplines, catchphrases, infographics, etc. Messaging at the start of the pandemic was clear, trusted, and adhered to. As time went on, however, the clarity of, trust in, and adherence to messaging shifted.

The shift from 'Stay Home' to 'Stay Alert' was emblematic of the shift from clear to unspecific and unclear communications and from behavioural precision to vagueness. This was evident with the shift to tiered guidance. From May 2020, unclear and mixed messaging began to proliferate. This, alongside widespread rule breaches from high profile politicians and government advisors, was accompanied by decreased trust in those delivering messages . There were many examples of mixed messaging (e.g., MPs appearing maskless in Parliament despite still recommending them) and a lack of timeliness (e.g., the delay to starting the January 2021 lockdown including sending children back to school on 4th January, then immediately reverting to learning from home for non-keyworker children a day later).

There were many examples of communication that made guidance difficult to follow (e.g., what constituted bubbles; how to wear a face mask; what kind of mask; clean air versus "hygiene theatre", what to do indoors versus outdoors). The messages needed to change as science evolved (e.g., away from 'hands', and 'hands face space' towards 'air', and 'hands face space replace'. There were many examples of good messages, infographics, etc., that could have been adapted/ adopted e.g., Ian Mackay's 'Swiss cheese' infographic and Independent SAGE's ventilation communication work.

Spoken delivery of messages is an important aspect of communication, and there were many examples of Prime Minister Boris Johnson's spoken delivery (and answers to questions) that were vague or imprecise which added to the lack of clarity of any particular message.

What lessons can we learn for the future?

1. Communication should be precise, behaviourally specific, simple, consistent.

2. Communicating appropriately means being transparent about why the Government is taking certain measures and the science behind the policy making.

3. Communicating appropriately means that people can understand and enact the policy, guidance, regulation, or legislation conveyed, and needs to be joined up to the provision of any support needed to adhere (e.g., furlough to be able to 'Stay at home'; paid leave in order to be able to self-isolate).

4. Communicating appropriately means getting the balance right between articulating the same message for all (in different modalities and languages) and tailoring messaging for different groups. Communicating across a range of channels increases reach and accessibility.

5. Communicating appropriately means monitoring and amending messaging in real time as the underpinning science and policy changes, in a transparent and timely way without creating limbo periods especially as the result of trailed and leaked upcoming changes.

6. There is important learning from cross-national approaches to and studies of communication and messaging. For example, they have shown that people have higher confidence in health advice from health professionals and scientists compared to politicians.

7. As perceptions of personal risk decline, messaging should continue to set out the importance of sustained adherence to specific protective measures as well as the rationale for lifting restrictions. Messaging should emphasise voluntary adherence as a contribution to collective wellbeing, as well as the continuing risks for some groups.

8. Messaging on safe behaviours should stress recognition of the different risks, needs and risk appetites of others to help prevent abusive incidents, social tensions, and stigma towards minority groups.

2. PROVIDING SUPPORT

What should have been done during the pandemic?

There were support needs in a number of areas during the Covid pandemic. Two of the most important were **children's technology needs** and the **needs of those self-isolating**.

It's been estimated that children lost around a third of their learning time due to schools being closed in the pandemic. When these closures first happened, Independent SAGE were among those arguing that all children, but particularly disadvantaged children, should have access to laptops and free broadband connections at home. As well as help with learning, free broadband connections would enable children and young people to maintain their social contacts during 'stay at home' orders.

On self-isolation, those having to stay at home (either because they were infected or because they were a contact of someone who was), needed sufficient financial support in order to do so. SAGE called for more financial and practical support to be given. Independent SAGE argued that the equivalent to full pay should be given to those required to self-isolate, so that there was no detriment involved in self-isolation. But as well as financial support, Independent SAGE argued that they also needed support in the form of alternative accommodation (such as requisitioned hotels, especially for those in multigenerational families). And incentives were also needed to be provided to encourage adherence for the full period. We know that local mutual aid groups stepped in to support people through food deliveries for example. But they too needed to be supported financially and practically, so that they could provide communities with this support.

What was actually done during the pandemic?

On **children's technology needs**: The government promised laptops in April 2020, but by June many of these had still not been delivered. In October 2020, the Department for Education informed schools in England that their allocation of laptops for disadvantaged students would be cut by approximately 80%. This has created (or exacerbated) a digital divide. Research has shown that less well-off pupils found home learning challenging precisely because of this lack of technology and insufficient internet in their homes. This has led to increased gaps in attainment between these children and children that are better off.

In relation to **support for self-isolation,** the UK Government introduced a £500 self-isolation payment for those on low incomes. But £500 over 10 days is less than the minimum wage. And two thirds of people applying for self-isolation funds have been turned down. So, it didn't meet people's needs or enable self-isolation.

In the same month as they introduced the £500 payment, the UK government also introduced a fine of up to £10,000 for failure to self-isolate (in England). Though some other countries also had some kind of fine for failure to self-isolate, the UK's maximum fine was larger than that of most. A significant problem here is that such fines create a clear risk of deterring people from testing or reporting results. Other comparable countries offered much more financial support than the UK did. Germany for example offers sick pay of 100% of the wage, and France, Austria and the Netherlands offer 90% of the wage for self-isolation.

When asked why people told to self-isolate by 'NHS' Test & Trace were not offered financial support matching their lost salaries, health secretary Matt Hancock told a joint inquiry by the House of Commons health and science committees that it was because of the government's

fear that the system would be "gamed". This reveals a paternalism and lack of trust in the public as well as a readiness to make statement not based on evidence.

There's a good deal of evidence now to suggest the detrimental effects of this shortfall of support. Thus, we know that rates of full adherence to self-isolation remained consistently low throughout the pandemic (<50%), especially when compared to other mitigation behaviours, such as distancing and mask-wearing. Research evidence from multiple sources shows that financial reasons were among the more important for failure of full adherence to self-isolation. A second important reason for lack of full adherence that comes across in the research is lack of practical support (for example getting to the shops).

Properly supported self-isolation leads to greater adherence and can significantly reduce infections. Given the centrality of self-isolation to the UK's pandemic response, this failure of support represents perhaps the biggest hole in the system.

What lessons can we learn for the future?

1. Providing appropriate support means understanding people's needs and challenges; in a pandemic, the government should listen to and consult with communities on their support needs.

2. Providing support has the additional benefit of building trust and a more positive relationship with communities.

3. Insufficient support has other consequences. It means that mitigation measures – particularly restrictive ones, such as 'stay at home' orders – become divisive because some people can't carry them out.

4. Support needs to operate at multiple levels: not only to individuals but also to communities, local groups (such as mutual aid groups), local authorities, and businesses that support individuals.

3. BUILDING COMMUNITY

What should have been done during the pandemic?

Successful reduction in the numbers of people becoming infected with Covid-19 requires community-building at local, national, and international levels. Research on how people have managed during Covid-19 shows the importance of local "social infrastructures" provided in their communities that helped them "to navigate new challenges and burdens". There are four other ways in which community building was protective during Covid-19. One was that it encouraged high levels of adherence to the protective measures introduced by stimulating concern and responsibility for others, especially vulnerable members of the community, on the basis that "we are all in this together". Second, it built trust and so willingness to do what government or other authorities suggested. Third, it mobilised community residents to generate and pool resources to provide people practical support when needed. Such mobilisation expands capacity to provide services that the state cannot. Fourth, it promoted belonging and connectedness and so mental wellbeing and resilience.

Community-building operates both horizontally and vertically. Independent SAGE argued that the pandemic can best be ameliorated if measures are perceived to include everybody, and leaders are seen to adhere to them.

Independent SAGE advice highlighted three areas underpinned by behavioural science insights: i) building trust; ii) treating the public as collaboratively engaged in dealing with the

pandemic; iii) ensuring that policy actions are inclusive, accessible to all communities and that they do not explicitly or implicitly blame particular groups (e.g. minoritised ethnic groups) for spreading the virus.

What was actually done during the pandemic?

News that a powerful government adviser (Dominic Cummings) had not self-isolated after testing positive for Covid-19 disrupted the sense of collective responsibility and commitment. This led some members of the public to consider that adherence to protective measures was an individual matter of choice. Similarly, images of the Prime Minister out and about without wearing a mask, even after his period of hospitalisation for Covid-19, served to individualise Covid-19 behaviour by breaking down a sense of collective endeavour and pandemic community. It produced 'us'/'them' divisions between political leaders and the general public that were exacerbated by revelations that several parties had been held in Downing Street during periods when social gatherings were banned.

Continued blaming of particular sections of society for spreading Covid-19 (e.g., young people for not following the 'stay at home' rules or people from minoritised ethnic groups) led to feelings of division and encouraged blaming of sections of society. The example of excluding unvaccinated people from working in care homes and health care demonstrated a process of top-down edicts. Yet, there is evidence that attempting to pressure health care workers into accepting vaccinations proves counterproductive and many professional health bodies expressed disquiet at the mandating of vaccines. Following consultations and with recognition that sacking those who refused mandated vaccines would reduce the available health care workforce, this regulation was revoked.

While various health centres, GP practices, religious institutions and local authorities have devised creative ways to take vaccinations to local communities, the Prime Minister has sometimes tended to hector the unvaccinated. This individualising approach is particularly evident in the decision to remove all Covid-19 measures from 1 April 2022, with the Prime Minister arguing that individuals should take personal responsibility.

What lessons can we learn for the future?

1. The need to engage communities in the devising of policies and ownership of protective policies.

2. The counterproductive nature of blaming particular sections of society and the concomitant importance of treating members of society as partners.

3. The importance of building two-way trust between government and people to improve adherence and increase take up of vaccinations.

4. Ensuring that policies are inclusive, rather than divisive and exclusionary.

5. Emphasising the importance of community in communications by, for example, referring to 'we' rather than 'you' or 'those', and emphasising social responsibility and looking after each other.

6. The importance of supporting community building and community approaches by providing resources to enable communities to take protective measures.

APPENDIX

Key Independent SAGE reports and other references on communication

C19 National Foresight Group (2020). *Communications and the Covid-19 pandemic: Rapid insights from practitioners and research*. https://www.ntu.ac.uk/__data/assets/pdf_file/0027/1177902/NTU-C19-NFG-Report-0920-Communications-and-the-Covid-19-Pandemic-Rapid-Report.pdf

Independent SAGE (2020). UK government messaging and its association with public understanding and adherence to COVID-19 mitigations: Five principles and recommendations for a COVID communication reset. https://www.independentsage.org/wp-content/uploads/2020/11/Messaging-paper-FINAL-1-1.pdf

SAGE (2022). SPI-B note on social and behavioural impacts of lifting restrictions and self-isolation, February 2022. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1054362/S1514_SPI-B_note_on_lifting_restrictions.pdf

Key Independent SAGE and other reports on support

Support for children:

Overall strategy recommendations to the government (May 2020) https://www.independentsage.org/read-the-key-recommendations/

Consultation on return to school (May 2020) https://www.independentsage.org/consultation_schools_may2020/

Covid Protection and Support Strategy (January 2022) https://www.independentsage.org/wp-content/uploads/2022/01/Jan-2022-short-term-strategy-final.pdf

Support for self-isolation:

Final Integrated Find, Test, Trace, Isolate, Support (FTTIS) response to the Pandemic (June 2020) https://www.independentsage.org/wp-content/uploads/2020/06/FTTIS-12.42-160620-names-added.pdf

A blueprint to achieve an excellent Find, Test, Trace, Isolate and Support system (October 2020) https://www.independentsage.org/wp-content/uploads/2020/10/New-FTTIS-System-final-06.50.pdf

Why supported isolation is crucial to break community transmission (March 2021) https://www.independentsage.org/wp-content/uploads/2021/03/Supported-isolation-final-180321.pdf

Continuing need for support measures (June 2021) https://www.independentsage.org/wp-content/uploads/2021/06/Supprt-document-final.pdf

SPI-B insights on self-isolation and household isolation (9th March 2020) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/896721/10-spi-b-insights-on-self-isolation-and-household-isolation.pdf

SPI-B: Impact of financial and other targeted support on rates of self-isolation or quarantine (16 September 2020) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/925133/S0759_SPI-B__The_impact_of_financial_and_other_targeted_support_on_rates_of_self-isolation_or_quarantine_.pdf

*SPI-B: Reducing within- and between-household transmission in light of new variant SARS-CoV-2 (*15 Jan 2021)
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/952799/s1020-Reducing-within-between-household-transmission.pdf

Key Independent SAGE reports and other references on community

Independent SAGE (2020) COVID-19 and Health Inequality
https://www.independentsage.org/covid-19-and-health-inequality/

Independent SAGE (2021) Vaccine Uptake, Ethnicity and Difference
https://www.independentsage.org/vaccine-uptake-ethnicity-and-difference/ ☐

Independent SAGE (2021) Covid-19: Racialised stigma and inequalities Recommendations for promoting social cohesion https://www.independentsage.org/covid-19-racialised-stigma-and-inequalities-recommendations-for-promoting-social-cohesion-briefing-note-from-independent-sage/

Independent SAGE (2021) Using behavioural science to help minimise the spread of Covid-19 https://independentsage.org/wp-content/uploads/2021/11/12th-November-Behavioural-Science-report.pdf

Lalot, Fanny and Heering, Maria Sophia; Rullo, Marika; Travaglino, Giovanni A. and Abrams, Dominic (2020) The dangers of distrustful complacency: Low concern and low political trust combine to undermine compliance with governmental restrictions in the emerging Covid-19 pandemic. *Group Processes & Intergroup Relations* . pp. 1-16. ISSN 1368-4302.

Miller, Olivia (2020) Social cohesion has helped communities cope better during Covid-19 Social cohesion has helped communities cope better during Covid-19 - News Centre - University of Kent

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