

**Scottish Government Covid-19 Advisory Group**  
**21<sup>st</sup> September 2020**

**Adherence to COVID-19 Regulations: Principles, Challenges and Responses**

## **Summary**

Adherence to behavioural rules requires capability, opportunity and motivation and this is no less true in the case of COVID-19 regulations. To address **capability**, communications must ensure that all sectors of society fully understand what they need to do and why. To address **opportunity** governments must ensure that everyone has the wherewithal to adhere, including the financial, practical and human resources needed to stay off work if required. To address **motivation**, all actions and communications must emphasise collectivity and partnership. They must be co-produced with key sectors of society and tailored to the needs of those sectors. In overall terms the public must be involved as a partner in handling the pandemic. This partnership needs to be based on respect and support to achieve adherence rather than blame and threats of punishment in case of non-adherence.

## **Aims**

1. This report identifies major challenges to securing adherence to behavioural rules necessary to suppress the pandemic and proposes priorities for action to address these. It does not provide an overview of the literature on adherence in general or during the COVID-19 pandemic. Such general overviews already exist either as papers from SPI-B<sup>123</sup>, as published papers<sup>4</sup> or in book form<sup>5</sup>.

## **Principles of Adherence**

2. There is a tendency to explain behaviour in terms of the intentions of the actor (the so called 'fundamental attribution error'<sup>6</sup>) such that, if people fail to adhere, they have chosen not to adhere. This in turn leads to the assumption that people are accountable for their non-adherence, to moral judgements about them and to stigmatisation of those who do get infected<sup>7</sup>. However psychological motivation is only one of several factors that determine adherent and non-adherent factors.

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<sup>1</sup>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/895857/S](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/895857/S)

<sup>2</sup> [Behavioural principles for updating guidance to minimise population transmission.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892046/S)

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/892046/S](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892046/S)

<sup>3</sup> [Principles for the design of behavioural and social interventions.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892046/S)

<sup>4</sup> <https://jech.bmj.com/content/74/8/617.abstract>

<https://onlinelibrary.wiley.com/doi/full/10.1111/bjhp.12428> <https://www.nature.com/articles/s41562-020-0884-z>

<sup>5</sup> <https://uk.sagepub.com/en-gb/eur/together-apart/book275359>

<sup>6</sup> <https://www.sciencedirect.com/science/article/pii/S0065260108603573>

<sup>7</sup> <https://onlinelibrary.wiley.com/doi/full/10.1111/bjso.12399>

3. The determinants of adherence, as with any behaviour, can be split into three categories: capability, opportunity and motivation<sup>8</sup>. **Capability** includes knowledge, understanding and abilities such that, if people fail to follow the rules, it may simply be that they don't know what the rules are or else lack the skillset necessary to follow them. This will be a particular problem for those groups that are marginalized and for minorities – especially where language is a barrier<sup>9</sup>. However, especially as rules change and become more nuanced, it is a problem for everyone. Research in August showed that only 46% of a UK sample had a 'broad understanding' of the rules, while only 14% in England and 27% in Scotland had a full understanding<sup>11</sup>. Equally, when it comes to understanding why people don't get tested for coronavirus, it is important to factor in the finding that, in August, less than a third of people (31%) can identify the three key symptoms<sup>12</sup>.

4. It follows from this, that effective communication is essential to adherence<sup>13</sup>. Such communication needs to be comprehensive, clear and consistent<sup>14</sup>. It also needs to be accessible to all sections of the community, especially those hard to reach groups whose adherence may be at issue. The issue of who communicates and of trust in the information (which is crucial to its success) will be considered further on in this document.

5. The second influence on adherence is opportunity. This has to do with the situational constraints affecting the ability of people to carry out the actions asked of them. For instance, data from those who broke the early lockdown shows that the great majority did it 'for necessity' (14-15%) rather than 'for fun' (1-2%)<sup>15</sup>. Not surprisingly, then, marginalized groups and those with the least resources had the greatest problems in adhering to lockdown. Thus, those with the lowest household incomes were six times less likely to work from home and three times less likely to self-isolate. Equally, self-isolation was lower in Black and minority ethnic groups. By contrast, *willingness* to self-isolate was equally high across all groups<sup>16</sup>.

6. These data suggest that, early on in the pandemic the major problems with adherence were not motivational. While a small number of people (probably less than 10%) were actively resistant<sup>17</sup>, the most effective responses would lie in supporting people to do the right thing rather than blaming them for doing the wrong thing. For instance, in April there was a major concern in the media about people crowding in

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<sup>8</sup> <https://link.springer.com/article/10.1186/1748-5908-6-42>

<sup>9</sup>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/914924/s-10-public-health-messaging-bame-communities.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/914924/s-10-public-health-messaging-bame-communities.pdf)

<sup>11</sup> <https://www.ucl.ac.uk/epidemiology-health-care/news/2020/aug/less-half-people-england-understand-current-lockdown-rules>

<sup>12</sup> <https://www.kcl.ac.uk/policy-institute/assets/coronavirus-uncertainties.pdf>

<sup>13</sup> <https://democracy.arts.ubc.ca/2020/09/14/covid-19/>

<sup>14</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1661624/>

<sup>15</sup> <https://docs.cdn.yougov.com/412s271exg/YouGov%20-%20Daily%20coronavirus%20tracker%2023%20Mar%20-%205%20Apr.pdf>

<sup>16</sup> <https://www.medrxiv.org/content/10.1101/2020.04.01.20050039v1>

<sup>17</sup> <https://www.kcl.ac.uk/policy-institute/assets/Coronavirus-in-the-UK-cluster-analysis.pdf>

<sup>15</sup> <https://www.bbc.co.uk/news/explainers-52183137>

urban parks; they were branded ‘covidiot’ (implying personal attribution and blame) and threats were made to close the parks as a result<sup>15</sup>. Arguably, however, people who did not have access to large private or public spaces were simply adhering to the guidelines – which allowed and encouraged outside exercise – but then found themselves in crowded areas due to the shortage of available public space. A more appropriate response, then, would be to *support* people in distancing by finding ways of making more space available (e.g. opening playing fields, golf courses etc. to the public)<sup>18</sup>.

7. While, early on in the pandemic, issues relating to capability and opportunity may have played the strongest role in explaining non-adherence early in the pandemic, this does not mean that motivation was irrelevant to non-adherence, nor that it may not be of growing significance as the pandemic – and the associated restrictive measures – develop over time. Moreover, it is important to understand how people are positively motivated to adhere when they have clear knowledge and the opportunity to act on their wishes. When it comes to motivation, however, it is important to distinguish between two connected but distinct issues. The first is spontaneous support for restrictive measures; the second is willingness to adhere to official guidance on restrictive measures.

8. Spontaneous support for restrictive measures (such as lockdown or face masks) is critically dependent upon framing the pandemic in collective terms or what is sometimes popularly referred to as ‘we-thinking’<sup>19</sup>. Thus, if people approach the issue in terms of their individual self-interest (‘what does it mean for me?’) then for many, especially those who are young and fit and therefore at less risk from infection, it is likely that they have more to lose than to gain from observing restrictions. However, if they approach the issue in terms of their collective self-interest (‘what does it mean for us?’) then the losses resulting from going out, spreading the disease and hence endangering the most vulnerable in the community are far greater than the inconveniences of restrictive measures. Adherence, then, will depend upon people thinking of themselves and others in terms of a shared group membership (or social identity<sup>20</sup>).

9. There is a growing body of evidence from the pandemic which shows that social as well as individual (or personal) identity, and collective as well as individual concerns motivate adherence. A study conducted across the UK in mid-April found that the belief most associated with adherence to lockdown was ‘we are all in it together and we need to come out of it together’<sup>21</sup>. More recently a Canadian study shows that collective interest rather than individual risk motivates mask wearing, a longitudinal UK study shows that identification with the local community predicts subsequent adherence to COVID restrictions<sup>22</sup>, and a large

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<sup>18</sup> <https://www.bloomberg.com/news/articles/2020-05-06/5-ways-cities-can-make-more-public-space-fast>

<sup>19</sup> <https://thepsychologist.bps.org.uk/dont-personalise-collectivise> <https://www.nature.com/articles/s41562-020-0884-z>

<sup>20</sup> <https://uk.sagepub.com/en-gb/eur/together-apart/book275359>

<sup>21</sup> <https://blogs.lse.ac.uk/politicsandpolicy/lockdown-social-norms/>

<sup>22</sup> <https://osf.io/2uyw7/>

67 nation study involving some 47,000 participants shows attachment to one's national community to be a key predictor of adherence<sup>23</sup>.

10. Adherence is further strengthened by drawing on other aspects of group processes. Thus, research on environmentalism shows that if behaviours are construed as a source of group pride are more likely to be supported<sup>24</sup>. Another means of securing adherence is to draw on specific group norms. Where behaviours are seen as the expression of important group norms and values (e.g. 'We are Scotland, We care for each other') they will gain more support - but at the same time one needs to beware of other group norms that militate against adherence (e.g. 'we are risk takers')<sup>25</sup>. The more that these norms are made public, and the more that group members are aware that others are complying the more this will increase their own behaviour. Again, though, it is vital to avoid disseminating information that implies others are not complying as this may inadvertently promote norms of non-compliance and thereby promote non-compliant behaviour<sup>26</sup>.

11. It follows from this that building adherence is dependent upon building a sense of shared identity and also building on specific group norms that potentially promote adherence. Research on people caught up in disasters and emergencies shows that the shared experience of threat and danger leads to an emergent sense of shared identity even where the people involved did not have any previous connections (or 'social capital'). This sense of shared identity is at the root of the mutual support and resilience often observed in such situations<sup>27</sup>. However, such shared identity is fragile and can easily be disrupted, especially where authorities, either in what they say or else in their policies and practices, set one section of the population against others<sup>28</sup>. This in turn can undermine social cohesion, mutual support and adherence.

12. Willingness to adhere to official guidance is also a function of a sense of shared group membership, though in this case what is critical is not so much whether one feels part of a group with the rest of the community but rather whether one feels that authority is of and acts for the community. Such a sense of shared identity is a critical precursor of factors like trust which in turn lead to influence and adherence<sup>29</sup>.

13. Work in the 'procedural justice' tradition shows that the way in which authorities treat the public is critical to the creation of a shared identity (and hence

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<sup>23</sup> <https://psyarxiv.com/ydt95>

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[https://www.sciencedirect.com/science/article/pii/S0272494412000849?casa\\_token=odvU8SsRi68AAAAA:8DiDuAdJME1rS6w9nsZT-PkBVszEkE1-kR0e4mROhRezXIMJw\\_BYH6MkjDthvyMJNixUZL-ctTH5](https://www.sciencedirect.com/science/article/pii/S0272494412000849?casa_token=odvU8SsRi68AAAAA:8DiDuAdJME1rS6w9nsZT-PkBVszEkE1-kR0e4mROhRezXIMJw_BYH6MkjDthvyMJNixUZL-ctTH5)

<sup>25</sup> <https://www.medrxiv.org/content/10.1101/2020.03.17.20037408v1>

<sup>26</sup> [https://journals.sagepub.com/doi/abs/10.1111/j.1467-9280.2007.01917.x?casa\\_token=-BFga1Sfxc0AAAAA:xo5kvBMGLVrtxwgs\\_XeGhuGgmCioOCUD4c8cvCOKjUigsBBBqcAUdx\\_SwDJpvFfFBx8ALiLiHhTp-Q](https://journals.sagepub.com/doi/abs/10.1111/j.1467-9280.2007.01917.x?casa_token=-BFga1Sfxc0AAAAA:xo5kvBMGLVrtxwgs_XeGhuGgmCioOCUD4c8cvCOKjUigsBBBqcAUdx_SwDJpvFfFBx8ALiLiHhTp-Q)

<sup>27</sup>

[https://www.tandfonline.com/doi/abs/10.1080/10463283.2018.1471948?casa\\_token=VVbdyBroxMgAAAAA:9uHbpqatxH74bhy5tqbVmwOtC4P0wmk0Y5isXzMK62m1SZmSlGuVtKihgkc-2eXH3bZ-WWVoijeUu68](https://www.tandfonline.com/doi/abs/10.1080/10463283.2018.1471948?casa_token=VVbdyBroxMgAAAAA:9uHbpqatxH74bhy5tqbVmwOtC4P0wmk0Y5isXzMK62m1SZmSlGuVtKihgkc-2eXH3bZ-WWVoijeUu68)

<sup>28</sup> <https://repository.canterbury.ac.uk/item/8q981/endurance-or-decline-of-emergent-groups-following-aflood-disaster-implications-for-community-resilience>

<sup>29</sup> <https://journals.sagepub.com/doi/full/10.1177/1742715020929151>

trust/adherence)<sup>30</sup>. In effect, if we are treated as a partner we will come to see and treat authorities as a partner 'They need to listen to us, treat us fairly, be open with us, show us respect and so on'<sup>29</sup>. Conversely anything which separates authority from the group – a sense of being treated unfairly, of double standards, of disdain – will diminish shared identity and hence compliance<sup>3132330</sup>.

14. As well as addressing how to promote adherence, procedural justice research has implications for how non-adherence should be tackled. In particular, it points to the importance of distinguishing between making a certain measure compulsory (e.g. wearing masks) and responding to those who ignore the measure with punitive enforcement (e.g. fines). Mandating people to comply with guidance can be effective in and of itself by sending a very strong message, helping to form norms of adherence and creating strong social expectations. Thus, in many countries making masks compulsory greatly increased usage with minimal enforcement and, according to an International Comparators Joint Unit (ICJU). Analysis in August, across Europe there is no correlation between enforcement and adherence.

15. Additionally, enforcement can create a negative relationship between authorities and the public, thus undermining adherence. Attempts to get people to adhere to public health guidance through coercive means can create resistance to the specific actions being proposed<sup>34</sup>. It can also lead to more generalised non-adherence. Thus, for instance, there is concern in the present pandemic that fines or other punishments aimed at people who fail to self-isolate when requested to do so may lead to a reluctance to get tested or to reveal ones contacts in the case of a positive test<sup>35</sup>.

16. The issues surrounding enforcement are particularly relevance to policing. Preliminary findings from a number of global comparison studies currently in progress (e.g. by the Cambridge University Institute of Criminology and by the WHO) suggest that harsh enforcement has no positive effects on reducing infection transmission but may undermine public compliance with the police. At worst, rigid police enforcement may lead to tensions and even rioting against the police as occurred in France and Chile<sup>36</sup>. That is why the College of Policing, quoting procedural justice research, recommend what they call the '4Es' approach. That is, legislation to require certain measures provides a basis for *engaging* with those who don't adhere, to *explain* the need for the measure and to *encourage* people to take it seriously. Only as a distant fourth, and as a last resort, should *enforcement* be

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[https://books.google.co.uk/books?hl=en&lr=&id=0uk9DwAAQBAJ&oi=fnd&pg=PP7&dq=Tyler+why+people+obey&ots=YUVhvQ\\_VHq&sig=rldMpLTDCVaLOjyl3FPTDZ-](https://books.google.co.uk/books?hl=en&lr=&id=0uk9DwAAQBAJ&oi=fnd&pg=PP7&dq=Tyler+why+people+obey&ots=YUVhvQ_VHq&sig=rldMpLTDCVaLOjyl3FPTDZ-)

<sup>31</sup> [dBY&redir\\_esc=y#v=onepage&q=Tyler%20why%20people%20obey&f=false](https://psycnet.apa.org/record/1990-07413-001)

<sup>32</sup> <https://psycnet.apa.org/record/1990-07413-001>

<sup>33</sup> <https://www.taylorfrancis.com/books/9781351108232>

<sup>34</sup> <https://www.emerald.com/insight/content/doi/10.1108/IJES-06-2012-0026/full/html>

<sup>35</sup> <https://www.medrxiv.org/content/10.1101/2020.08.20.20178558v1>

<sup>36</sup> <https://onlinelibrary.wiley.com/doi/full/10.1111/bjso.12398>

used<sup>37</sup>. Thus, ideally, the police should start from the assumption that violations are not due to ill-will and should seek to be supportive, only shifting to enforcement if and when that support is rejected.

17. For similar reasons, it is unhelpful to encourage the public to report routine violations to the police. On the one hand there is a danger that, by encouraging mutual suspicion this undermines the communal identity and communal solidarity which, as argued above, is so central to an effective pandemic response. On the other hand, as during the national lockdown, it can overwhelm the police with incidents which, on investigation, prove to be unproblematic<sup>38</sup>. It would be far better to encourage the public to emulate the police and start by positive engagement with their neighbours.

18. Rather than treat the public as a problem, then, and think in terms of imposing restraint upon them, it is more productive to think of the public as part of the solution and work with them as a partner in dealing with the pandemic. This approach leads to the principle of coproduction<sup>39</sup>. That is, the public should be involved in the development, implementation and evaluation of all initiatives (whether related to information, opportunity or motivation) which seek to improve adherence. It is important not only that *all* sections of the community are listened to (particularly those that are hard to reach) but also that community members can see how their input has been used. Not only does co-production provide practical information about barriers to adherence, it also enhances the ingroup relationship between the authorities and their audience, increases trust and hence improves adherence<sup>40</sup>.

## Challenges to Adherence

19. There is clear evidence that coronavirus infections are increasing and that the increase is greatest amongst the young<sup>41</sup> (although there are steep rises in all groups except those above retirement age<sup>42</sup>). These increases are often used to infer that the cause of the increases is motivated misbehaviour: excessive drinking, house parties and so on. However, as cautioned above, it is important to recognise that behaviour is not always a matter of motivation. Greater transmission stems from greater exposure to others. Young people are simply more socially connected to others whether at home<sup>43</sup>, at work<sup>44</sup>, or even in taking public transport to work<sup>45</sup>. While clearly it is crucial that young people, like everyone, observe limits on

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<sup>37</sup> <https://www.college.police.uk/What-we-do/COVID-19/Documents/Engage-Explain-Encourage-Enforceguidance.pdf>

<sup>38</sup> <https://www.wired.co.uk/article/coronavirus-lockdown-report-neighbours>

<sup>39</sup> <https://www.emerald.com/insight/content/doi/10.1108/IJPSM-07-2015-0125/full/html>

<sup>40</sup> <https://journals.sagepub.com/doi/full/10.1177/0275074020942104>

<sup>41</sup> <https://www.gov.uk/government/publications/demographic-data-for-coronavirus-testing-england-28-may-to-26-august/demographic-data-for-coronavirus-covid-19-testing-england-28-may-to-26-august>

<sup>42</sup> [https://twitter.com/Dr\\_D\\_Robertson/status/1305156278298324992/photo/1](https://twitter.com/Dr_D_Robertson/status/1305156278298324992/photo/1)

<sup>43</sup> <https://www.idealflatmate.co.uk/landlord-HQ/the-rise-of-the-silver-room-sharer/>

<sup>44</sup> <https://www.resolutionfoundation.org/publications/risky-business/>

<sup>45</sup> <https://www.statista.com/statistics/682740/passenger-transport-service-in-the-united-kingdom-uk-by-age/>

socialising, it is both empirically unproven and counterproductive to assume that excessive socialisation constitutes the whole – or even the main – cause of the present infection profile.

20. The direct evidence on adherence tells a nuanced story and so it is important not to oversimplify it. The data point to the following conclusions. (although it should be stressed that they are generally based on self-reports alone, as opposed to being combined with observational data, and hence need to be treated with some caution):

- In overall terms, levels of adherence and support for COVID restrictions remain high. For instance, ONS data suggests that, in August, nearly 95% of Scots were wearing face coverings when going shopping<sup>46</sup>. YouGov polling on the day that new restrictions were introduced in England ('the rule of 6') showed that 77% of people were in favour<sup>44</sup>. Indeed, the public generally support further restrictions. For instance, 69% of those polled in September supported a 9pm curfew on bars<sup>47</sup> and 74% felt the pandemic isn't being taken seriously enough<sup>48</sup>.
- These high levels of support are high in *absolute* terms for all age groups, including the young. Thus, amongst 18-24 year olds, 67% supported 'the rule of 6', 55% supported the curfew on bars and 70% agreed that the pandemic isn't being taken seriously enough. As these same figures show, however, in *relative* terms, young people are somewhat less observant and supportive of restrictions than their elders

21. While these data are moderately encouraging, levels of adherence have been declining over time since June<sup>49,50,51</sup>. However, these areas of slippage are not necessarily those which attract most attention. So, for instance, unpublished YouGov data shows that, across a series of countries, it is in avoidance of medium and small sized gatherings, not avoidance of large gatherings, that adherence has fallen most dramatically in recent months.

22. The basis of this decline is complex, involving multiple factors. It is again important not to start from the assumption that it derives primarily from motivational factors. For instance, it may be to do with information both about the continuing nature of the risk and about the precise behaviours necessary to contain it. Even where motivational factors are concerned these may have to do with the extent to which measures are fair, equitable and in the interests of one's community<sup>52,53</sup>. As

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<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/coronavirusandthesocialimpactsongreatbritain/4september2020> <sup>44</sup>

<https://twitter.com/YouGov/status/1305406977170903040/photo/1>

<sup>47</sup> <https://twitter.com/YouGov/status/1305899920143122437/photo/1>

<sup>48</sup> <https://twitter.com/YouGov/status/1303359021206900736/photo/1>

<sup>49</sup> <https://b6bdcb03-332c-4ff9-8b9d->

<sup>50</sup> [f9c957493a.filesusr.com/ugd/3d9db5\\_cf6736fab93e4fb898d42d8668a350a6.pdf](https://f9c957493a.filesusr.com/ugd/3d9db5_cf6736fab93e4fb898d42d8668a350a6.pdf) <https://b6bdcb03-332c-4ff9-8b9d->

<sup>51</sup> [f9c957493a.filesusr.com/ugd/3d9db5\\_dc64263647624fd3842e6521c186aa69.pdf](https://f9c957493a.filesusr.com/ugd/3d9db5_dc64263647624fd3842e6521c186aa69.pdf)

<sup>52</sup>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/909388/s](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/909388/s)

<sup>53</sup> [-spi-b-areas-of-intervention-measures-outbreaks-300720-sage-49.pdf](https://spi-b-areas-of-intervention-measures-outbreaks-300720-sage-49.pdf)

interventions becomes more targeted, affect some and not others, there is always the danger that certain groups will feel unfairly targeted and hence resent the restrictions imposed upon them – especially (as in Leicester) where the groups involved have an existing sense of being disadvantaged on the basis of class or ethnicity<sup>54</sup>.

23. Additionally, there are some specific areas of concern where adherence has always been low. The most important example is self-isolation. Early data from May suggested that only some 25% of symptomatic individuals consistently self-isolated<sup>55</sup>. A more recent, study involving 21 waves of data up to early August suggested that adherence to self-isolation guidelines was even lower at just over 18%<sup>56</sup>. If this is accurate, it casts doubt on the effectiveness of the existing test and trace system, the whole point of which is to break the chain of transmission by isolating infectious individuals and their close contacts.

24. The analysis of these data suggests a number of explanations of these low compliance rates, including hardship and lower socio-economic status. This accords with Brazilian data showing that poor people are less likely to isolate<sup>57</sup> and Israeli data showing that financial compensation increased enhances intention to self-isolate from 57% to 94%<sup>58</sup>.

25. A somewhat different area of concern has to do with the increasing levels of moralisation, blame and stigmatisation attached to adherence and non-adherence. Thus, in a September 11<sup>th</sup> poll, a clear majority of 57% of respondents agreed that young people were to blame for the rise in COVID infections (vs 35% who disagreed)<sup>59</sup>. And a Demos poll, conducted in early August, showed that 68% of those who observed lockdown either hated or resented those who did not or else considered them to be bad people<sup>60</sup>.

26. Recent theoretical work on the moralisation of social categories has been applied to the current pandemic and point to a number of corrosive consequences<sup>61</sup>. These include:

- An increase in social tension between groups and the breakdown of a sense of unified community (which, as argued above, is central to spontaneous adherence to COVID restrictions)
- A reduction in dialogue and influence between groups. Indeed, if those who don't adhere are dismissed as a disreputable group, it can lead them to reject their accusers in similar terms and double down on their behaviour in order to express such rejection. In this way, blame and moralisation may increase the very behaviours which they seek to challenge.

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<sup>54</sup> <https://www.theguardian.com/commentisfree/2020/jun/30/leicester-local-lockdown>

<sup>55</sup> <https://www.sciencedirect.com/science/article/pii/S003335062030319X>

<sup>56</sup> <https://www.medrxiv.org/content/10.1101/2020.09.15.20191957v1>

<sup>57</sup> <https://www.scielo.org/article/csc/2020.v25suppl1/2411-2421/en/>

<sup>58</sup> <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2020.00382>

<sup>59</sup> <https://yougov.co.uk/topics/health/survey-results/daily/2020/09/11/ac5f8/2>

<sup>60</sup> <https://demos.co.uk/press-release/new-research-finds-social-fractures-caused-by-covid-19-are-more-divisive-than-brexit/>

<sup>61</sup> <https://onlinelibrary.wiley.com/doi/full/10.1111/bjso.12399>



27. In addition to these dangers, the psychological literature suggests further potential problems. While, as yet, there is no direct evidence from the current pandemic to support them – and hence they are speculative – from a precautionary perspective they are worth considering:

- To the extent that non-compliant behaviour is stigmatised and also that infection is taken as indicating non-compliance, then people may be less willing to report their illness. Certainly, in the case of AIDS, stigma was a major factor in delaying people seeking tests and hence the spread of the disease<sup>62</sup>. Equally, unpublished polling and focus group data from the current pandemic shows that stigma plays an important role, not only in stopping people in getting tested but also in making them reluctant to reveal their contacts (from which the contacts could then infer who had tested positive).
- Additionally, once adherence is moralised and attributed to a disreputable group, then it makes it harder for people to see themselves (and people like themselves) as ‘perpetrators’. Those who don’t comply and get infected come to be seen as a pathologised other unlike ‘me and my circle’. ‘They’ are having the wild parties that cause all the problems. It has nothing to do with ‘us’ inviting one or two extra people to dinner. In this way, the blame directed at young people can lead others to dismiss messaging about adherence as not being self-relevant and ignore their own infractions of the rules. As shown in paragraph 16 it is precisely in such small gatherings – rather than large house parties – that the decrease of adherence has been most acute.

28. In sum, then, the culture of blame associated with the moralisation of adherence and the stigmatisation of infection has the potential to create major problems – undermining solidarity, increasing non-adherence amongst both the group being blamed and groups not being blamed (albeit through different processes), and undermining involvement in the test, trace and isolate system.

### **Priorities for action**

29. The key conclusion from this briefing is that adherent behaviour is a joint function of capability, opportunity and motivation. It is therefore wrong to assume that non-adherence derives from negative intent and to respond with repression. It is more productive to take practical steps to help people adhere. That is, the evidence and arguments presented above underpin a **facilitatory approach** to adherence. This has two dimensions. On the one hand, it is important for authorities to help people think about each-other in collective terms so they will support each-other and act out of concern for each-other. On the other hand, it is important for authorities to support the public in adhering to COVID-19 measures so that the public in turn will be trusting and supportive of these authorities.

30. In terms of creating community and facilitating mutual support amongst the public, the priority is to reassert a collective framing of the pandemic – that it is about the entire community, about keeping each other safe and coming out of it together. In short, it is about ‘we’ not ‘I’. Such a campaign must acknowledge inequities in the ways the pandemic is hitting people (such as BAME communities and young people) and a commitment to deal with these. In this regard the messaging of Bonnie Henry,

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<sup>62</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2835402/>

British Columbia's Provincial Health Officer is exemplary – both her emphasis on mutual concern as a core strength ('Be kind, Be calm, Be safe'<sup>63</sup>) and her acknowledgement of inequalities ('we are all in the same storm, but we are not all in the same boat'<sup>59</sup>).

31. In terms of creating a relationship of trust and mutual support between authorities and the public, the priority is to adopt a partnership approach. The core lesson from the research cited above is that you don't change people's behaviour simply by telling them what to do but rather by changing your own behaviour in ways that make them trust what you have to say. It is in treating the public as a partner that influence becomes possible.

32. Partnership is dependent upon the ways in which Government and other authorities treat the public. It is crucial to be open and respectful, to listen and to heed what the public is saying. Hence the notion of co-production – where decisions are not imposed on the public but rather developed, implemented and evaluated with them - is a key component of any partnership approach.

33. Partnership is also dependent upon recognition of one's responsibility to support as well as make demands of one's partner. Concretely, this means recognising the constraints upon the ability of people to adhere to COVID measures and addressing the practical ways in which Government can help in overcoming them. There is a need for a renewed information campaign, co-produced with the public, which explains the need for action, the precise things people must do to keep safe and the rationale for those actions. This is likely to be more effective if tailored to groups, especially to address hard to reach parts of the community (e.g. young people, BAME). There is also a need for resources to enable people to do what is asked of them – in particular to self-isolate where this is necessary. However, these resources need not come exclusively from Government – solutions can involve the public (in community mutual aid, delivering food etc.), the Government (compensation for lost income), and the private sector (in providing valued incentives).

34. Finally, if a partnership approach is to be effective it must be extended to those who don't adhere. To respond to non-adherence by assuming negative intent and responding with blame and punishment will only entrench resistance. It is far more effective to respond with respect and support. The '4Es' principles used by the police (Engage, Explain, Encourage... and only as a last resort, Enforce) provides a good model to be followed more widely both by the Government and by the public. Thus, for instance, neighbours should be encouraged to think of how they can help each other to self-isolate (e.g. by delivering food) before thinking of reporting each-other.

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<sup>63</sup> <https://www.cbc.ca/news/canada/british-columbia/bc-covid-new-normal-activities-social-anxiety-1.5544951>

<sup>59</sup> <https://www.vancouverite.com/bonnie-henry-on-olivia-munns-account-were-in-same-storm-differentboats/>

