The public's response to "social distancing" is a government communications failure, Lesley Henderson

In an unprecedented move, the UK's prime minister Boris Johnson announced strict new curbs on life in the UK to curtail the spread of covid-19. The public must now stay at home except for shopping for necessities, exercise, medical need and travel to and from essential work. Police can enforce these restrictions and disperse gatherings of more than two people (who do not live together).

This decision comes in the wake of images of young people partying in crowded pubs and nightclubs and families visiting seaside resorts over the weekend. These were at odds with the UK government's advice to "flatten the curve" of covid-19 by "socially distancing" from other people. Iconic beauty spots such as Snowdonia National Park were reportedly busier than at any time in living memory. These stories have attracted sharp reactions from angry observers on social media. A Twitter hashtag dedicated to this behaviour simply branded it #selfish and described the people involved as #COVIDIOTS. On the one hand, it seems extraordinary that some members of the public did not appear to take the covid-19 pandemic seriously. On the other hand, their response can be more usefully seen through the lens of a government communications failure. It is worth contextualising this by considering what we already know about the dynamics of health, risk messaging, and public behaviour.

So what are some of the communication challenges specific to covid-19? Firstly, regardless of whether the government has changed tack in response to changes in "the science", the UK public has been faced with rapidly changing messages. These have been "top-down" and frequently conflicting. The government initially focused on public health messages, such as the "catch it, bin it, kill it" campaign and advised anyone who was unwell with a fever or cough to remain at home and not go to work or attend school. This shifted to warnings that over 70's should place themselves in quarantine and shifted again to focus on risks to children (infectious but mainly unaffected). This confusing discourse was accompanied by fragmented school closures (total closures in Ireland, partial closures in Scotland, no closures in England). This means public health messages about the need for appropriate social distance were circulating at the same time as parents were expected to adhere to the usual regulations concerning school attendance. It is little wonder then that people could see no obvious problem with their children, or themselves, attending social events. After all they had been free to mix as usual in schools, universities, offices, pubs and hotels all of which remained open for business.

It also seems extraordinary that little planning has been focused on public communications, given that it is mostly accepted that media campaigns can change a population's health behaviours. For example, the HIV and AIDS crisis of the late 1980s is synonymous with the notorious government education campaign, Don't AID AIDS (more usually termed the Don't Die of Ignorance campaign or simply the "tombstone" campaign). This official campaign might have increased awareness of AIDS, but it also terrified people and managed to mobilise further stigma against already marginalised groups. The more recent swine flu epidemic attempted to encourage hand washing, and respiratory hygiene under the slogan Catch it, Bin it, Kill it public health campaign. The message was unsophisticated but it fitted into

[existing public understandings of risk](#) (*'coughs and sneezes spread diseases'*) and an inbuilt disgust at people coughing in public spaces particularly on trains and buses.

In our contemporary media landscape, we have considerable tools at our disposable, well beyond health education leaflets posted through our letterbox. There is a unique opportunity for engaging diverse groups by learning from global awareness strategies. We have a variety of niche personalised messaging opportunities. Different platforms can engage audiences and entertain/educate ([cartoons](#), [soap opera](#), [UK drill music](#), [memes](#), [comedy](#)). The fact that we are yet to witness a cohesive government communications strategy is alarming given the unprecedented crisis we are facing.

This gap is even more surprising as [changing public behaviour lies at the heart of solving the crisis](#). Familiar "handwashing" tropes are being intertwined with new advice regarding physical contact. The emphasis on the term "social" as opposed to "physical" distancing was a significant error because proximity does not align with social connection—ask any sociologist, anthropologist, or even a teenage gamer. We are being required to make sense of unfamiliar terms ("flatten the curve", "shielding") prompting many people to seek clarification, for example, on the differences between self- isolating and quarantine. At the same time, recent "pro-social", "pro-environment" behaviours need to be unlearned as they present new risks. Thus, delivery drivers will not accept plastic bags for recycling, and nor will shops refill reusable coffee mugs. Spending more time in nature has only recently been promoted in terms of positive benefits to our well-being and now we are being warned that it is safer for us to stay in cities and towns.

Fortunately, although covid-19 might be new, we already know a great deal about how best to communicate with diverse groups. Even so making a positive impact on behaviour, as opposed to reaching large numbers of people, is complicated. We need only look at the history of anti-drugs education, a classic "top down" approach to educating the public to find extreme examples of [misguided health advertising campaigns](#) failing to connect with their target audiences (iconic images [became ironic "pin ups](#)"). With the prospect of a safe vaccine still some time away, the role of the media is critical. Media representations [play a vital role](#) in informing public and policy opinions about the causes (and solutions to) ill-health. The media focus to date has been on the threat posed by so-called outsiders which fits neatly with a post-Brexit narrative and the British popular press. A related part of the problem is the intangible nature of a threat from an invisible virus. Any successful campaign needs to make covid-19 visible with some attempts at this by inventive users on social media through short films illustrating how covid-19 can spread through touch or conversely be reduced through self-isolation.

We also know that public health campaigns that fail to account for structural and material inequalities create challenges. Campaigns to encourage members of the public to compel their healthcare provider to wash their hands (prompted by SARS or H1N1) [do not work](#), because they fail to address differences in power between patients and professionals. Requests to work from home, to connect online, and distance from close family members ignore power differentials and assume social and cultural capital that is unevenly distributed in our population. So far, messages

have assumed that audiences are "blank slates" ready to be the recipients of health advice. Still, we know that understanding social practices, as well as myths and misconceptions that are circulating, are vital to successful public health communications.

The final challenge, which is perhaps the most pervasive is undoubtedly that of promoting collective responsibility to the population rather than to the individual. Audiences have grown used to industry strategies campaigning around the "principle of choice" which has been used to dismiss concerns, for example, regarding the global marketing practices of Big Food. UK audiences witnessed Boris Johnson's apparent struggle with the idea of restricting personal freedom to contain the epidemic. These messages are clearly at odds with his libertarian beliefs, and successful communication requires trust in an authentic messenger (which is why the video message from NHS Belfast respiratory team may reap some rewards).

Media can undoubtedly help create new community norms, engage audiences in novel ways and bring about social change, but without recognising the social and cultural context in which covid-19 communications are being constructed, received, and distributed these are unlikely to succeed.

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