

SPI-B insights on combined behavioural and social interventions

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1. SPI-B have a consensus view that school closures will be highly disruptive and likely to present an unequal burden to different sections of society. Our understanding of reports from Japan is that there is growing discontent around the policy. Isolation of entire households also poses a substantial, and unequal, burden on those affected.
2. Given this, the combination of interventions most likely to be socially acceptable involves isolation of symptomatic cases and isolation of at-risk members of the public. These are also the most closely targeted, and therefore obviously legitimate, strategies.
3. Following this, social distancing and prevention of public gathering measures are the next 'easiest' to add to the mix.
4. Empirical evidence for the behavioural and social impact of, and adherence to, each of the strategies is limited. We are not aware of any evidence on their interaction. These comments are therefore based on the collated expert opinions of SPI-B participants.
5. Research on the impact of interventions is likely to be underway in Italy, Japan and elsewhere. Access to these results would assist us in testing our assumptions and refining our advice.

Interaction of different strategies

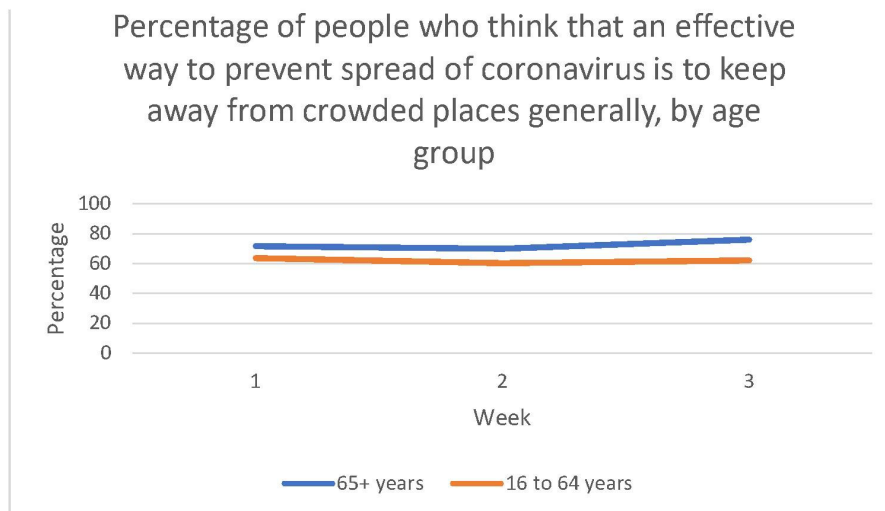
6. As additional policies are added to each other, their impact is likely to become more complex and unintended consequences more likely.
7. If all policies are applied, then the closure of schools, the loss of usual outlets for social interactions, and the absence of grandparents and entire families as a result of isolation might lead to unexpected displacement of activity. For example, house parties, congregation of children in parks, and queues at takeaways. Consideration will be needed as to how to manage these situations without causing confrontation.
8. Applying multiple policies concurrently will also increase the chances that there will be areas or groups who are visibly not complying, or not seeming to comply. It also increases the severity of the inequality of the measures. This will be in terms of financial and social impact but also of the perceived likelihood of contagion if some measures seem impossible to adhere to.
9. School closure in conjunction with isolation of those aged 65+ will reduce the ability of grandparents to engage in childcare. This may be beneficial in terms of morbidity of those aged 65+, but will reduce the ability for parents to work. This may be particularly problematic for lower income families and single parents. Consideration should also be given to the impact on workers for critical national infrastructure.

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10. School closure and isolation of symptomatic cases, will present difficulties for some symptomatic people in terms of their ability to adhere to isolation. For single parents, adherence may become impossible. For poorer families, loss of income and increased household bills (heating, electricity, food delivery etc), will occur concurrently with loss of social services provided through schools (free school meals, after school clubs etc). For families more able to cope financially, isolation will still be more difficult as children spend longer in the home.
11. SPI-B have divergent opinions on the impact of not applying widescale social isolation at the same time as recommending isolation to at-risk groups. One view is that explaining that members of the community are building some immunity will make this acceptable. Another view is that recommending isolation to only one section of society risks causing discontent.
12. There is some ambiguity as to where different policies begin and end. For example, school closure will need to be accompanied by social distancing advice directed at children to be effective. We assume school closure also encompasses noneducational childcare.
13. Almost all strategies will result in reduced, or changed, adult oversight of children. This presents a risk of unintended consequences.

Communicating about interventions that are not applied

14. Expectations of how the Government will react will be set by media reports of public health strategies in other countries. This increases the risk of public concern if interventions that are perceived to be effective are not applied. A clear explanation as to why expected interventions are not being implemented may be necessary. Data from the Department of Health and Social Care weekly polling suggest that this may be particularly true for banning mass gatherings



15. Regardless of the decisions that are made, members of the public will have questions about all strategies listed in the table. Where policies are not applied, Government should be

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prepared to provide clear, honest advice that takes account of concerns in that area and suggests behaviours that reduce risk. For example, how will the risk to children within schools be managed.

Nuances within strategies

16. Many of the strategies allow for some ambiguity. There is a danger that this may be exploited or become a source of tension.
17. For example, the definition of “household” is not clear-cut. For families that are divided across different houses, households with regular visitors, houses of multiple occupancy, halls of residence and so on, what constitutes the household? Allowing communities to input into the rules around this would increase support for them and make them easier to adhere to.
18. Similarly, the definition of “public gathering” leaves room for tension, as preventing larger mass gatherings (football matches, pop concerts) but leaving small mass gatherings permitted (tennis, theatre) may be perceived as unequal treatment.
19. Ambiguity or ‘loop holes’ in the prevention of public gatherings may also result in tension if small businesses are perceived to be particularly hard hit.

Specific, additional points on household isolation

20. Full household isolation will have a disproportionate impact on poorer families, reducing family income, increasing costs (heating, electricity, food delivery) at the same time as preventing access to free school meals and other social services provided via schools. Adults who do not use the internet (7.5%, 1) will also be particularly affected.
21. Given the link between poverty and mental health (2) and between quarantine and mental health (3), thought also needs to be given to the additional mental health burden likely to accrue during two weeks of home isolation. Across the board, remote mental health services will be required for some people in isolation.

Specific, additional points, on isolation of at-risk groups

22. As this behaviour is aimed at protecting the self, rather than others (particularly outside settings such as care homes) it may be more difficult to “persuade” people to adhere. Some people may simply choose to accept the risk of leaving of their home.
23. Setting the criteria for who falls into an at-risk category requires sensitivity. A blanket application of “over 65” may be unambiguous, but will not be helpful if this includes healthy individuals such as recently retired doctors or MPs.
24. Communication around the isolation of at-risk groups should consider advice to carers and household members who are not required to isolate but may feel conflicted in leaving the home.

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25. An appropriate term is needed. Cocooning feels patronising. Isolation has negative overtones for older adults.

Specific, additional points, on school closure

26. The importance of schools during a crisis should not be overlooked. This includes
- Acting as a source of emotional support for children
 - Providing education (e.g. on hand hygiene) which is conveyed back to families
 - Provision of social service (e.g. free school meals, monitoring wellbeing)
 - Acting as a point of leadership and communication within communities.

- 1) <https://www.ons.gov.uk/businessindustryandtrade/itandinternetindustry/bulletins/internetusers/2019>
- 2) <https://www.mentalhealth.org.uk/statistics/mental-health-statistics-poverty>
- 3) [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30460-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30460-8/fulltext)