



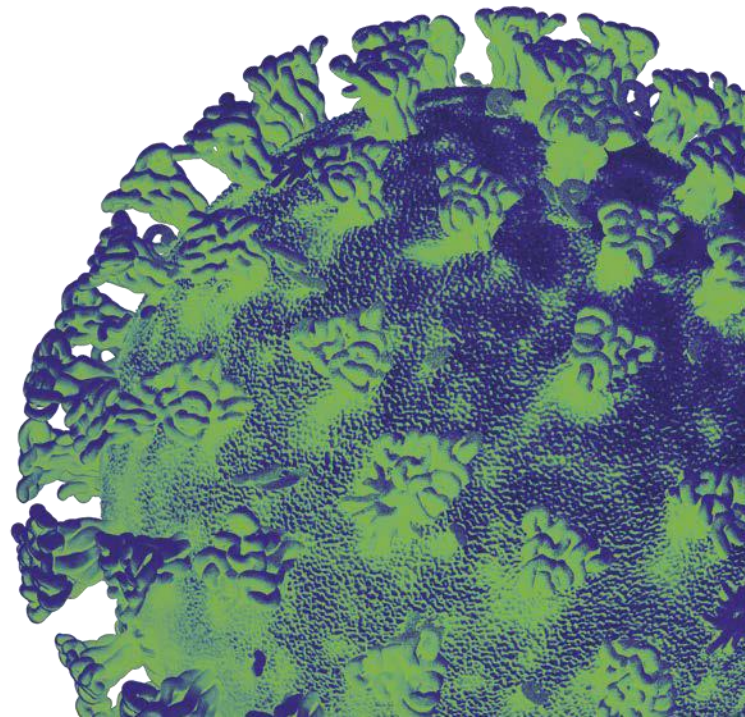
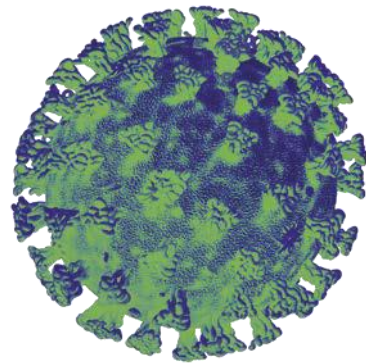
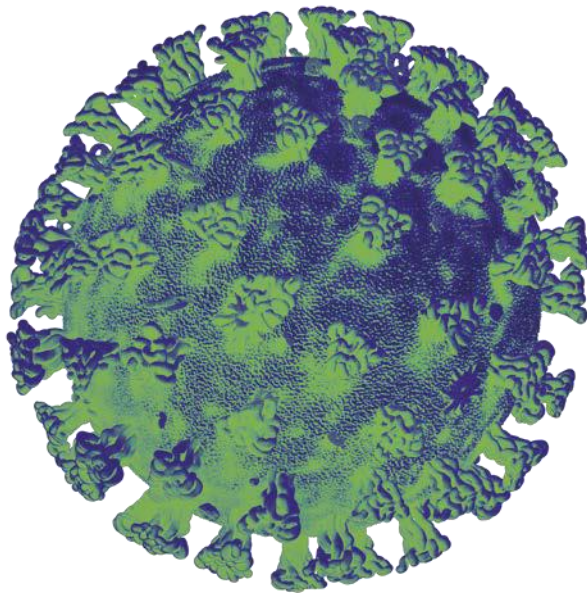
Llywodraeth Cymru
Welsh Government

Technical Advisory Group

Note on Behavioural Insights for Contact

Tracing Systems and Young People

01 October 2020



Technical Advisory Group - Note on Behavioural Insights for contact tracing systems and young people prepared by Ann John, chair of the Risk Communication and Behavioural Insights Subgroup.

1. Contact Tracing, Testing and Self-isolation

The critical outcome of testing and contact tracing is reducing transmission of Covid-19, however, public behaviour is the mediating factor between the system and the outcome. Behaviours of getting a test, engagement with the NHSTTPS, isolating when symptomatic or asked by a contact tracer will be required at scale if this approach is to have the desired impact. Active steps must be taken across the behavioural system to achieve this and will be necessarily based on public engagement and adherence.

Facilitators: collective responsibility – specifically highlighting social role and identity in groups they ‘belong to’; personal benefit i.e. protect themselves from the losses they have experienced or perceived (importance from their perspective); protecting family and household (could potentially highlight most spread is through close household contacts); offer/provision of support to barriers of isolation, particularly employment and finance; co-production of contact tracing systems; and the perception of the system as efficient, rigorous and reliable (there has been a lot of negative press related to apps, data breaches and the system)

Barriers: challenges related to future short term plans e.g. employment (pay, organisational level expectations, burden on colleagues) or social events; privacy concerns; mistrust and/or apprehension of government, of technology; app notifications and contacts causing stress; digital poverty, technical difficulties, cold-calling, hassle; loss of control; perceived unavailability of testing; perception of accessibility/travel for testing; perception of timely and ‘accurate’ results from testing unmet need for information and support; beliefs (not infected, no symptoms, young so won’t be affected); fear of stigmatization.

Recommendations

- People should be encouraged and supported to make plans for self- isolation in advance.¹
- Important to highlight difference between self-isolation and social isolation during lockdown (could shop for essentials)¹
- Employers and community groups should be encouraged to provide support (financial etc) and to make self-isolation a normal, valued and accepted thing to do.¹
- Provide positive feedback about how peoples’ adherence to guidelines has been beneficial.¹
- Consider compensation for financial losses incurred as a result of self-isolation and other incentives (financial or material).¹
- Communications should emphasise: practical and emotional support that is available for people to self-isolate so they can feel confident they can do it

effectively¹; that self-isolation protects those we care about and is an expression of care.²

- Given the issues with access to testing, communications should highlight when tests are appropriate (specific symptoms, settings), particularly as we enter winter, and collective responsibility.

2. Young people

Effective communication about any significant and uncertain health or other risk issue must start from an evidence-based understanding of the ways that the group or audience of interest, in this case young people, understand, interpret and feel about the situation they find themselves in³. Testing of key messages is also critical.

- We need to consider and potentially define and/ or uncouple who we mean by 'young people' each time we use this term and communicate different risks for different settings and social contexts e.g. pubs, schools, holidays e.g. young people (includes children) vs. young adults (18+)
- It's challenging for young people to think of long-term risks and consequences of infection, particularly to themselves and their peers- discounting. This is not helped by discourse that they are not at high risk of severe infection.
- Mixed messaging in the context of the gradual return to 'normal' e.g. Eat Out to Help Out encouraged and normalised socialising and meeting up with friends and family to support the economy. While this could be done in a COVID safe way it may have shifted normal practices and acceptable behaviours more broadly in more risky contexts.
- Young people are at the stage of development when independence, control and their peers are important. We need to foster an environment that enables them to make choices they are comfortable with. For many issues that young people are passionate about, such as climate change, they have very little real control over so there should be a focus on how with COVID-19 the behaviour of an individual can have a significant impact on the local community COVID-19 rate, and so they have a degree of control/ efficacy. This can be supported by combined messaging on how individual actions: includes caring for your valued contacts despite the risk to you being low²; promotes a more connected society; and may lead to a more social future for YP.
- Interventions should aim to develop or evoke an emotional response or connection to the desired behaviour and its benefits, rather than attempting to persuade, instruct, or 'emphasize how important (abstract) it is that 'they' adhere'.
- Note work previously in young people and sexually transmitted diseases. They engaged in unprotected behaviours in part because they trusted friends/partners. This hints at what may be driving trust in the current circumstance i.e. meeting friends and social circles whom they strongly identify with², feel they know what they've been doing, trust them to be safe, trust their take on behaviours and are engaging in familiar normal (pre pandemic) activities.¹
- Potentially do not engage with messaging that overtly appears tailored to and about young people, particularly if 'pointing the finger' and often do not feel message is directed at them (i.e. to older/ younger group). Many do not respond well to 'guilt-tripping' i.e. focus is on their behaviour rather than on how others are behaving.

- Health risk behaviour change literature highlights that ‘scary’ ‘fear’ messaging needs to be supported by information on practical measures to protect themselves or reduce risk⁴.
- Visible behavioural prompts and cues related to good physical distancing behaviour should include content salient to YP and be at point-of-decision where risk of close contact could occur.
- Recognise and focus on losses for young people and how to return to these activities in the future if they do as recommended e.g. parties, relationships, sport, employment i.e. how behaviour now would improve *their* future.
- Potentially there may be value in developing social campaigns around the (COVID safe) ‘things’ that are in young people’s control – ‘how have you stayed in touch with friends in a COVID-safe way?’ – This could help in developing the attractiveness of COVID-safe behaviours, for use later, and overt social commitment.
- When providing information of requirements ensure its presentation acknowledges young peoples’ personal experiences but doesn’t overstate their difficulties of compliance – avoid creating the perceived norm that it is ‘just too hard’.
- WG comms team focus groups highlight: over 20’s informed by word of mouth; different messages for England and Wales confusing; respond well to collective responsibility, ‘together stronger’ (a Welsh Football Association tag-line)

Facilitators: Communications need to be supported by other interventions to support behaviour change and adherence i.e. rules, access to face coverings, enforcement; highlight their role and contribution to collective response; avoid finger-pointing; clear consistent messaging (and interventions) based on behaviour change theory e.g. Com-B, co-produced and tested; focus on their ability to effect outcome ‘locus of control’; simple behavioural instructions tailored to their contexts e.g. ‘meeting friends’; working, learning and social environments need to be enabled to follow the recommended guidance for restructuring their environments to support physical distancing.

Barriers: mixed messaging across different UK nations; unintended consequences of promoting activities to support economy or return to normality; messaging such as “too many/large numbers of young people are not socially distancing” sends the unintended impression about what behaviour is acceptable to their peers; potentially a low sense of personal efficacy; low motivation to change behaviour in the here and now; most likely to be affected by economic downturn so employment and opportunities are a key issue

Recommendations:

- Not all drivers of young peoples’ behaviours will be related to COVID-19 risk, and this needs to be properly understood. Designing effective communication and interventions with young people will require: a thorough appreciation of young peoples’ own understanding of the situation that they currently face and their losses; use of underlying models such as COM-B; co-production; and testing of key messages.
- Outputs need to be age appropriate– less like a ‘public information service’- but identifiable as being from a trusted/authoritative/accurate source.

- There's a need for simple behavioural instructions (possibly through a website linked to headline marketing) framed in a contextually relevant way – 'going to college', 'travelling on a bus', 'meeting friends' that supports developing mental-models, and increases skills for repeated practice. Modelling (showing examples of behaviours for people to imitate) can be useful for this application, through first-line messaging and videos.
- While segmenting the population in terms of transmission analysis, informing responses and co-production of communications is necessary, it remains important to focus on generic messages at a population level to avoid identifying certain groups as responsible for transmission (i.e. young people), minimise tension between or directed towards specific groups and improve adherence to guidance.
- Policy makers should explicitly think through unanticipated consequences as part of decision-making process.

References

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4. Witte, K. and Allen, M. (2000). A meta-analysis of fear appeals: Implications for effective public health campaigns. *Health Education and Behaviour*, 27, 591-615.