



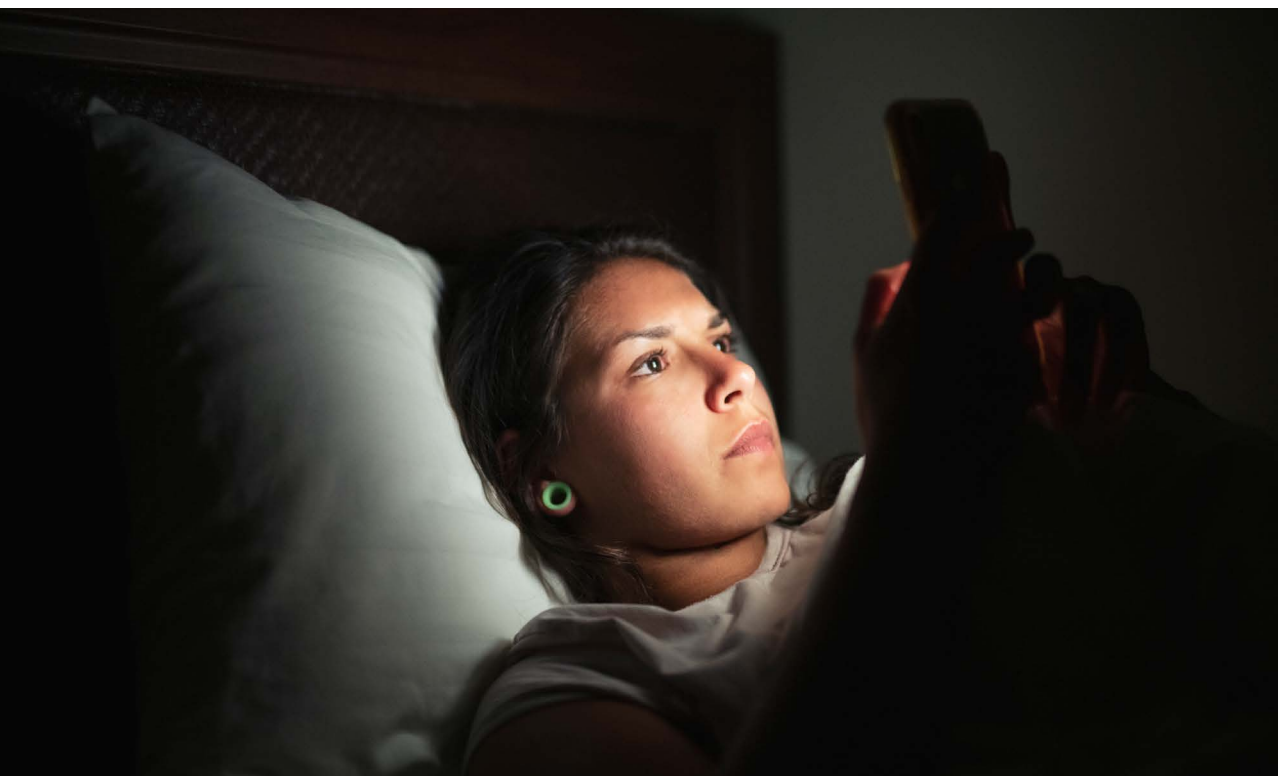
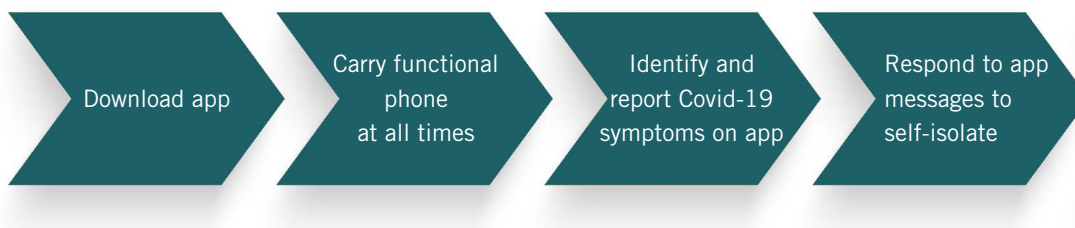
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BRIEFING

Behavioural science and success of the proposed UK digital contact tracing application for Covid-19

Exploring the practicalities and ramifications surrounding the use of an NHS contact tracing app to help lift the lockdown measures is a time-sensitive matter. Behavioural science must be integrated within both the app itself and associated communication to help ensure that it is fit for purpose.

The digital contact tracing application for Covid-19 requires at least four inter-related behaviours to occur:



BRIEFING

For these behaviours to occur one must have sufficient capability AND opportunity AND motivation^{1,2,3,4}. Likely barriers and facilitators include:

CAPABILITY	OPPORTUNITY	MOTIVATION
<ul style="list-style-type: none"> • Knowledge about the app and what it is for • Having the skills to download and use • Being able to identify Covid-19 symptoms accurately • Knowing when and how to report symptoms • Knowing what to do if alerted to exposure to Covid-19 • Memory to do behaviours 	<ul style="list-style-type: none"> • Having a device suitable to download the app • Having sufficient memory space on device for a new app • Having the means to carry phone so it's with you all the time • Using different phones at different times (e.g. for work) • Having sufficient battery/means to charge • Being encouraged by others to download and use • Social norms for use 	<ul style="list-style-type: none"> • Beliefs in the value of the app • Perceived ease of use • Wanting to be able to alert others to Covid-19 risk and to know about own Covid-19 exposure • Concerns about data usage and data privacy • Concerns about outcomes (e.g. being instructed to self-isolate) • Previous experience of rewards/disadvantages of being alerted to Covid-19 exposure • Habits for phone use/carrying • Fear/anxiety about Covid-19 • Compatibility with identity

A large majority of the UK population will need to download and use the app, so its success depends on understanding and addressing specific barriers so that suitable features can be built into the design (e.g. ease of use, ability to opt out of certain features), and into related communications. While research on other health-related apps may provide some information about relevant factors, this will not be sufficient for the current context. There is an urgent need for researchers and policy-makers to address:

1. What are the barriers and facilitators for each of the four app-related behaviours?
2. How do these differ by:
 - a. Occupation, role and employment status
 - b. Gender
 - c. Socio-economic group
 - d. Ethnic group
 - e. Experience of physical and or/learning disabilities
 - d. Age group including children
 - e. Differing levels of risk for severe Covid-19 disease

This document was prepared by Arden, M.A., Armitage, C.J., Byrne-Davis, L., Hart, J., O'Connor, D.B., Chadwick, P., Drury J., Lewis, L., McBride, E., Perriard-Abdoh, S., Shorter, G.W., Swanson, V., Thompson, S., Whittaker, E. & Chater, A. On behalf of the BPS Behavioural Science and Disease Prevention Taskforce.

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St Andrews House,
48 Princess Road East,
Leicester LE1 7DR, UK

☎ 0116 254 9568 🌐 www.bps.org.uk ✉ info@bps.org.uk