



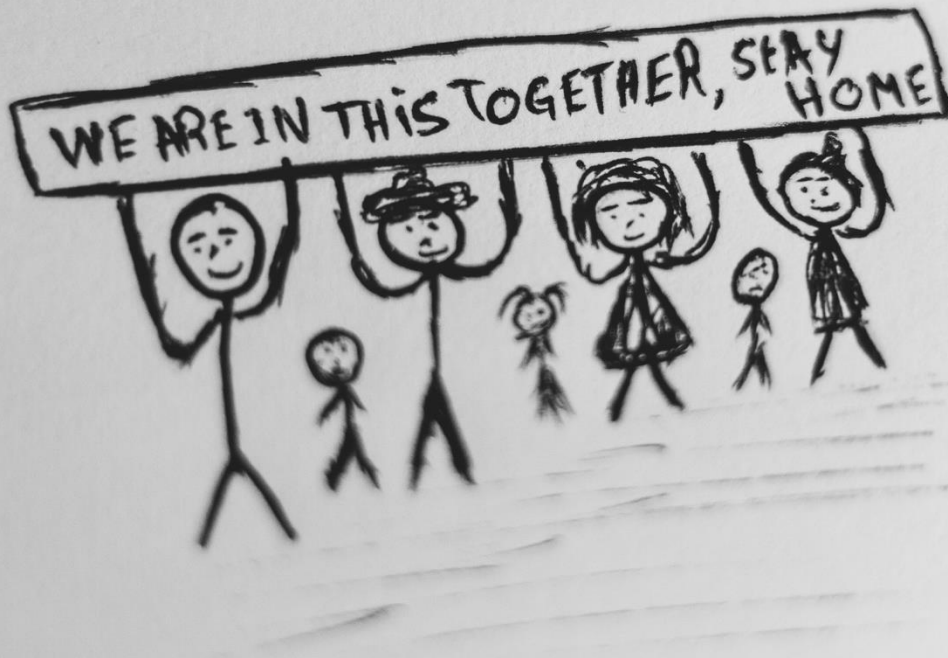
**Psychologists for Social Change
Jersey Branch**

Email: jsypsc@gmail.com

12th June 2020

To: John Le Fondré, Senator, Chief Minister

C.c. Lyndon Farnham, Senator, Deputy Chief Minister
Ian Gorst, Senator, Minister for External Relations
Carolyn Labey, Deputy, Minister for International Development
Kevin Lewis, Deputy, Minister for Infrastructure
Judy Martin, Deputy, Minister for Social Security
Sam Mézec, Senator, Minister for Children and Housing
Len Norman, Connétable, Minister for Home Affairs
Susie Pinel, Deputy, Minister for Treasury and Resources
Richard Renouf, Deputy, Minister for Health and Social Services
Tracey Vallois, Senator, Minister for Education
John Young, Deputy, Minister for the Environment



Getting the next stage right for Jersey

A Psychologically Informed Coronavirus Response

Coronavirus presents many unique challenges to Jersey, as to the rest of the world. Core to a successful exit from lockdown and maintaining good control over the virus in the longer term will be a collective response from the whole island. As Jersey emerges from the lockdown, measures are more complex, and public adherence may become harder to maintain. Understandably, public buy-in and trust needs to remain high in order to support changing conditions needed to control the virus, including potential future lockdowns for any future waves.

Psychology therefore plays a key role in the challenges facing the government in navigating out of lockdown, central to the ability of government to deliver the practical policies needed to keep Jersey safe. There is a wealth of psychological evidence which can help understand what will help people adhere to shifting government instructions through this period of crisis.

Two core factors are:

Trust

The belief in the reliability, truth, or ability of the government and one another; and

Collectivity

The experience or feeling of sharing responsibilities, experiences and activities.

These factors are interrelated, for example greater trust supports greater collectivity and vice versa. As an island with relatively low levels of crime¹, Jersey is well set up to maintain public trust and collectivity throughout the COVID crisis and beyond. There are, however, some key threats to trust and collectivity, for which we will summarise relevant research and potential suggestions. These are:

Complex government guidance

Psychological research tells us that to keep up public adherence, communications need to be simple, concrete and activate 'we' not 'I' identities.

Low civic engagement

Improvement in political and civic participation across different groups in Jersey is needed to ensure that the public keep engaged with the messages about COVID-19.

Hard hit groups

Government needs to work proactively to help groups disproportionately hit by COVID-19, to portray a legitimate message that we are 'all in this together'.



Complex Government Guidance

The problem is...

As 'lock down' restrictions are relaxed, instructions to the public have changed; moving from a simple "Stay at Home" to a complex range of messages relating to physical distancing, hygiene and mask use.² In order to avoid a second wave, government communication of recommendations needs to be clearly understood by the public, who will also need to be motivated to continue to change their behaviours in line with adapted, but ongoing restrictions.

Psychology research tells us...

In order to educate and enable behavioural change, government guidance needs to be specific³. This means avoiding phrases which are open to differences in interpretation ("as much as is practicable", "significantly limit" or "try to"). Guidance needs to say *who* needs to do *what* (precisely) and *why* (explain the rationale).

Different rationales appeal to different people's motivations. For example, some people are persuaded to play by the rules, some by duty to the community and others to personal risk⁴. So, the presentation of the rationale needs to be tailored to appeal to different people. Messaging needs to take into account what will motivate different people, or groups, as well as the realities of different people's lives and how their circumstances might influence their behaviours⁵. Appealing to a person's duty to the

community might be particularly pertinent to the Jersey context, given Jersey's high ranking in the community dimension of the better life index, with 96% of people having someone to count on in a time of need⁶.

The early messaging about 'herd immunity' and low risk levels to 'most people' may have reduced the overall sense of responsibility about people's role in transmitting the infection to others. Research indicates that public health messaging focusing on duties and responsibilities toward family, friends and fellow citizens increases the likelihood of people intending to behave in line with COVID-related guidance⁷.

Research suggests that behaviours which are presented positively, in terms of protecting oneself and the community, will increase people's confidence that they will be effective⁸. This means focusing on the preferred behaviour (maintaining a safe distance between you and others) and not focusing on the avoided behaviour (don't attend gatherings of more than 6 people).

Recommendations

- Be very specific in who needs to do what, and why.
- Adapt the 'why' to the different motivations of the public.
- Focus on people's duty and responsibility towards family, friends and islanders, emphasising the 'we' and not the 'I'.
- Make clear what the desired behaviour is, and the positive outcomes of it.



Low Civic Participation

The problem is...

Trust in government is key to the adherence of COVID guidance⁹ and subsequent avoidance of a second wave of the virus. Jersey's public have low levels of trust in institutions, and the lowest level of trust for the States Assembly¹⁰. Furthermore, top-down approaches which do not engage the community in participating in the creation of processes, risk reduced trust and support of the government. Jersey has ranked lowest of the Organisation for Economic Co-operation and Development (OECD) countries in civic engagement, with 44% having not engaged in any activity to 'voice their opinion' in 12 months¹¹. The low levels of trust and civic engagement in the Jersey public should therefore be considered as barriers in the adherence to government guidance relating to COVID-19.

Psychology research tells us...

An important factor in people's trust and engagement in political and community participation is inequality¹²; higher rates of income inequality are linked to lower levels of voter turnout¹³. People in less equal countries are less likely to believe that people can be trusted, have less interest in politics and less confidence in their parliament¹⁴.

Reducing inequality also has significant health and mental health benefits^{15,16} which could protect the island against future outbreaks. Tackling income inequality on the

island is therefore likely to increase adherence to government instruction regarding the current outbreak via an increase in trust in government, but will also continue to protect the island against future outbreaks through an improvement in societal physical and mental health.

The National Institute for Health and Care Excellence¹⁷ recommend evidence-based approaches to improving health and well-being and reducing health inequalities. These include creating collaborations and partnerships across sectors and promoting sustainable community engagement by encouraging communities to co-produce all stages of health and wellbeing initiatives.

Proactively engaging in community life through political processes is a predictor of good health and resilience¹⁸. The development of community participation groups increases agency across the public. Agency is the sense of having control over one's life, having power to make decisions and shape the future. Many aspects of people's lives, communities and environments feed into the level of perceived agency. Community level empowerment, involving an increase in the participation and efficacy of groups to impact local decision making, has been found to be beneficial for health¹⁹. In relation to COVID, community groups and charities should be active participants in the exit from lock-down, specifically on issues of childcare and transport²⁰.

Recommendations

- Proactively invite community groups and charities to co-produce COVID-related government guidance, specifically on childcare and transport, to increase trust and collectivity.
- Invest in community infrastructure and organising roles to meaningfully promote civic engagement, specifically with 'hard hit' groups on island.
- Discuss government measures to target and reduce income inequality on island.
- Introduce health inequalities impact assessments on policy decisions. The Scottish government are successfully implementing this approach as a response to legislation that asked public bodies to pay due regard to reduce inequalities caused by socioeconomic disadvantage



Hard Hit Groups

The problem is...

The perceived legitimacy of Government guidance is dependent on trust in Government and community collectivity (the sense of 'being in this together'). If the impact of policies falls more harshly on disadvantaged groups, this reduces trust and collectivity, and could subsequently reduce adherence to government guidance regarding COVID-restrictions.

This is a risk for the government as COVID-19 has disproportionately impacted older people, low income groups, black and ethnic minority communities, and those who are otherwise marginalised²¹. Despite relaxing restrictions, there is a cohort of people who must continue to 'shield' for health reasons, for whom the strict lockdown, and its economic, social and emotional impact, continues.

On 31 May 2020 the total number of people registered as Actively Seeking Work (ASW) was 2,290; this total is 1,450 higher than the same time last year and an increase of over 170%²². This group is likely to be disproportionately impacted by job insecurity or job loss as a result of COVID restrictions.

Psychology research tells us...

While the government has taken several steps to mitigate the economic impact of COVID-19, these measures have not equally benefited all groups. For example, families with children at home as a result of school closures and childcare facilities being closed will face increased food and utility costs²³. For those continuing to 'shield' or those newly receiving social security (ASW) there is likely to be an increase in financial insecurity. Insecurity, both personal and material, is known to be central to mental distress²⁴. For a period of time, people with COVID diagnoses in Jersey have been restricted to those living in care homes. Care home staff are often poorly paid and vulnerable themselves: more likely to live in challenging housing situations, less able to self-isolate, more likely to be of black or ethnic minority background or living with underlying health conditions²⁵.

COVID-related illness and restrictions are therefore likely to have disproportionately impacted those already burdened with discrimination, such as racism, and in-work poverty. If government intervention does not respond to this disproportionate impact, then trust in government and community collectivity is likely to be reduced, with adherence to government guidance lessened.

If the government's responses are perceived as both fair and proportionate, people regulate their own and others behaviour within the context of Government directives^{26,27}. By intervening to ensure that all members of society are protected, be it through their housing, financial, health and safety or care needs, the perceived legitimacy of the government increases, whilst also tackling the health and social impact of the virus on those groups who have been disproportionately affected.

A government-funded income guarantee or similar sends a clear message that we are 'all in this together', increasing collectivity across the community and improving trust in government.

Recommendations

- Work closely with civil society organisations representing the Black and ethnic minority community, as well as other vulnerable groups, to ensure that Government measures are sufficiently protecting and shielding these groups from COVID-19.
- If formalised representative groups are not available on island, invest in supporting their creation (see earlier recommendations) and consult with UK-based social society organisations in the short-term.
- Discuss the extension of safeguarding housing, financial and other material needs to protect those who have been disproportionately impacted by the restrictions.
- Review social security arrangements and consider a regular, non-means tested, guaranteed income, delivered to every citizen of and beyond working age.

¹ Statistics Jersey (2018). Jersey Better Life Index. Accessed online: <https://www.gov.je/SiteCollectionDocuments/Government%20and%20administration/R%20JerseyBetterLifeIndex%2020190412%20SJ.pdf> on 30/05/20

² Public Health Policy (2020). COVID-19 Safe Exit Framework: Level 3 Policy. Accessed online: <https://www.gov.je/SiteCollectionDocuments/Health%20and%20wellbeing/P%20Safe%20Exit%20Framework%20Level%203%20Policy.pdf> on 31/05/20

³ Michie, S., Van Stralen, M. M., & West, R. (2011). The behaviour change wheel: a new method for characterising and designing behaviour change interventions. *Implementation science*, 6(1), 42.

⁴ Haidt, J. (2012). *The righteous mind: Why good people are divided by politics and religion*. Vintage.

⁵ Lunn, P. D., Belton, C. A., Lavin, C., McGowan, F. P., Timmons, S., & Robertson, D. A. (2020). Using Behavioral Science to help fight the Coronavirus. *Journal of Behavioral Public Administration*, 3(1).

⁶ Statistics Jersey (2018). Jersey Better Life Index. Accessed online: <https://www.gov.je/SiteCollectionDocuments/Government%20and%20administration/R%20JerseyBetterLifeIndex%2020190412%20SJ.pdf> on 30/05/20

⁷ Everett, J. A., Colombatto, C., Chituc, V., Brady, W. J., & Crockett, M. (2020). The effectiveness of moral messages on public health behavioral intentions during the COVID-19 pandemic.

⁸ Gallagher, K. M., & Updegraff, J. A. (2012). Health message framing effects on attitudes, intentions, and behavior: a meta-analytic review. *Annals of behavioral medicine*, 43(1), 101-116.

⁹ Independent Scientific Advisory Group for Emergencies (SAGE) (2020). COVID-19: what are the options for the UK? Recommendations for government based on an open and transparent examination of the scientific evidence. Accessed online: <http://www.independentsage.org/wp-content/uploads/2020/05/The-Independent-SAGE-Report.pdf> on 25/05/20

¹⁰ Statistics Jersey (2019a). Jersey Opinions and Lifestyle Survey Report. Accessed online: <https://www.gov.je/SiteCollectionDocuments/Government%20and%20administration/R%20Opinions%20and%20Lifestyle%20Survey%202019%20Report%2020191129%20SJ.pdf> on 24/05/20

- ¹¹ Statistics Jersey (2019a). Jersey Opinions and Lifestyle Survey Report. Accessed online: <https://www.gov.je/SiteCollectionDocuments/Government%20and%20administration/R%20Opinions%20and%20Lifestyle%20Survey%202019%20Report%2020191129%20SJ.pdf> on 24/05/20
- ¹² Paskov, M., & Dewilde, C. (2012). Income inequality and solidarity in Europe. *Research in Social Stratification and Mobility*, 30(4), 415-432.
- ¹³ Solt, F. (2010). Does economic inequality depress electoral participation? Testing the Schattschneider hypothesis. *Political behavior*, 32(2), 285-301.
- ¹⁴ Pryor, F. L. (2012). The impact of income inequality on values and attitudes. *The Journal of Socio-Economics*, 41(5), 615-622.
- ¹⁵ Wilkinson, R. G., & Pickett, K. E. (2006). Income inequality and population health: a review and explanation of the evidence. *Social science & medicine*, 62(7), 1768-1784.
- ¹⁶ Friedli, L., & World Health Organization. (2009). *Mental health, resilience and inequalities* (No. EU/08/5087203). Copenhagen: WHO Regional Office for Europe.
- ¹⁷ NICE community engagement guidelines. (2016). Retrieved from: <https://www.nice.org.uk/guidance/ng44> on 31/05/20
- ¹⁸ Poortinga, W. (2012). Community resilience and health: The role of bonding, bridging, and linking aspects of social capital. *Health and Place*, 18, 2, 286- 295.
- ¹⁹ Rappaport, J. (1977). *Community psychology: Values, research and action*. New York: Holt, Rinehart, Winston.
- ²⁰ Independent Scientific Advisory Group for Emergencies (SAGE) (2020). COVID-19: what are the options for the UK? Recommendations for government based on an open and transparent examination of the scientific evidence. Accessed online: <http://www.independentsage.org/wp-content/uploads/2020/05/The-Independent-SAGE-Report.pdf> on 25/05/20
- ²¹ Independent Scientific Advisory Group for Emergencies (SAGE) (2020). COVID-19: what are the options for the UK? Recommendations for government based on an open and transparent examination of the scientific evidence. Accessed online: <http://www.independentsage.org/wp-content/uploads/2020/05/The-Independent-SAGE-Report.pdf> on 25/05/20
- ²² Statistics Jersey (2020). Economic Indicators. Accessed online: <https://www.gov.je/SiteCollectionDocuments/Government%20and%20administration/R%20Weekly%20Economic%20Indicators%202020605%20SJ.pdf> on 10/06/20
- ²³ Independent Scientific Advisory Group for Emergencies (SAGE) (2020). COVID-19: what are the options for the UK? Recommendations for government based on an open and transparent examination of the scientific evidence. Accessed online: <http://www.independentsage.org/wp-content/uploads/2020/05/The-Independent-SAGE-Report.pdf> on 25/05/20
- ²⁴ Shinn, M., & Weitzman, B. C. (1996). Homeless families are different. *Homelessness in America*, 109-122; Buckner, J. C. (2008). Understanding the impact of homelessness on children challenges and future research directions. *American Behavioral Scientist*, 51(6), 721-736.
- ²⁵ Independent Scientific Advisory Group for Emergencies (SAGE) (2020). COVID-19: what are the options for the UK? Recommendations for government based on an open and transparent examination of the scientific evidence. Accessed online: <http://www.independentsage.org/wp-content/uploads/2020/05/The-Independent-SAGE-Report.pdf> on 25/05/20
- ²⁶ Tyler, T.R. (2011). 'Trust and Legitimacy: Policing in the USA and Europe'. *European Journal of Criminology*, 8(4), 254-266.
- ²⁷ Stott, C. & Drury, J. (2017). Contemporary understanding of riots: classical crowd psychology, ideology and the social identity approach. *Public Understanding of Science*, 26(1), 2-14.

Psychologists for Social Change (PSC) is a network for practitioners, academics and service users interested in applying psychology to policy and political action. PSC Jersey comprises of applied psychologists who live and work on-island and wish to support evidence-based policy-making using research from psychology and related disciplines.