

Behaviourally Informed Approaches To Encourage Social Distancing Amongst Young People

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(Supplementary)

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NHPRC and partners

Responsible Author: Ashley Gould, Consultant in Public Health

Responsible Author E-mail: ashley.gould@wales.nhs.uk

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Distribution:

- Risk Communication and Behavioural Insights TAC
- Directors of Public Health/Local Public Health Teams
- PHW Regional Health Protection Cell/CCDCs
- WG Health Communications Team
- PHW Communications Team

Purpose and Summary of Document:

This document describes behavioural science-informed components to include in interventions designed to encourage social distancing behaviours amongst young people.

Document Location:

Archive Version Location: First version produced

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1 BACKGROUND

There has been a recent rise in the numbers of COVID-19 cases in young people, especially those in the 20-29 age group (Figure 1 and 2). There has also been a rise in the reports of young people not adhering to COVID protective behaviours. Local and National Government, Strategic Coordinating Groups and Regional TTP Teams have all raised concerns about the lack of social distancing among young people.

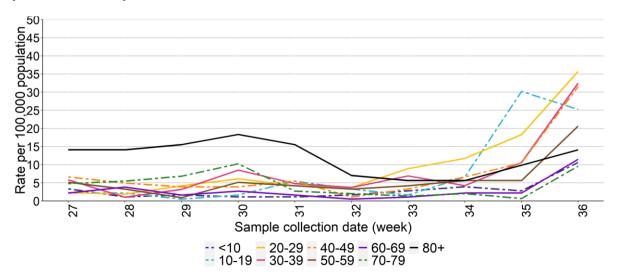
This paper has been produced to provide advice and guidance on the actions and approach that should be taken to help address these concerns.

2 PROBLEM DEFINITION

The most recent data for Wales (Data as at 14/09/2020, and including samples collected from week 27 (ending 5^{th} July 2020) to week 36 (6^{th} September) shown below (Figure 1 and 2) confirm that the most sustained and sizeable growth in episodes have been seen in those aged 20-29 (both males and females).

The most notable changes over the past month have been in 21-25 year old males (data not shown) which had increased to 40 episodes/100,000 population, and weeks 35 and 36 saw a significant increase in the rate of episodes in 16-20 year old females (up to 58 episodes/100,000 population), it will be important to asses if these are trends that need a more specific response.

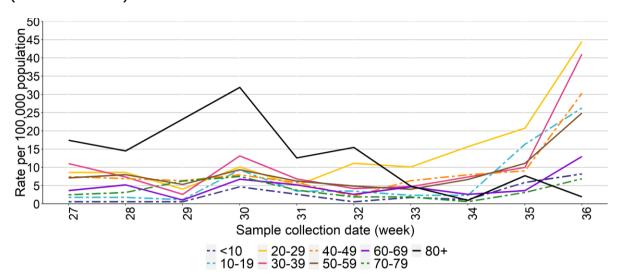
Figure 1: Confirmed COVID-19 episodes in Males per 100,000 population, by week of sample collection and age group, Wales (Source: PHW)



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Figure 2: Confirmed COVID-19 episodes in Females per 100,000 population, by week of sample collection and age group, Wales (Source: PHW)



The WHO has identified that risky behavior after easing of public health and social measures implemented to reduce the spread of the virus, may have increased transmission among younger population (Coronavirus Disease (COVID-19)-Situation Report 198.

A rapid review of published evidence (including international research) undertaken for this report has identified that young people are less likely than older groups to consistently follow COVID-19 precautions. There is some evidence of lack of adherence, from increased transmission in younger population groups during lockdown.

Young people report being more negatively impacted by the consequences of the pandemic than adults across a number of domains e.g. work stress, mental health indicators, life satisfaction, loneliness; financial stress.

There is some evidence internationally of greater compliance with some measures e.g. hygiene than others e.g. social distancing.

In conclusion:

- There is evidence of increased transmission among young people, particularly those aged 20 – 29 years
- There is some evidence to support lower adherence to some Covid protective measures.

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3 UNDERSTANDING THE ISSUE

Insight has been collated from a range of information sources including published international studies. It is important to recognise that this is a new field and information is limited.

Based on the evidence that has been collated and drawing on a number of behavioural science principles the following drivers of the issue have been identified:

Young people are less at risk of significant harm from COVID-19 infection than older groups. This information has been widely shared and young people have heard it. They are less likely therefore to perceive a risk to their own health and wellbeing from the virus. They recognise the risk to 'loved ones' who may be more vulnerable but take their own steps to reduce that risk, such as avoiding contact with elderly relatives, rather than changing their personal risk behaviours.

Evidence from the literature generally indicates that higher levels of concern about the virus (fear) is associated with greater compliance.

There is some evidence that young people are more likely to comply with measures that offer individual protection than those which support wider reduction in transmission.

Young people, as a population cohort, have been severely affected by COVID-19. They are more likely to have experienced financial impact, loss of employment and the reduction or perceived reduction in future opportunities. They are also less likely to be in employment where they can work from home.

This cohort has a strong sense of missing out on usual activities/aspirations: relationships, holidays, festivals, parties, sport/leisure and time with friends, finance, work and learning opportunities. They perhaps 'want life back' as it was for them more than most, to allow progression with their future and life-plans.

The economic, social and emotional consequences of the pandemic, have left many young people feeling unhappy and there is some evidence that they experience greater anxiety as a result, possibly because they are more aware of their mental wellbeing. The emotional 'management' of these consequences leads to seeking social contact and an outlet with their friends.

There is some evidence that young people are more likely to demonstrate individual rather than collective responses. Those who exhibit these traits are less likely to take action for the wider social good or social value. This

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would mean they are less likely to recognise their role in wider transmission of the virus in the community and act for the wider good.

There is evidence that among all groups compliance with control measures is more likely if people are accepting of them i.e. they believe they are proportionate and necessary.

People, particularly young people, are strongly influenced by their peers. Compliance with control measures generally is more likely if people believe others (like them) are complying. Young people are more likely to be sensitive to this than others. Images of other young people enjoying themselves will encourage others to join, even if the intention is to highlight that the behaviour is "wrong".

4 TARGETING THE ISSUE

The above indicates that the following approaches are likely to increase impact:

- framing beliefs about the consequences of COVID-safe behaviours in ways that can evoke an emotional response
- highlighting the probabilities that their individual behaviour will result in a positive outcome for them as individuals
- elicit feelings of control over their lives what they still *can* do and what they choose to do *does* matter
- leveraging the social desirability amongst this group, emphasising Covid-safe behaviours as the normal, desirable behaviours of their peers.

The following unpacks these approaches, arranged in relation to headline determinants of young people's behaviours, in relation to COVID security, providing the behavioural insight to shape interventions:

4.1 Perceived vulnerability

- Interventions aimed at young people should clearly emphasise the benefits from compliance in terms of what matters to the young people themselves rather than benefit to others.
- Losses/gains which are important to young people, and which could be demonstrated to be the consequences of their behaviours, include: relationships, holidays, festivals, parties (should increasingly include Christmas), sport/leisure and time with friends, finance, work and learning opportunities.

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- Focus should now be about avoiding further losses, protecting
 what they have now or getting back to 'how it was' quicker.
 Emphasise that the route to get some form of 'normal' life back as
 it was for them, as quickly as possible, and/or to allow progression
 of their future life-plans is through their Covid-safe behaviours.
- Terms like "lockdown" should be avoided as are perceived as punitive and ultimately create resistance. Interventions should highlight the many positive activities which young people can now do that are in their control, and give these value.
- Need to show how the individual actions they take follow through to the things they want to preserve/get back, directly linking specific examples of Covid-safe behaviour to the benefits. This might be for example showing the pathway from people undertaking the Covid-safe behaviour with, realisation of their ideals of the rest of this year at college or their relationship, or reimagining Christmas.
- Loss framing is difficult to achieve without highlighting people doing the risk behaviour which could send the wrong messages. However, any loss-framing should clearly **demonstrate the link** from their everyday behaviours through to the consequences **for them**.

4.2 Strong social influences

- Norms and perceived social norms can be influenced but caution is needed so as **not to reinforce the wrong norms** e.g. communications emphasising "too many/large numbers of young people are not socially distancing" (say, as a pre-cursor to advice that they should practice Covid-safe behaviours) can have a negative effect on behaviour.
- Show young people enjoying themselves doing things they want to do in a way that is Covid-safe will propagate and reinforce the desired social norm. For example highlighting young people having the anticipated great time at their social events whilst maintaining two meters distance from friends who are not part of their household.
- Messengers who young people can identify with, or people whom
 they aspire to be like, should be used. Relevance and easy
 identification is key, and modelling or description of their COVIDsafe behaviours/attitudes intentions can help reshape social
 norms. 'Act together' messages can draw on the high social value
 of young people if the group advocating/modelling the action is
 one they aspire to or already identify with and the issue is framed

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to resonate with their priorities. E.g. highlighting that people who "work out" at the gym are doing the things they need to so that they can keep going to the gym to have all of the benefits from that will resonate with young people who see themselves as part of that group.

4.3 Environmental drivers

- Working, learning and social environments must follow the recommended guidance for restructuring their environment to support physical distancing. For example this could be about eliminating 'choice' through physical changes (barriers directing movement).
- Expectations for social mixing and physical distancing need to be clearly described by the setting/provider policies, and compliance monitored and enforced.
- The appropriate level of **disincentive to social mixing/close contact** behaviours needs to be consistently and equitably applied to both, settings where the behaviours are possible AND, to the people using them.
- **Visible behavioural prompts and cues** to good physical distancing behaviour should include content salient to young people and be at point-of-decision where risk of close contact could occur.

4.4 Knowledge/capability

- Clear and simple instructions about specific COVID-safe behaviours are required. The simple/broader message should be elevated to stand out above all others (e.g. 2M/"space").
- Rules on social mixing and distancing in enclosed public spaces, particularly pubs/bars/restaurants need urgent clarification. It is not ok for friends (who are not from the same household) to go to the pub and be in close proximity inside for long periods, for example.
- Interventions providing knowledge of behavioural requirements should take every opportunity to place it in **the context of the importance to young people**, and if possible from their perspective/voice. Adding the *relevant* "why" to the information will make it more likely the information will be accessed and used, e.g. The vast majority of people want to avoid further restrictions and get back to doing the things they love quicker here's the guidance to help you get back to work safely....

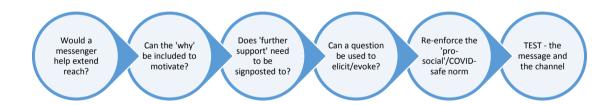
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- with acknowledgment of young peoples' personal experiences. However, their barriers to compliance should not be overstated to avoid the perceived norm that it is 'just too hard' for everyone. This might mean presenting the obvious barriers in a way which shows they are being overcome, e.g. "many people are getting extra financial support when they need to self-isolate, access it here..." as opposed to statements like "we know most young people find it difficult to self-isolate because they lose their wages."
- Public information platforms should enable the finding of simple behavioural instructions in a **contextually relevant way**. Like a symptom checker - based on the activities young people are likely to undertake, not an 'experts list'.
- The information should be carried in multiple formats relevant to the audience; **video is particularly important**.

5 IMPLEMENTING THIS APPROACH

As a generic approach to producing behaviourally-informed content the following steps/guestions should be considered:



Interventions and their outputs need to follow what young people engage with – being less like a 'public information service' but identifiable as being from a trusted/authoritative/accurate source.

Young people should be asked to pledge/commit to being COVID-safe, and share the ways they have been/are being COVID-safe. Social media is critical, but has to be the right selection of channel and delivered by the right messenger(s)

The channels and methods used to disseminate the knowledge should be both **high volume and highly targeted**.

The Behavioural Science Support Cell, in collaboration with Welsh Government, is testing the application of this insight and approaches to

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intervention design, alongside innovative marketing approaches to ensure/extend reach to the target audience. Evaluation of messaging and channels/mechanisms will be undertaken.

5.1 Audience and response area

This document is intended for internal and external audiences in support of the National Health Protection Response, and partners efforts in this arena.

5.2 Attribution (authorship)

The Health Improvement Division Behavioural Science function.

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