GUIDANCE

Encouraging self-isolation to prevent the spread of Covid-19

Self-isolation is a key part of the UK strategy to prevent the spread of Covid-19 by people who are symptomatic and have tested positive, and for those who are at risk of developing Covid-19 due to having had close contact with someone with symptoms or a positive test. Self-isolation means that the person needs to stay at home and not leave except to take a Covid-19 test or in a life-threatening emergency and not to accept visitors to the home.

The NHS test and trace services and local public health teams have been working to identify those at risk and to ask them to self-isolate, but adherence is low. Our learning from other behaviours (e.g. non-adherence to medication), from relevant psychological theories and from research studies exploring the factors affecting self-isolation in infectious disease pandemics have informed this document (see Appendix A).

The analysis and recommendations presented also draw on the British Psychological Society's *Behavioural Science and Disease Prevention: Psychological guidance*[1].

KEY RECOMMENDATIONS:

People need to *understand exactly what they need to do, why they need to do it, how they need to do it and when*. This includes explaining what self-isolation means and what symptoms to look for.

It is important that people understand that *self-isolation is different from social isolation/lockdown* (when people were permitted to shop for essentials and to have one period of exercise outside of the home).

People should be supported and encouraged to make *plans for self-isolation* in advance.

Services need to be able to support people to ensure that everyone has a suitable and *safe place to self-isolate*, has *access to the food and essential supplies* that they need, and can *contact health services* if their symptoms worsen or they need *assistance to look after dependents* (e.g. children or elderly relatives).

Employers and community groups should be encouraged to provide *support and to make self-isolation a normal, valued and accepted* thing to do.

Fines for not adhering to self-isolation should only be considered after it has been established that a person has the appropriate resources and support to enable self-isolation.

GUIDANCE

Communications should *persuade about the benefits of self-isolation* for oneself and others but these may need to be *tailored* for different groups who may have different motivations and require different types of messages from *credible sources for that population.*

People should be provided with positive *feedback* about how their adherence to self-isolation has been beneficial.

People should ideally be compensated for financial losses incurred as a result of self-isolation, and other incentives (financial or material) could also be offered.

Communications should emphasise the *practical and emotional support* that is available for people to self-isolate so that they can *feel confident* that they can do it effectively.

SELF-ISOLATION GUIDANCE

Self-isolation is a critical part of the strategy to prevent the spread of Covid-19. Self-isolation means that you: (i) stay at home, do not go to work, school or public areas or use public transport; (ii) do not leave the home to buy food or essentials or to exercise; and (iii) do not have visitors to the home.

The guidance in the UK across the four nations (England, Scotland, Wales and Northern Ireland) is broadly similar[2] (although please check national guidance for any variation), and states that people should self-isolate for at least seven* days if they have any symptoms that might be coronavirus *or* if they have received a positive Covid-19 test result:

England
www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection

Wales
www.gov.wales/self-isolation-stay-home-guidance-households-possible-coronavirus

Scotland
www.gov.scot/publications/coronavirus-covid-19-test-and-protect

Northern Ireland
www.nidirect.gov.uk/articles/coronavirus-covid-19-staying-home-and-self-isolation

The current confirmed symptoms of coronavirus that should prompt self-isolation are: (i) a new continuous cough; (ii) a high temperature (fever); and (iii) a loss of, or change in, your normal sense of taste or smell.

Current guidance is that people should self-isolate for at least 14 days if they are in the household, extended household or 'bubble' of someone with symptoms or a positive test. The 14 days starts from the day when the first person in the household became ill[3]. If the person in that household with symptoms receives a negative Covid-19 test then the period of self-isolation can end for them, and for the other people in their household or bubble unless they have developed symptoms in the interim.

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* This changed from 7 days to 10 days on 10 July 2020.

People contacted by the test and trace service should also self-isolate for a period of 14 days, regardless of whether they have symptoms or not, because they have been in contact with someone who has received a positive Covid-19 test result.

UNDERSTANDING THE INFLUENCES ON SELF-ISOLATION BEHAVIOUR

Increasing adherence to self-isolation requires that we first understand why people do or do not self-isolate and then develop interventions to match these issues.

Drawing on our experience and relevant research on self-isolation during this and other pandemics (see Appendix A) we can expect the likely influences on adherence to self-isolation using the Capability, Opportunity, Motivation - Behaviour model (COM-B[4], see Table 1).

TABLE 1: LIKELY INFLUENCES ON SELF-ISOLATION BEHAVIOUR – CAPABILITY, OPPORTUNITY AND MOTIVATION

Capability	Opportunity	Motivation
• Knowledge about Coronavirus transmission/ infection. • Knowledge about how self-isolation can prevent the spread of Covid-19 • Knowledge about when self-isolation should happen and for how long • Knowledge of how to self-isolate appropriately • Remembering to do the correct action in the required situation • Ability to plan for what to do if self-isolation is necessary (e.g. having emergency supplies and a contact number ready)	• Availability of others to provide essentials and emotional support for a period of self-isolation. • Support and encouragement from friends, family, employers and colleagues to self-isolate • Financial stability to self-isolate • Having a safe place to self-isolate • Living with other people (e.g. family members or in a shared house) who are not self-isolating • Social norms to self-isolate (awareness that others around us are self-isolating and think it's the right thing to do)	• Intending to self-isolate and wanting to do it. • Beliefs about the effectiveness of self-isolation (will it be beneficial for them and/or others) • Perceived risks of Covid-19 for self and others • Incentives or compensation for self-isolation/penalties for not self-isolating • Beliefs about ability to effectively self-isolate • Identity as a 'caring member of the community' • Perceived negative consequences of self-isolation (e.g. loss of income, loneliness) • The impact of emotions (fear, anxiety, loneliness, depression

In the following section we suggest a range of possible interventions that could be used to address the key barriers that we identify in our analysis. This is not an exhaustive list; rather it provides examples.

ADDRESSING CAPABILITY

Knowledge about Covid-19 symptoms, why and when to self-isolate, and what self-isolation means should all be addressed in clear communications that should be tailored to different audiences; for example, they need to be provided in different languages and for people with disabilities including learning disabilities, and visual and hearing impairment.

- Communications should explain exactly what we want people to do (i.e. Stay at home. Do not leave home even for food and essentials. Do not go to work. Do not accept visitors into the home). This is because 'self-isolation' may be confused with the 'social isolation' that was recommended during early lockdown when people were allowed out of the house for food and essentials and for one period of exercise per day.

- Communications should explain what symptoms to look out for but should also emphasise that people can spread Covid-19 without having noticeable symptoms[5].

Support people to make plans so that they are prepared for self-isolation and remember to do it immediately when the situation arises. Communications could help people to make a plan about exactly what they will do if they notice symptoms in themselves or a member of the household or are asked to self-isolate by contact tracers. These might include:

- Collecting together key phone numbers (workplace, school, family member of friend), and making a plan to call them immediately if they identify that they need to self-isolate. For example: 'If I need to self-isolate, then I will go home immediately/stay at home and telephone […]'

- Having some key supplies in the house at all times so that people feel ready to self-isolate. This might include food essentials and making sure that they have sufficient prescription medications. But should avoid prompting stock-piling.

- Providing contact numbers of local organisations and services that can help people who are self-isolating so that people know that support is available and feel able to self-isolate. You might suggest that people keep numbers somewhere that won't get lost and are easy to find (e.g. stuck to the fridge or on a noticeboard). They could be provided on fridge magnets or stickers to help.

ADDRESSING OPPORTUNITY

People need to have a safe and comfortable place to self-isolate and sufficient money and food to manage during a period of self-isolation. If people do not have any one of these then they are less likely to do so. Local services may need to:

- Create and signpost people to services to enable them to find a safe location to self-isolate, or to arrange their space so that they can best self-isolate from others who are sharing their accommodation. These services may need to be targeted at particular vulnerable groups including homeless, people experiencing domestic abuse, and people in shared accommodation.

- Arrange for the provision of food and support for people self-isolating who do not already have access through their family/friend support networks.

People are more likely to self-isolate if they feel that they are supported by others to do so. This includes family, friends and employers and the wider community. Interventions could include:

- Messages from employers encouraging self-isolation. They could praise staff who are self-isolating and make staff aware if they or other managers are self-isolating (with permission and due consideration for employee confidentiality). This can create positive social norms for self-isolation within an organisation.

- Communications that a doctor's note is not needed for self-isolation and employers will accept a note obtained by accessing www.111.nhs.uk/isolation-note.

- Communications about self-isolation happening in the local community and thanking those who are taking this action.

Services should be provided to offer people the emotional support that they might need if they are feeling anxious, lonely or depressed.

Legal powers to enforce self-isolation could be used (e.g. fines). However, care should be taken to ensure that these are only used after it has been established that a person has a safe place to self-isolate and sufficient support to access food and essentials to enable self-isolation.

ADDRESSING MOTIVATION

People need to be persuaded about the benefits of self-isolation for themselves, their loved ones and community. Communication of these messages could be done in a variety of ways:

- Tailored messages should be created for different groups who may have different drivers for self-isolation. For some it may be about avoiding the spread of infection to others who are at risk, for others it may be about avoiding local lockdowns so that people's lives and businesses can get closer to normal.

- Messages could ask people to focus on the anticipated regret that they might experience if they did not take action, for example if they passed the virus on to a family member or to someone who was high-risk or had been shielding.

- Thinking about the credibility of the message giver for different groups. It may be helpful for messages to be delivered by trusted community leaders, celebrities, or 'people like me'.

- Where communications are verbal, an individual's motivations for self-isolation should be elicited and reinforced during a conversation (see 'Having a conversation about self-isolation' in the section below).

As there are no personal benefits and significant personal costs, messages about the value of self-isolation should focus on the collective benefits and emphasise the value of a community approach[6].

People need to be persuaded that their actions in self-isolating as advised have been worthwhile and effective. Given that some people are likely to be advised to self-isolate on more than one occasion (i.e. after each contact with an infected person) this is particularly important for promoting self-isolation on a second or subsequent occasion. This could be achieved by:

- Providing feedback about the likely outcomes of self-isolation (e.g. the rates of infection expected within a local area if people hadn't self-isolated, compared to the rates of infection that occurred as a result of people self-isolating).

- Thanking people for self-isolating, and emphasising how important this action was for their family, friends, and local community.

People could be incentivised[7] to self-isolate, or given compensation so that they don't lose income as a result of self-isolation. This could include:

- Financial compensation to cover loss of income as a result of being unable to work/not receive sick pay.

- Voucher scheme so that people self-isolating receive rewards that they could use after the period of self-isolation.

Messages should emphasise the practial and emotional support that is available for people to self-isolate so that people feel confident that they can do it effectively and know where to access support.

EXAMPLE OF A CURRENT COMMUNICATION BEING USED TO ENCOURAGE PEOPLE TO SELF-ISOLATE AS PART OF NHS TEST AND TRACE

The Department of Health and Social Care are running social media/TV communications about self-isolation (within the context of the NHS test and trace programme). The following screenshots illustrate the content which is available at:
www.twitter.com/DHSCgovuk/status/1281684618630983681
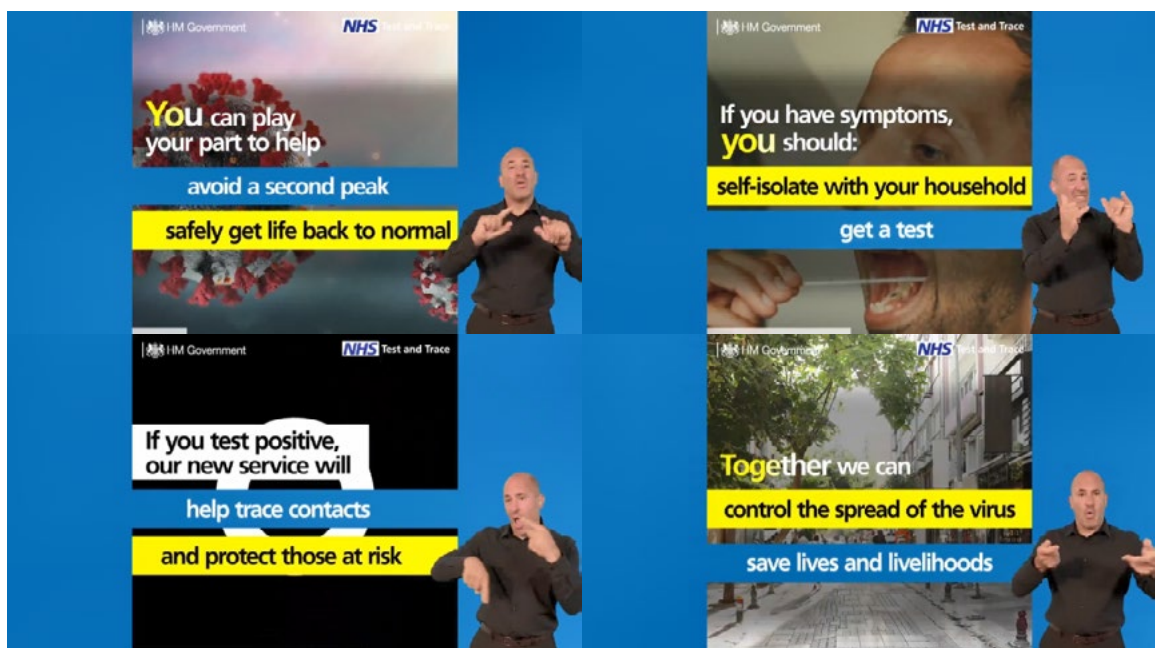
This communication addresses some factors likely to be of importance:

Explains what the positive outcomes of action will be (i.e. avoiding a second peak, getting life back to normal, controlling the spread of the virus and saving lives and livelihoods). (Motivation)

Provides information to increase knowledge about what to do (self-isolate and get a test) and when (if you have symptoms) increasing Capability.

However, the communication assumes that people have some prior knowledge and has a number of aspects that could be improved:
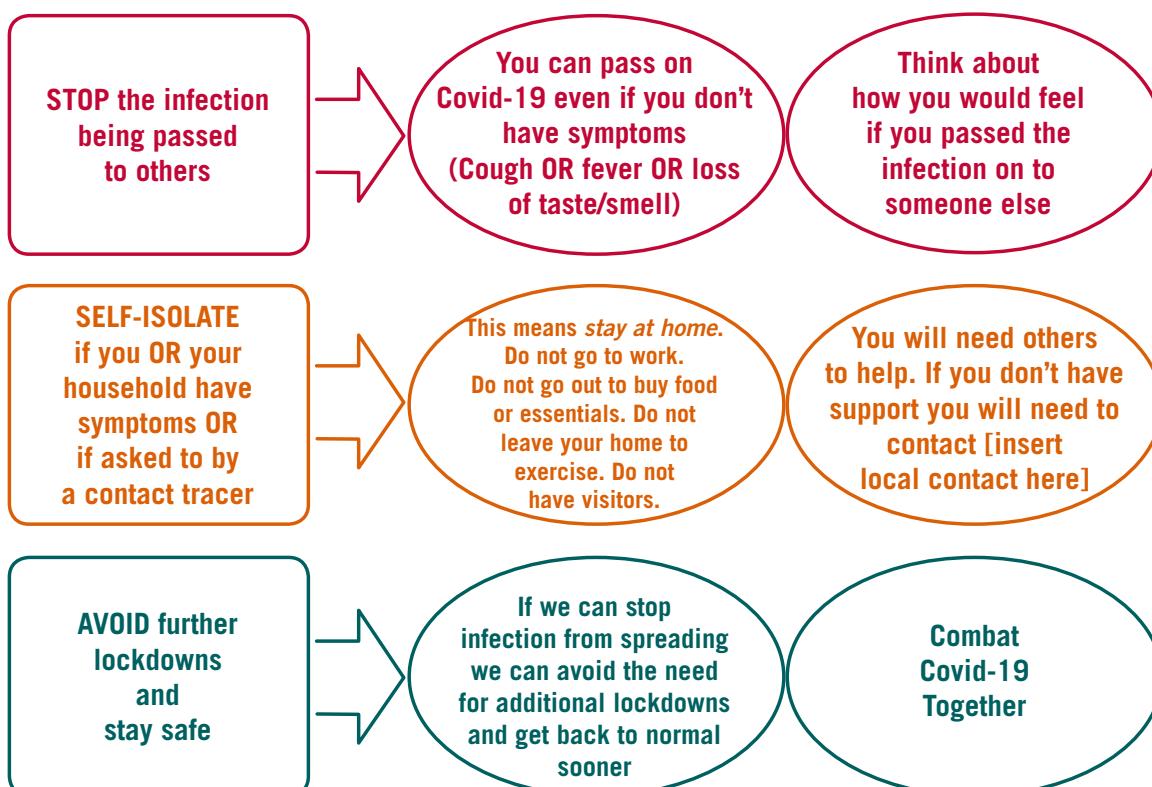
Explaining what the symptoms are.

Explaining exactly what they have to do to self-isolate and book a test.

There is no information about how they can receive further information and practical and emotional support to help them to self-isolate.

Further information is provided in the accompanying guidance document (www.gov.uk/guidance/nhs-test-and-trace-how-it-works), but this is only likely to be accessed by a few highly motivated individuals and is therefore likely to have limited reach.

EXAMPLE COMMUNICATION TO ENCOURAGE SELF-ISOLATION WHICH ADDRESSES SOME KEY ASPECTS OF CAPABILITY, OPPORTUNITY AND MOTIVATION

STOP the infection being passed to others → **You can pass on Covid-19 even if you don't have symptoms (Cough OR fever OR loss of taste/smell)** | **Think about how you would feel if you passed the infection on to someone else**

SELF-ISOLATE if you OR your household have symptoms OR if asked to by a contact tracer → **This means *stay at home*. Do not go to work. Do not go out to buy food or essentials. Do not leave your home to exercise. Do not have visitors.** | **You will need others to help. If you don't have support you will need to contact [insert local contact here]**

AVOID further lockdowns and stay safe → **If we can stop infection from spreading we can avoid the need for additional lockdowns and get back to normal sooner** | **Combat Covid-19 Together**

No brief communication can address all of the barriers to a behaviour given that these are likely to vary between individuals. However, this message does address a range of key factors as follows:

Provides an explanation of what the symptoms of Covid-19 are, when to self-isolate and exactly what that means. (Capability)

Signposts people to services that can support them during a period of self-isolation. (Opportunity)

Prompts people to anticipate the regret that they might feel if they passed Covid-19 on to someone else and explains the benefits and importance of self-isolation. Raising awareness of the support available may also enable people to feel more confident that they can self-isolate. (Motivation)

HAVING A CONVERSATION ABOUT SELF-ISOLATION

Telling someone to self-isolate will not be enough to encourage people to self-isolate and those having conversations with others about self-isolation will need to consider both what they are saying and how. Motivational interviewing[8] is one way of communicating effectively to assist behaviour change. Ideally contact tracers and others promoting self-isolation should be given training in motivational interviewing to equip them with the knowledge and skills to have an effective conversation. This includes helping the recipient to understand what they need to do and why; Understanding barriers to self-isolation and ways to overcome these; Evoking a sense of empowerment; and ensuring that people feel supported and that they have a plan going forward.

Effective communication should use core communication skills to support self-isolation. Examples include: asking open questions, eliciting information from the individual, actively listening to what they say and what is important to them, affirming good ideas or thoughts, and reflecting back what they have said[9]. The conversation should aim to be as two-sided as possible with an emphasis on the individual creating solutions to any potential problems as opposed to providing solutions and answers for them.

Self-isolation public messaging should try to include and address some of the following concepts:

What self-isolation is and when it happens:

- when symptomatic;
- when someone in household/bubble is symptomatic; and
- when asked by a contact tracer to self-isolate.

Why self-isolation is important for people. Self-isolating means you can protect others, reduce the spread of infection, and help to prevent a second wave.

What might prevent self-isolating (need to work to feed family/lack of belief in necessity to do so – see Table 1 in the guidance).

How to prepare for self-isolation.

What resources are available to people who are self-isolating.

How challenges can be overcome during self-isolation.

How to reward (socially or materially) following a period of self-isolation.

AN EXAMPLE CONVERSATION ABOUT SELF-ISOLATION COULD INCLUDE:

Contact tracer (CT): What do you understand about self-isolation? *This allows us to check their knowledge and enables us to know what further information to provide.*

Individual: It just means to stay home.

CT: Is it okay if I give you more information about it? *Asking permission invites a collaborative approach to the conversation and leads to more engagement in conversations compared to just providing information.*

Individual: Yes, go on.

CT: As you said the key part of self-isolation is staying at home. It means that you do not go to work, school or public areas or use public transport. It also means that do not leave the home to buy food or essentials or to exercise, and that you don't have visitors to your home. *Provide more detail or correct inaccuracies, depending on the response of the individual.*

The goal is to self-isolate for 14 days. This means that you will be protecting others, reduce the spread of infection, and help to reduce the risk of a second wave or local lockdown. *Specify their goal and explain why self-isolation is important.*

What do you think might stop you from self-isolating? *Ask the individual about anything that might prevent them from self-isolating. This allows them to consider in advance any problems that might arise during their self-isolation time period.*

Individual: I'm not sure what to do about getting food.

CT: Who might be able to help with this? *Asking individuals to identify their own solutions can empower them and can prevent them from getting defensive during a conversation.*

Individual: My sister can maybe do some shopping for me.

CT: That sounds like a great option. Provide positive feedback on their answer. If no support is available have options for signposting (e.g. local authorities).

How will you overcome any challenges during self-isolation? Asking individuals to identify solutions can help to prepare them in advance of these problems arising. It can increase their confidence in being able to self-isolate.

Individual: As long as I keep occupied I think it will be okay. I've got some work that I need to do at home, so that will keep me busy.

CT: It sounds like you have some ideas on making self-isolation easier. *Reflect and summarise what they have said.*

A lot of people are in the same situation as you and self-isolating. Thank you for doing all you can to stop the spread of coronavirus. *End the call by emphasising social norms and thanking the individual.*

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APPENDIX A

Table 2 summarises research studies exploring psychosocial factors associated with self-isolation/quarantine. Note that we have only included studies that focus specifically on self-isolation or where separate analyses are conducted on self-isolation behaviour and not those reporting adherence to a range of behaviours which include self-isolation. These have informed our analysis of the factors likely to affect adherence to self-isolation.

Although the studies described in Table 2 provide some information about factors that might influence self-isolation, they are limited by: (i) focusing on understanding self-reported intentions and behaviour rather than actual self-isolation; and (ii) only considering a narrow range of factors likely to influence adherence to self-isolation. Further research and funding to support it is needed to better understand factors relating to adherence to self-isolation (as presented in this document), actual levels of self-isolation (e.g. following a contact tracer call), fidelity of the trace and test process, and its impact on the spread of Covid-19.

TABLE 2: RESEARCH STUDIES EXPLORING PSYCHOSOCIAL FACTORS ASSOCIATED WITH SELF-ISOLATION

Reference	Country	Sample size	Pandemic	Study design	Capability	Opportunity	Motivation	Notes
Webster et al. (2020)[10]	Various	–	Various (Ebola, SARS, swine flu, mumps)	System review of 14 studies	Knowledge about disease and quarantine procedures.	Social norms; availability of supplies; financial concerns about not being able to work.	Perceived benefits of quarantine. Perceived risk of the disease.	Self-reported adherence
Bodas & Peleg (2020)[11]	Israel	563	Covid-19	Cross-sectional online survey	–	High expectations of financial compensation during the period of quarantine.	–	Self-report of expected rates of adherence
Farooq et al. (2020)[12]	Finland	225	Covid-19	Cross-sectional online survey	–	Low perceptions that self-isolation would be costly.	High perceived severity. High confidence in ability to self-isolate.	Intentions to self-isolate
Smith et al. (2020)[13]	UK	2240	Covid-19	Cross-sectional online survey	–	Perception that other people are following the rules; high expectation of receiving help from someone outside the household.	High worry about Covid-19. High perceived risk of contracting the virus.	Self-reported adherence Non-adherence was associated with being male

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