Briefing Note on Risk Communication for Response and Recovery Considerations during Stage 3 (Substantial) Phase of Lockdown

Background

The UK government downgraded the lockdown as "substantial" level 3 risk as of today (NHS notes). Risk communication at the local level is presently an ongoing challenge across the world. The aim of this document is to give a quick overview of ways to think about risk communications. This is in light of the dual 'response' and 'recovery' phases of Covid-19 which needs further reflection alongside the ethos of the Simon Community.[1] Most of the information that follows is from sources beyond the UK. This might be helpful for Board members to gain alternative perspectives on current matters from similar situations, both past and present.

> *"For public health emergencies, risk communication includes the range of communication capacities required through the preparedness, response and recovery phases of a serious public health event to encourage informed decision making, positive behaviour change and the maintenance of trust.*
>
> *Risk communication used to be viewed primarily as the dissemination of information to the public about health risks and events, such as outbreaks of disease and instructions on how to change behaviour to mitigate those risks. Thinking on this has now evolved dramatically as social science evidence and new communication and media technologies and practices have evolved in the 21st century."*
> *From WHO FAQs:* Risk Communication (for Response and Recovery) FAQs

Research Perspectives

Previous disasters provide insights and lessons learned for communicating risk during a prolonged crisis. This is especially helpful right now as response and recovery phases overlap in current Covid-19 messaging for England.

The Transnational Disaster STS Network[2] of researchers (which includes the Chair) are currently considering how and why authoritative resources on risk communication are being challenged. Here are some questions which have been re-positioned for the Simon Community after a recent network discussion.

1. *What's currently flying under the rubric of rationality during a disaster? What are the circulating myths, conspiracies, rumours and matters of distrust?*
2. *How may risk communication being undermined locally, in the press, by the government, and sector leads?*
3. *What is undercutting the authority of prevention messages at this time?*
   - For instance, the general population are ignoring safety advice in wearing masks because the government has mandated the wearing of such on transport. This does not help any of the current population who are clinically or highly vulnerable re-integrate into public spaces. How do groups forget to socially distance? How is SC working with ambiguous messaging from the government on statistical data?
4. *Who are generating authoritative resources when the government may no longer be trusted?*
   - How might we seek guidance on managing an AGM going forward based on the current rules for face-to-face meetings and the limits on delays offered by the NCVO?

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[1] *Ensuring that all communications and work capture the spirit of the Community, being a place of love, acceptance, tolerance and understanding.*
[2] Disaster STS Network

5. *Could safety advice be scaffolded / supported in creative ways?*
    - Motivations for doing so may differ depending on who we are messaging, from donors to, guests. For instance, providing masks for the guests may be motivated by enabling guests to not feel excluded on buses now it is legal to wear a face covering. Motivations for the Board are for minimising infection and holding the health and safety of all involved and engaging with Outreach as a high priority.
6. *What are the limits of trust during an ongoing disaster, and how do we need to consider this going forward?*
    - Similar to point 6, these could be considered for SC guests or donors. The motivations for trust may differ.

The Disaster STS Network of researchers share experiences from other past and ongoing disasters. Here are some perspectives that might help us to think laterally about risk communication for patrons, board, donors, staff, LIVs, PTVs, spontaneous volunteers, guests, partners, and sector leads.

- When communicating about **climate change** — messages about the weather worked better and helped community members connect the science of climate risk to their everyday lives and communities.
- Prior to the **Fukushima** event (tsunami and nuclear disaster) there was historical trust in the government and the state, but that diminished consequently. Networks of breastfeeding mothers became networks for concerns about the radiation of food contaminating milk.
- In the US, before **Covid-19** there was little trust for the government's advice.
- In Turkey during **Covid-19** there is now more trust in science figures beyond the government's scientific council because anecdotally, people are using social media to gather and follow their own experts.

The following questions cut across the strategic and operational teams and are relatable across the community. How can we support critical messages of safety, wellbeing and risk across the Simon Community? How aware are we as a Board of how and what is being trusted and why at this present time? Should we be raising awareness of when communications at our local levels might not be working, when they once did? Who does this work?

Sharing Alternative Media

Provided below are suggestions for alternative media, to help give you all a breather from the current news cycles circulating on social media. Here are two alternative perspectives that give examples at different scales (from academic to therapeutic points of view). As we reach a point of fatigue as indicated in our last Reflective Practice, we might offer to each other alternative perspectives leading to fresh insights during the pandemic?

A. The first perspective is from Professor Scott Knowles (Head of the Department of History, Drexel University). Knowles interviews experts in relation to Covid-19 on the You Tube channel. Here's his latest interview on Covid-19 and protest.
This material is suitable for trustees, staff and volunteers and possibly some guests.

B. There are three therapeutic podcasts by Esther Perel from Lagos - Nigeria, Sicily, and Seattle, US. Again, possibly for trustees, staff and volunteers rather than guests.

In relation to the homeless sector, there is an ongoing need to share alternative media. Here are two examples why.
• There is currently no messaging for this phase of the lockdown from the Pavement at this time for guests or sector leads.
• Guidance from Amnesty and Liberty is general.
What other agencies, charities, networks, can we consider beyond our usual sources? Can we get into the practice of sharing alternative media, regularly and what might be the mechanism for doing so?

Risk Communication Packages

Many of the risk communications packages created at national level do not solve the problem of communicating at a local level as we have found in relation to guidance for the general population in relation to the homeless sector.

To take a step back from the Covid-19 communication (all of which is accessible and duplicated between government departments and the NHS), here is advice given for the infection risk of ebola in Sierra Leone, from 2014. The principles are still helpful for Covid-19 both operationally and strategically. Most of these bullet points have already been actioned and some will be ongoing. The principles provide a framework from which to keep on thinking locally.

5.1 Quality Principles of Communication in Emergency
• Announcing early and prevents rumours, myths, misconceptions and misinformation
• Transparency – communicating facts as they are available
• Dialogical / two-way communication – creating mechanisms which allow population to express their concerns and recommendations for the response activities
• Using general messages for the wide population and relevant messages to specific groups
• Practicing positive communication – research reveals that negative messages that invoke extreme fear and hopelessness may not trigger positive behaviour change.
• Proactively preventing and fighting rumours: mechanism of "rumour bank" is served as detecting early diffusion of rumours and misconceptions
• Quality control of messages and communication materials – the messaging and dissemination subcommittee is served as a standardised national mechanism in order to avoid rumours, misconception, myths, discriminatory messages and the design of new and relevant messages as applicable.

5.2 The following should be incorporated into core messaging:
• Perceived susceptibility (risk of contracting the disease)
• Perceived benefits of adopting preventive behaviours
• Perceived barriers or costs associated with the promoted actions
• Self-efficacy (confidence to engage in the promoted behaviours)
• Cues to action (reminders that reinforce the promoted behaviours)

***Building upon the core messages, additional message areas include** [more relevant for recovery phase]:*

• Take action to protect individuals and families in the home while waiting for help
• Promote safe funeral and burial practices
• Support and provide accepting environment for survivors
• Address misperceptions and stigmas
• Promote unity, cooperation, and hope to against the virus.

From:
http://ebolacommunicationnetwork.org/wp-content/uploads/2014/10/National-Ebola-Communication-Strategy_FINAL.pdf

Contact Tracing in Texas and the Homeless

While the UK contact tracing app is delayed and currently in the headlines this week, it is perhaps worth thinking ahead about how the track and trace may relate to SC. Perhaps we can gain some foresight from the example for ebola cases in the US, from 2014. Please note that since looking at this page it has been removed and replaced with advice for Covid-19 see:
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5636234/%7C/

"In the Texas state of the United States, the first imported case of the disease [ebola] was confirmed towards the end of September, 2014, and subsequently two health care workers also acquired the infection. The investigation team identified around 179 contacts (149 health workers + 20 community contacts {school children, vulnerable people, homeless individual, etc.} + 10 persons transported in the same ambulance as that of first EVD case) from these 3 cases. The investigation team employed vehicles & mobile phones for implementing contact tracing. All these contacts were quarantined in different settings based on their need, while the health workers voluntarily accepted for self-quarantine.[28]"

Questions for the Board (on 22.6.20)

1. Are there any levels of communicating risk that we may need to consider imminently, and if so by whom? Think creatively beyond the current risk register.
2. Who are we currently communicating with during Covid-19? Are there any gaps we need to address in relation to sharing risk?

List of References:

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http://ebolacommunicationnetwork.org/wp-content/uploads/2014/10/National-Ebola-Communication-Strategy_FINAL.pdf

https://www.who.int/news-room/q-a-detail/risk-communication-frequently-asked-questions

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