

## Securing voluntary compliance with behaviours that will prevent the spread of COVID-19

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### The problem

Preventing the spread of COVID-19, absent an effective vaccine, depends on changed public behaviour. Securing compliance with recommended changes is tricky. Policing can only play a small part in it. Enforcement in the absence of public support risks distrust and long-term damage to police/community relations, as well as resistance to police requests for co-operation (See Bradford et al *Brief 4*). Hence guidance to the police to engage, explain and encourage, with enforcement as a last resort. It is also hard to enforce some of the recommended changes in behaviour. How can compliance be encouraged to avoid the need for police intervention or where the behaviour recommended is not backed by statute?

### What we know about securing voluntary compliance and how we know it

We take two behaviours: frequent and thorough hand-washing; and social distancing.

*Frequent and thorough hand-washing:* There is a long history recognising the important of hand-washing to prevent transmission of infection, going back to Ignaz Semmelweis in mid nineteenth century Vienna, with efforts to encourage it going back that far (the Web of Science finds 1807 papers with 'hand hygiene' in the title up to May 2020, with 54 in the first five months of 2020, many about efforts to encourage thorough hand-washing). Despite this and despite the fact that the benefits of good hand-hygiene are well-recognised and well-known to almost all, especially those in the medical profession, it has proven extraordinarily difficult to make thorough hand-washing a universal routine practice - even amongst doctors and even immediately after they've been to the lavatory. Teachers and parents can require children frequently and thoroughly to wash their hands. Others cannot be compelled to do so. For ordinary citizens, creating habits is very tricky. The marginal increase in risk from not washing hands is small, and any adverse consequences are far from immediate. Awareness, reinforced by intense campaigns, may momentarily produce changed behaviours. They don't last unless prompts are repeated. In summary, occasional nudges may produce occasional changes in hand-hygiene behaviours. They do not embed changed long-term habits.

*Social distancing:* The primary means of securing social distancing is through informal social controls. The decisions to conform to recommended behaviours (or not to do so) are not made by isolated recipients of advice but through its interpretation within families, communities and peer groups. It is within these groups that the credibility, legitimacy and propriety of guidance and of regulation is produced, reproduced, reinforced and enforced through myriad social interactions. It is also through these processes that guidance and regulation may be discredited, subverted, substituted and evaded. Adherence to social distancing measures is, hence, intrinsically fragile. If social groups reproducing, reinforcing and legitimating guidance and regulation do so because key members recognised the authority of those issuing it, once those authority figures lose credibility members may instead begin to discredit, subvert, substitute, and thereby fuel spiralling evasion of it. This is all the more likely when adherence is costly in social or financial terms to those whose behaviour is at issue. The required behaviours borrow their credibility from authority. If they are not owned by those subject to them they are liable to last only so long as the authority figures enjoy special credibility.

The rationale for social distancing is that there is a collective benefit if sufficient people stick to the restrictions required by distancing. The models used assume some 75% adherence to the restrictions. This provides an opportunity for 'free riders'. Free riders avoid the inconvenience of limitations on their actions required by social distancing, but do not suffer as a consequence assuming the rest do maintain social distance. This is a well-known problem. If sufficient individuals try to free ride the collective

benefits are lost (this is the ‘tragedy of the commons’). Anything that encourages or permits free riding risks loss of the collective benefits from social distancing. But our temptation to rationalise free riding is ubiquitous, and any intimation that free riding is becoming commonplace will inflate further departure from guidance.

### **What we think might happen in the COVID-19 pandemic**

Habits of adhering to requirements of elected governments is relatively easily exploited, especially when informed by advice from qualified scientists in the face of a pandemic being experienced globally, and reinforced by fears of death and loss vividly portrayed in the mass media. Social groups process what they see and hear in ways that reinforce the messages they are being presented with. The need for common adherence to the required behaviours in the interests of collective and individual well-being is readily appreciated, albeit that within some deviant groups alternative narratives will be produced and reproduced. One of the distinctive features of Covid-19 is the need to impose and then relax guidelines. This makes messaging muddled and interpretation contested – as in the schools example below.

Chinks in the social reproduction of the advocated behaviours are liable to emerge. Firstly, private behaviours such as thorough and frequent hand-washing will be especially fragile. With the closure of schools, children will have only the prompts of their parents and families.

Acquiescence to social distancing measures will decrease as the costs of conformity increase; the risks of deviating from close contacts seem reduced with falling rates of infection and deaths from COVID-19; and as others cease to maintain social distance legitimises and normalises non-conformity. Narratives of resistance and rejection of guidance will take root and excuses for departures from recommended behaviours will become socially acceptable. These narratives may emphasise, for example, the collateral damage of lockdown. They are liable to legitimate free-riding.

Policy-change such as opening schools will be interpreted either as putting children and teachers at unwarranted risk (amongst those whose fear of infection persists), or as indicating that social distancing is no longer needed (amongst those interpreting the opening of schools as an indication of reduced risk).

The side-effect of the reduced adherence to recommended changes in everyday life is of course, a resumption of escalating numbers of COVID-19 infections and deaths.

### **Some ideas in response**

- Think global for strategy and guidance; act local for response and implementation.
- Track and trace local sentiments, alongside local infections and outbreaks.
- Mobilise co-operative local action and legitimation, for example through local authorities, care homes, GP surgeries, health visitors, trades unions, neighbourhood watches, neighbourhood police, schools, sports clubs, youth groups, and women’s groups.
- Keep quiet about everyday infractions, but don’t ignore them. Publicly and if necessary punitively reinforce expected behaviour in responses to repeated and highly publicised breaches of rules.

### **Relevant resources**

Centola, D. (2018) *How Behavior Spreads*. Princeton University Press

Elster, J. (2015) *Explaining Social Behavior*. Cambridge University Press

Ewert B (2019) ‘Moving beyond the obsession with nudging individual behaviour: Towards a broader understanding of Behavioural Public Policy. *Public Policy and Administration* 35(3): 337-360

*This is one of a series of short, speculative papers developed by the UCL Jill Dando Institute during the current pandemic. It is edited by Nick Tilley and Gloria Laycock and published by University College London. The raison d’être of the series is fully described at: <https://www.ucl.ac.uk/jill-dando-institute/research/covid-19-special-papers>*