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## Self-isolation confidence, adherence and challenges: behavioural insights from contacts of cases of COVID-19 starting and completing self-isolation in Wales

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Both studies are continuing, and figures from ACTS study are available at a national level on the Public Health Wales' website.

## 1.3 Key Messages

### 1.3.1 Insights from contacts starting a period of self-isolation

Between 15th November 2020 and 9th January 2021, 42,763 text messages were sent to contacts in the ACTS study. This represents a fifth (20.0%) of all contacts in-touch with Test, Trace, Protect (TTP) over this period. Of those, 13,531 provided feedback on their confidence to self-isolate (response rate = 31.6%) and 3,679 completed the Behavioural Insights Survey (response rate = 27.2%).

A higher proportion of those who responded were women, of older age, white ethnicity and living in less deprived areas. This means that the sample is not representative of all contacts in Wales and as such the results may not be reflective of the experiences of all those who isolated during this period. Section 2 outlines the ACTS study methodology and full results can be found in sections 3.1 to 3.4.

*Confidence in knowledge to self-isolate*
- Over 90% of contacts reported they were confident they understood what was required of them during their self-isolation period. This figure is consistent over the 8-week period.
- Women and contacts over 50 years old are significantly more likely to feel confident to self-isolate.

*Challenges of self-isolation*
- Despite high levels of confidence, 1 in 5 felt self-isolation will be a challenge (18.5%).
- Contacts living alone and those who think COVID-19 poses a greater risk to them are more likely to say that self-isolation will be a challenge.
- Contacts who take steps to plan for self-isolation and have people who can support them through self-isolation are less likely to say that self-isolation will be a challenge.
- The top 5 challenges contacts thought they would face during self-isolation were: Suffering from anxiety or mental health problems (11.7%), looking after children (11.2%), and being concerned about the impact isolation will have on work or business (9.5%), experiencing financial problems (9.3%), and caring for vulnerable people who cannot stay with friends or family (8.2%).
- But, there were important differences between social groups:
  - For men and those aged 40 to 49 years, the top concern was the impact on work and business.
  - For women and young people aged 18-29, the top concern was anxiety or mental health problems.
  - For those from Black, Asian and Minority Ethnic (BAME) groups and those aged 30-49 the top concern was looking after children.
  - For adults aged 60 or over, the top concern was suffering from an underlying health condition or disability.

*Reflections on planning for self-isolation*
- 68.5% of people had pre-planned for a potential period of self-isolation, and planning tended to increase over the 8 week period from 56.6% in Week 1 to 67.1% in Week 8.

*Challenges experienced during self-isolation*

- Overall, the 5 most commonly reported challenges experienced by contacts during self-isolation were: **Wanting to see family (66.7%)**, **wanting to see friends (60.6%)**, a **lack of exercise (58.6%)**, **loneliness (31.2%)**, and **mental health difficulties (24.6%).**
- But, there were important differences between social groups:
  - **Women** were more likely to report that **wanting to see family**, **being lonely**, **mental health difficulties** and **caring responsibilities for vulnerable adults outside the home** were a challenge during self-isolation.
  - Contacts who **lived alone** were more likely to report that **loneliness** was a challenge during self-isolation.
  - Individuals with high levels of income precarity were also experiencing considerable financial, employment and mental health challenges to self-isolation. Contacts with high levels of **income precarity** were more likely to report **financial concerns**, **mental health difficulties**, **work not supporting self-isolation** and having **no access to food** or **medication** during self-isolation.

## 1.4 Key considerations for future action

The two innovative studies reported here are the first systematic approach to collating in depth insights from contacts of COVID-19 in Wales. The findings provide valuable and timely insight into the factors supporting individuals to self-isolate and challenges to adherence - many of which reflect underlying inequalities in population health and society. The findings are directly relevant to the national action and presented below as key areas for future action to support adherence to self-isolation amongst contacts of COVID-19 in Wales, and minimise the harms of self-isolation on specific population groups.

### 1.4.1 Reinforcing national communications that Keep Wales Safe

- Confidence to self-isolate and adherence to self-isolation among contacts in Wales is high. Maintaining this high level of confidence is important because those who were more confident in their ability to self-isolate were more likely to adhere to self-isolation. Careful and clear communication of the high levels of confidence and adherence in Wales could reinforce existing messaging to Keep Wales Safe and promote a social norm that reinforces this positive pro-social behaviour. Doing this is particularly important during vaccine roll-out when the need for continued self-isolation will likely become more challenging for people to understand and support.
- Contacts who had not planned for self-isolation and were not able to access support were more concerned that self-isolation would be a challenge. Messages should be developed that emphasise the importance of being prepared for self-isolation. These could encourage people to take time to identify people and services that can provide local support if they are identified as a contact in future.

### 1.4.2 Developing and targeting support for those experiencing challenges whilst self-isolating

*Provide mental wellbeing and social support*
- Across both studies concerns about the impact on mental health, lack of social support, and experienced loneliness and mental health difficulties were evident.
- When initially contacted by NHS Test Trace Protect, contract tracers should take the opportunity to signpost all contacts to sources of mental wellbeing support. This offer

should include online and telephone support, recognising that not all contacts may have access to the internet.

- Alongside this, identifying sources of support to specifically address loneliness in women, young people, those from BAME backgrounds and contacts living alone who experienced this challenge during self-isolation should be prioritised during initial calls. Mapping local resources and sources of support from, for example, voluntary and community organisations offering peer support through daily phone calls to those living alone, would create a valuable asset for contact tracers to use to identity and direct support.

*Increase financial support and access to food and medications for those with precarious incomes*

- People who had high income precarity were experiencing considerable financial challenges to self-isolate, a lack of employer support, and were the only group to significantly experience a greater likelihood of not being able to access food or medication.
- People with precarious incomes should be identified at first contact with TTP key and directed to both financial support and practical support to enable the delivery of food and medications. The use of income precarity questions as a screening tool to direct financial and practical support may minimise the potential health and economic harms of self-isolation.

*Direct contacts to exercise at home and dog walking services*

- Amongst those who reported leaving their home during self-isolation, over 40% stated this was for exercise, and 10% for dog walking. Specifically, people from the least deprived areas were more likely to leave home for exercise and to walk the dog than those in more deprived areas.
- There may be some confusion in the messaging as exercise is allowed during periods of wider lockdown, acknowledging the beneficial impact on mental wellbeing. But contacts of COVID-19 are not permitted to leave home to exercise. Reinforcing this message, and supporting people – especially those living in the least deprived areas – to access alterative home-based forms of exercise may increase adherence to self-isolation guidance.
- Contact tracers should take the opportunity during initial conversations to ask if contacts have a pet and, if so, reinforce the message that dog walking is not a permitted reason for leaving home.

*Enhance social care provision at home for older adults and those living alone*

- Older adults and those living alone were more likely to say that physical health difficulties were a challenge and those aged 40-59 were more likely to say that caring for vulnerable adults outside their home would be a challenge during their self-isolation period.
- Close working between social care services and NHS Wales Test Trace Protect teams would enable early identification of individuals with care needs or responsibilities during initial conversations with contact tracers. Integrated working is vital to ensure that older adults and those living alone and their family members are directed to an available and appropriate support offer during initial conversations with a contact tracer.