

The Pandemic and its Publics

How people receive,
interpret and act
upon official guidance

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Executive Summary

Communicating information effectively to all parts of the population during the pandemic is challenging and needs to take account of the different experiences and perspectives that exist within the British population.

As the Chancellor of the Duchy of Lancaster, Michael Gove, stated at a government press conference on 4 April 2020, 'The evidence does suggest that compliance does vary across different sections of the population ... that's why it's important that we reach them appropriately. It may be that some of the channels and methods that we've used have not reached some sections of the population'.

The effectiveness of attempts to reach and persuade citizens to protect themselves and one another depends upon four crucial objectives:

- i. ensuring that clear and relevant information reaches people
- ii. ensuring that people can absorb and comprehend such information
- iii. ensuring that people are able to critically evaluate and ultimately trust what they are being told
- iv. ensuring that people are able and willing to comply with official guidance

This report presents evidence from the first three waves of a nationally-representative survey conducted in August 2020, consisting in data from 3,111 UK adults aged 18+ in total, exploring the different experiences and attitudes of British citizens and the ways in which they shape responses to official advice.

The positive news is that most people in the United Kingdom are accessing, making sense of and acting in compliance with the official guidance. But some – amounting to millions across the national population – are not.

- 1 in 5 people (20%) told us that they do not stay informed or keep up with government updates about the pandemic.
- 1 in 5 (21%) reported that they were not interested in receiving news about the pandemic.
- Over a third (37%) told us that they found it difficult to make sense of the official guidance.
- Almost two-thirds (63%) said that they felt overwhelmed by all the different messages about COVID-19.
- Over half (56%) of people said that they did not believe that politicians and government officials had been straight-talking about the pandemic.
- Over half (56%) believed that the people giving official advice do not understand the lives of people like them.
- Nearly two-thirds (63%) of people told us that they did not know whether the official advice was correct.
- A relatively small minority of people reported ignoring at least one aspect of the official guidance. For example, 1 in 10 (10%) had been into shops without wearing a face mask.

But these responses were not evenly spread across the UK population. Drawing on responses from three waves of our national survey, this report shows the existence of six different population groups, characterised by differences in experience, attitude and behaviour.

We describe these groups, which are examined in detail in the following pages, as

- Individualist risk-takers (12% of the population)
- Non-information-seeking sceptics (19% of the population)
- Information-seeking rule-followers (21% of the population)
- The complacently confident (19% of the population)
- Information-seeking critics (16% of the population)
- The experientially risk-averse (12% of the population)

The report considers each group in terms of their values, attitudes and experiences; socio-demographic profile; approaches to information-seeking and media sources; capacity to make sense of messages; evaluation of messages; and compliance with official guidance. The relationship between these various factors tells a story that needs to be taken on board by the communication strategists who have been charged with disseminating messages about the pandemic.

This report presents evidence from the first three waves of a nationally-representative survey conducted in August 2020, consisting in data from 3,111 UK adults aged 18+ in total, exploring the different experiences and attitudes of British citizens and the ways in which they shape responses to official advice.

The key message from this report is that attempts to address the public as a homogeneous recipient of information and guidance relating to the pandemic are bound to fail. There is a need for a communication strategy in response to the current crisis that takes account of divergence between distinct population groups, while opening up space so that people holding particular perspectives can engage with others who have different attitudes and experiences. This will help to engender a clearer public sense of the civic principles underlying the national response to the pandemic.

Our next report will discuss findings from focus-group discussions with members of the six groups we have identified.

Our final project report, early next year, will reflect on longitudinal data from ten waves of our national survey and our discussions with key actors who have been charged with communicating the pandemic.

1. Setting out the problem

On the face of it, the challenge of communicating with the public about how to respond to the pandemic is straightforward. Society is faced with a common threat that can only be tackled through concerted public action. It is the job of government to formulate and disseminate clear and effective guidance that reaches the entire public. The success of such a communication campaign can be evaluated in terms of public behavioural compliance with official advice.

In this report we argue, with the support of evidence from the first three waves of a nationally-representative survey conducted in August 2020, consisting in data from 3,111 UK adults aged 18+ in total¹, that the communication challenge is more complex than it might at first seem. Only by recognising this complexity can the UK and devolved governments communicate their guidance effectively to diversely positioned individuals and communities.

Let us examine more closely the three main statements within the simplified summary of the communication challenge that we set out above:

1. Society is faced with a common threat.

COVID-19 is most certainly a threat to everyone and, in the absence of a vaccine or effective treatment, can only be minimised by social distancing measures. But it is not an equal threat to everyone, and for some the effects of social distancing are perceived to be as bad as the risk of contracting the virus. For a significant section of the population, who are most vulnerable to the virus, avoiding infection is literally a matter of life and death. For others, the disruption that social distancing entails for their livelihoods and businesses; the enforced social isolation caused by lockdowns; and the serious health risks resulting from the NHS priority to tackle the virus, with its consequent reduction availability of resources to treat their critical conditions, are perceived as equal or greater threats to the virus itself. Of course, these competing threats to life, livelihood and wellbeing are not mutually exclusive, but they are experienced in diverse ways by different groups within the population. This social differentiation makes it difficult, if not impossible, to generate concerted public action in response to a single objective threat. Instead of attempting to do so, it makes sense to take account of the multi-dimensional ways in which people define threats and evaluate risks.

2. It is the job of government to formulate and disseminate clear and effective guidance that reaches the entire public.

Tempting though it is to seek one, there is not a one-size-fits-all message that can be effectively addressed to the entire public. For the public is not a homogeneous entity and its perception of risk is differentiated according to its varying experiences, values, and attitudes. If, as we argue in this report, such differentiation is a crucial determinant of message reception, it makes sense to adopt a communication strategy in response to the current crisis that takes account of divergence between distinct population groups. Such a strategy would be consistent with public communication experts' well-established understanding that 'campaigns that target specific audiences and tailor their materials accordingly are more likely to achieve their public engagement objectives than campaigns that do not' (*Maibach et al, 2011:7*).

¹ Please see [Section 2b](#) for more details on the methodology.

3. The success of ... a communication campaign can be evaluated in terms of public behavioural change in compliance with official advice.

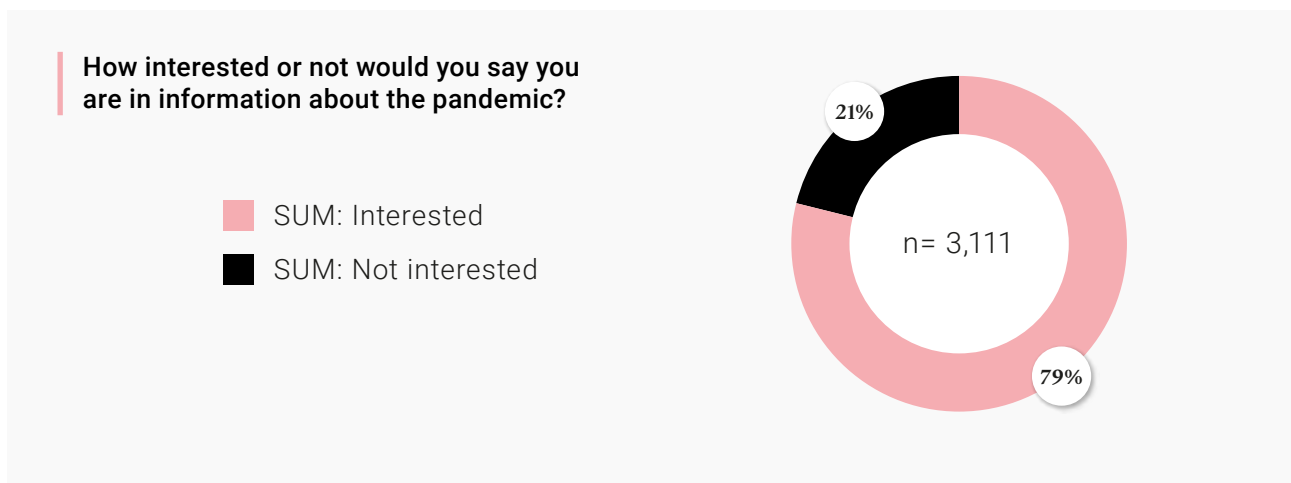
The aim of official messaging during the course of the pandemic has been to persuade people to follow government instructions regarding personal hygiene and social distancing. Such official advice urges people to do the right thing for themselves and their fellow citizens.

The effectiveness of such persuasion, like any other civic appeal, depends upon four crucial objectives:

- i. ensuring that clear and relevant information reaches people
- ii. ensuring that people can absorb and comprehend such information
- iii. ensuring that people are able to critically evaluate and ultimately trust what they are being told
- iv. ensuring that people are able and willing to comply with official guidance

Our research sets out to explore the extent to which official communication about the pandemic is realising these objectives and the obstacles that stand in the way of such realisation. Taking each of the four objectives outlined above, figures from the first three waves of our nationally-representative survey demonstrate that most people in the United Kingdom are accessing, making sense of and acting in compliance with the official guidance. But some – amounting to millions across the national population – are not.

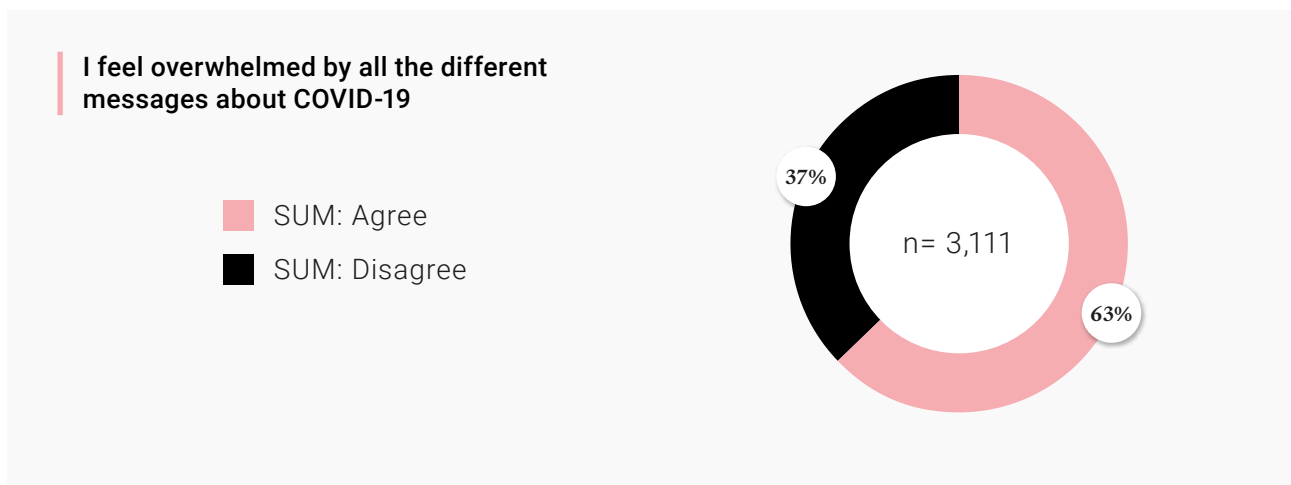
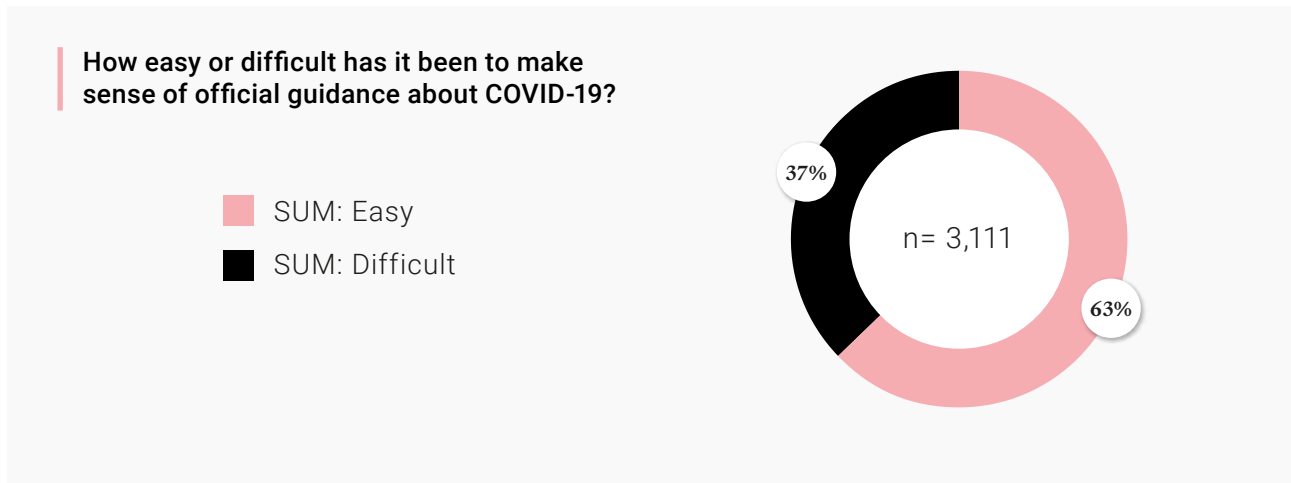
The official advice is clearly of little value if it does not reach the overwhelming majority of people. When we asked respondents to our first three waves what approach best described their approach to updates about the pandemic, **79% said that they actively stay informed or look out for key updates, but 20% told us that they avoided these²**. When we asked people how interested they were in information about the pandemic, **79% told us that they were interested, but 21% said they were not³**.



² The scale these nets reflect is explained in [Section 5 \(Table VII\)](#).

³ The netted figures here are derived from the following 1-10 score for interest: 1-5 (not interested) and 6-10 (interested).

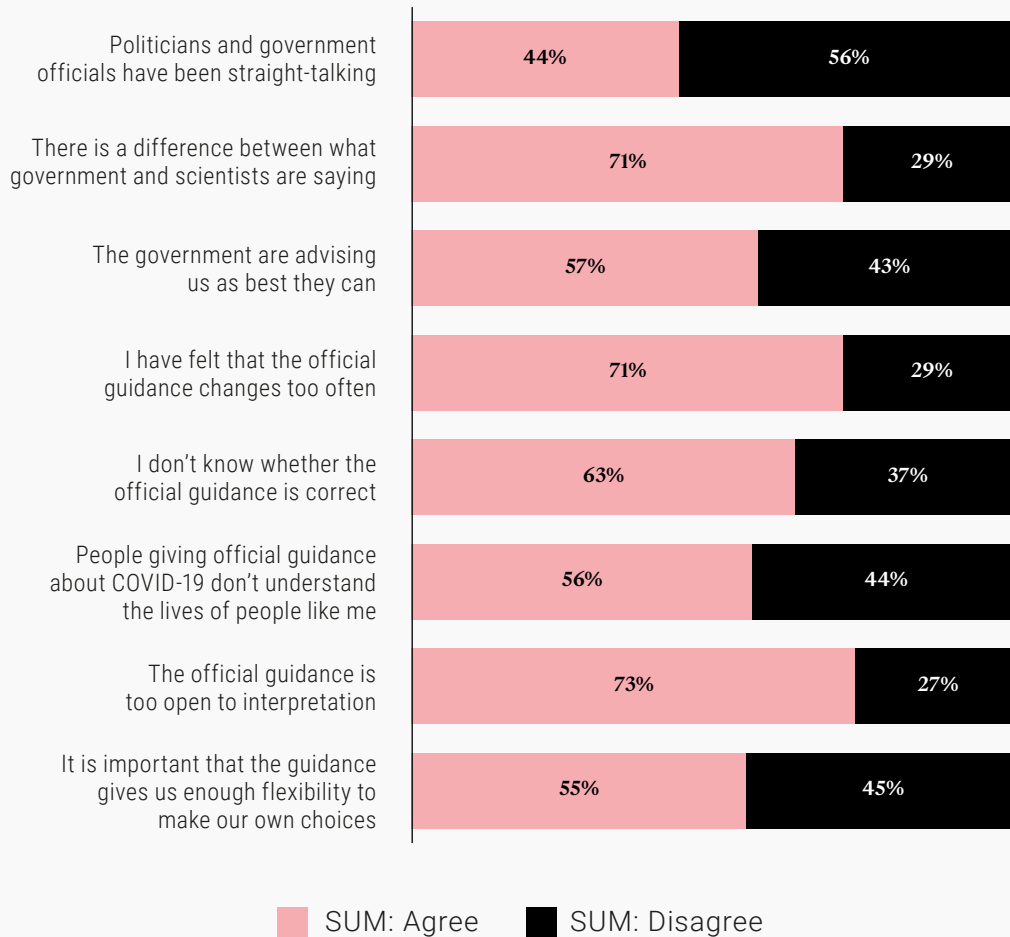
Even if most people are accessing official advice, it is of little value unless they feel able to absorb and comprehend it. **63% of people told us that they found it easy to make sense of the official guidance overall.⁴ But 37% reported finding it difficult.** And, in response to a different question, **63% of people told us that ‘I feel overwhelmed by all the different messages about COVID-19’.**



Even if people are able to comprehend the official advice, that is of little value unless they feel able to trust and critically evaluate what they are being told. **56% of people told us that they did not believe that politicians and government officials have been straight-talking with them; 56% said that the people giving official guidance about COVID-19 don't understand the lives of people like them; and 63% told us that they did not know whether the official guidance was correct.**

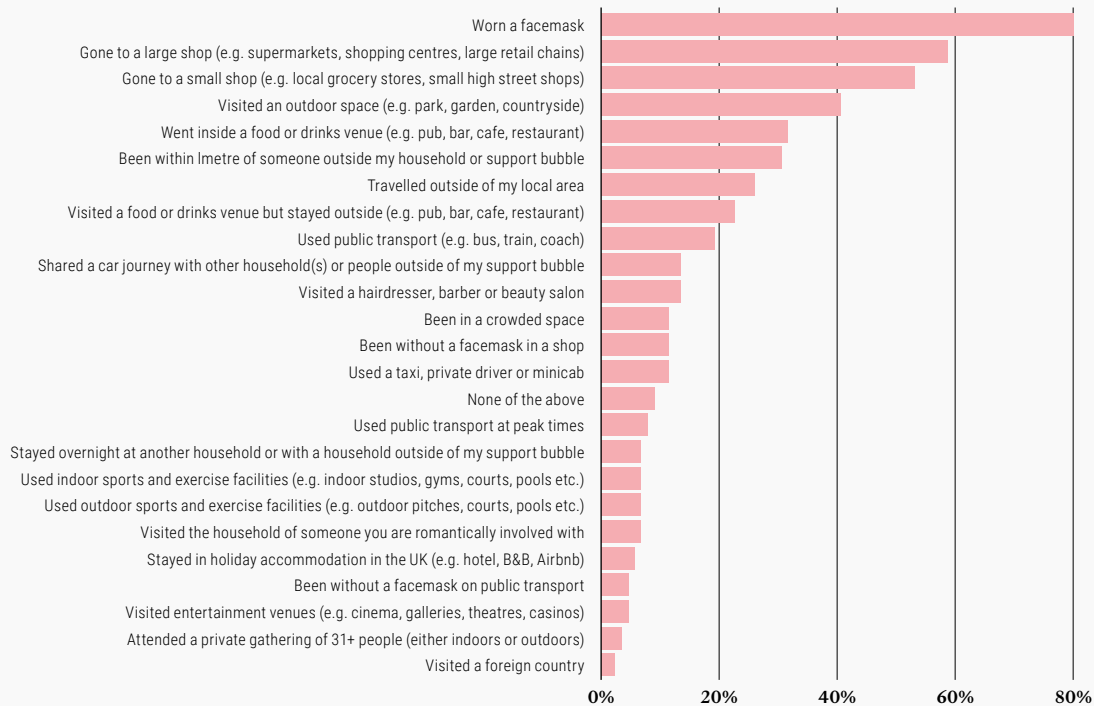
⁴ The scale these nets reflect is explained in [Section 6 \(Table XIII\)](#).

To what extent do you agree or disagree with each of these statements to do with official guidance about COVID-19? (n=3,111)



Even if people access and make sense of the official advice that the government issues regarding the pandemic, such messages are of little value if they are not acted upon, either because people are unable or unwilling to adhere to such guidance. While most people had behaved in accordance with official guidance in the preceding 7 days, significant minorities had not: **self-reports of activities in the previous week include 6% who had stayed overnight at another household or with a household outside of their support bubble; 3% who had attended a private gathering of over 30 people, indoors or outdoors; 4% who had been without a face mask on public transport; and 10% who had been in a shop without a face mask.**

**To the best of your knowledge, in the last 7 days,
have you done any of the following activities? (n=3,111)**



Even though those who are not accessing, comprehending, evaluating or acting in accordance with official advice are a minority of the population, they amount to millions of people. Faced with a situation in which everyone's survival and wellbeing is dependent upon how everyone else behaves, it is not a luxury to have communication that resonates with all sections of the population, but a critical necessity.

We are interested in exploring how people's varying responses to communication about the pandemic are shaped by their experiences, attitudes and social characteristics. It is not our intention to paint those who do not access, comprehend, trust or comply with official advice as 'bad citizens', but to suggest that there exists a range of perceptions of risk and civic outlooks within the population, each best understood and addressed on their own terms. That is to say, although the rules of social conduct in relation to the pandemic must apply to all, the ways in which they are communicated to different groups should be shaped by their distinctive experiences and beliefs about social reality.

In the next section we set out the theoretical and methodological bases of our analysis, explaining how people construct notions of risk in different ways and demonstrating how we have placed the UK population into six groups based on their shared attributes – attitudes, values and experiences – in relation to the pandemic. We then present and describe the six groups within the UK population that we have identified from the survey data. These groups have distinctive values, attitudes and behavioural characteristics and characteristic socio-demographic profiles. There then follow four sections looking at how the groups we have identified vary in ways of seeking and accessing, comprehending, evaluating and acting upon official guidance regarding the pandemic. We conclude this report by considering the strategic implications of seeking to communicate with pluralistic publics rather than a single homogeneous public.

2. Theoretical and methodological approach

a) Understanding risk communication in the pandemic

Politicians, journalists and scientists sometimes give the misleading impression that risk is an objective and quantifiable phenomenon. From such a perspective, the task of risk communicators would be to make the public aware of the objective hazards and uncertainties that they face. And the task of the public would be to absorb and adhere to the technical advice they are given. We think that the work of communicating risk is rather more complicated than that.

Of course, risks related to COVID-19 vary among groups. Some groups are more vulnerable to the virus because of pre-existing health conditions or age, while somebody's employment situation or where they live might also affect their risk profile. Yet people also perceive the objective risks they may face in varying ways. People respond to risks in accordance with their ways of seeing the world, with some people perceiving high risk within a particular situation, while others feel relatively unaffected. This means that there must always be 'more to the communication of risk than simply the disclosure of technical information, and more to the public response to risk information than simply technical understanding' (Nelkin, 1989:96).

We can expect people's subjective perception of risk to be shaped by psychological traits or propensities. The degree to which people tend to be 'cautious' or 'risk adverse' is likely to be important. Given the way COVID-19 makes higher levels of physical contact problematic, people's tendency towards 'extroversion' or 'sociability' is expected to be significant as well. Beyond these psychological traits, previous research on risk also points to the importance of differences in cultural values (Douglas 1999). A person who believes strongly in community and civic reciprocity is likely to feel threatened by different things from a person who believes strongly in individual autonomy and competition. As James Tansey (2004:29) puts it 'Risk becomes politicized not simply because it is a threat to life but because it is a threat to ways of life'.

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Following Mary Douglas and Aaron Wildavsky's cultural account of risk, in which they identify typical cultural biases or world views that distinguish people's ways of thinking about the threats they face, we assume these varying outlooks play an important part in framing differentiated perceptions of risk in relation to the current pandemic. Cultural theorists of risk argue that 'selective attention to risk, and preferences among different types of risk taking (or avoiding), correspond to cultural biases – that is, to worldviews or ideologies entailing deeply held values and beliefs defending different patterns of social relations' (Wildavsky and Dake, 1990:43).

We decided to explore four distinctive risk types in relation to the pandemic:

- **Individualists** – These people want to have as much control as possible over their own lives. They prefer not to be told what to do. They believe in their right to make their own decisions about what is best for them.
- **Egalitarians** – These people have strong group loyalties and believe strongly in the value of reciprocity. They prefer decisions to be accountable to all and rules to be inclusive and non-discriminatory.
- **Hierarchicists** – These people are committed to strong group boundaries and binding rules. They believe that people should know their place in the social order and follow the prescriptions of authority.
- **Fatalists** – These people do not believe that they have much control over their lives or environments. Their low levels of efficacy lead them to accept their destiny without seeking to affect it.

In reality, most people have various combinations of these four rationalities within their outlook, with one of them usually more pronounced than the other. These cultural outlooks on life frame individuals' sense of what constitutes risk and their capacity to avoid or overcome it.

In sum, a range of factors are likely to differentiate the members of the public being addressed by those communicating official information. Alongside socio-demographic factors and proximity to COVID-19, psychological propensities and cultural values will be significant lines of difference in the audience receiving information about the pandemic. There will then also be different patterns in how groups access, receive, comprehend and evaluate information. Our survey research and subsequent analysis were designed with these different variables in mind.

b) The survey

Working with Savanta ComRes, we are conducting ten waves of an online survey, with a core set of key questions we are tracking over time. Approximately 1,000 UK adult respondents are included in each wave, and the data has been weighted to be demographically representative of UK adults aged 18+ by age, gender, region and social grade.

This report draws on the first three waves of the survey, using data from 3,111 respondents in total:

- **Wave 1:** 1,040 respondents were surveyed online between 3-7th August
- **Wave 2:** 1,057 respondents were surveyed online between 11-13th August
- **Wave 3:** 1,014 respondents were surveyed online between 18-21st August

It is important to note that, while internet use is high in the UK⁵, a section of the population are non-internet users, many of which are from older age groups whose health risks may also be higher. Nonetheless, administering the survey online enabled us to track the attitudes, values and behaviour of a large sample of individuals at regular intervals in a cost-effective way.

5 According to the ONS (2020), 91% of adults in the UK are now regular internet users.

Reflecting the factors that are important in differentiating the public and communicating official information about the pandemic, our survey included questions in the following areas:

- Socio-demographic factors (age, disability, education, ethnicity, gender, health, life-satisfaction, occupation and work status, region)
- Cultural types (individualism, egalitarianism, hierarchy, fatalism)
- Personality traits (orientations to risk-taking, sociability)
- Political learning and previous voting behaviour
- Experience of and proximity to COVID-19
- Seeking and accessing official COVID-19 information
- Comprehension of COVID-19 official information
- COVID-19 behaviour (activities with different levels of risk of exposure to the virus)

Our questions about the cultural types drew on previous attempts to operationalize cultural theory in survey research (*Ripberger et al., 2015*). We sought to determine both how close individuals are to particular cultural types in general and in their specific response to the pandemic. (A full list of questions from the first three survey waves can be found in [Appendix I.](#))

c) Segmentation analysis

Together with Savanta ComRes we analysed the survey data with a view to identifying response clusters pointing to the existence of distinct population groups (or segments) comprising people with closely similar characteristics in terms of values, attitudes, experience and behaviour. As Michael Slater (1996:269), one of the leading proponents of the use of segmentation analysis in health communication argues, 'segments should be homogeneous with respect to patterns of variables'. Only by seeing whether we could discover such common patterns within the survey data could we move beyond the general observation that the audience for communication about the pandemic is heterogeneous and identify the empirical features of differentiation. Our normative interest in this method of discerning differences within the population was driven by a wish to find ways of appealing to people's commonality as citizens, while acknowledging the experiential and attitudinal rationalities that separate them. Unlike market segmentation analyses, which seek to split populations into sub-groups that can be ranked in terms of their value to sellers of goods and services, our aim was to reconcile cultural difference and pluralistic citizenship (*Barnett and Mahoney, 2011*).

Our segmentation analysis began by conducting a factor analysis based on the questions related to the cultural types and personality traits. We found an eight-factor solution fitted best with the data and offered the most well-rounded explanation. The eight factors are as follows:

- **Factor 1:** COVID egalitarianism
- **Factor 2:** COVID individualism
- **Factor 3:** Sociability
- **Factor 4:** Hierarchical
- **Factor 5:** Risk-aversion
- **Factor 6:** Fatalism
- **Factor 7:** COVID fatalism
- **Factor 8:** Individualism

Having arrived at the eight factors, we looked at the remaining survey variables to decide which ones should be included as dimensions for the segmentation analysis. In line with our research questions, we identified a range of relevant dimensions linked to seeking, understanding and evaluating official information, experience with COVID-19, vulnerability and recent self-reported behaviour.

Segmentation dimensions

Dimension label	Description	Survey question
Confidence	Confidence in knowing what to do to be safe from COVID-19	CP1
Interest	Interest in information about the pandemic	CM0
Stay informed	Engagement with updates about the COVID-19 situation	CM1
Learning	Learning something new to do with COVID-19 in the last 7 days	CM2
Comprehension	Ease of make sense of official guidance about COVID-19	CP2
Evaluation	Evaluation of official communication in term of the consistency between what governments and scientists are saying; the official guidance changing too often; the official guidance being correct; the official guidance being too open to interpretation	CP3
Experience with COVID	Knowing people who have had COVID	E6
Proximity to COVID	Living with someone who is of high risk of severe illness from COVID-19 due to their health status or condition	Risk Household
Vulnerability	Pre-existing health condition that might increase vulnerability to COVID	Risk Self
Risk aversion	Engaged in behaviour associated with risk in the last seven days	B2

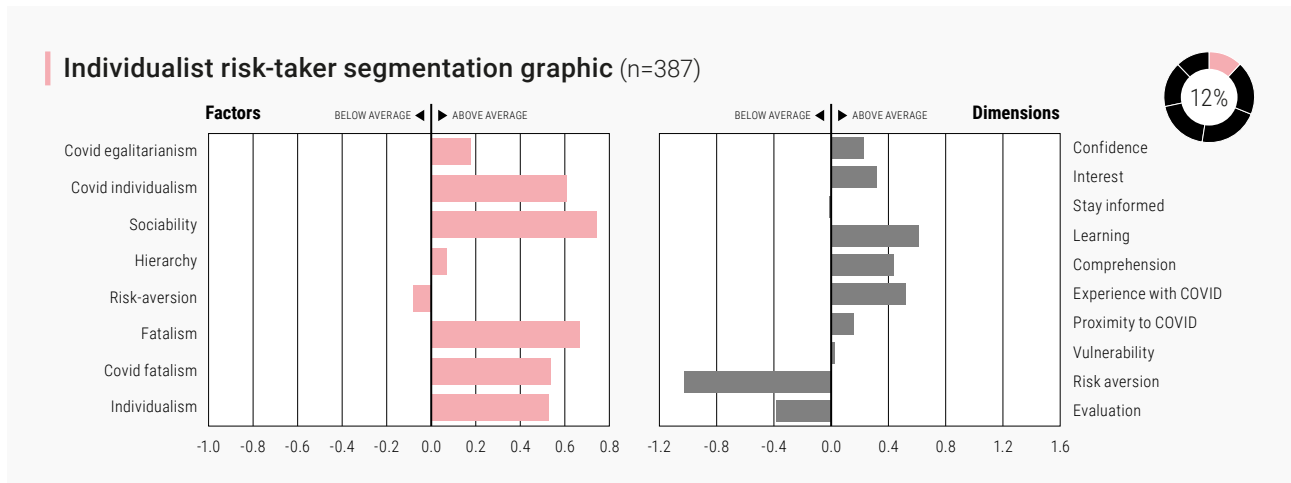
Using the respondent level factor analysis scores and dimension Z-scores, we completed a K-Means clustering analysis. We ran the cluster analysis for between four and seven factor solutions, assessing how well each solution explained the variables. The six-segment solution offered the best description. We also ran a discriminant analysis to provide us with a level of predictability: the six-cluster solution had a very high predictability of 91.6%. The six groups we identified will be described in the next section (Section 3).

Having settled on a solution with a high level of predictability, we looked at how socio-demographic variables interplay with the clusters. We did this through indexing, which tells us whether a particular socio-demographic factor is more or less prevalent in a particular cluster. The results of the indexing analysis are presented in Section 4. (A longer description of how the segmentation analysis was conducted is available in Appendix II.)

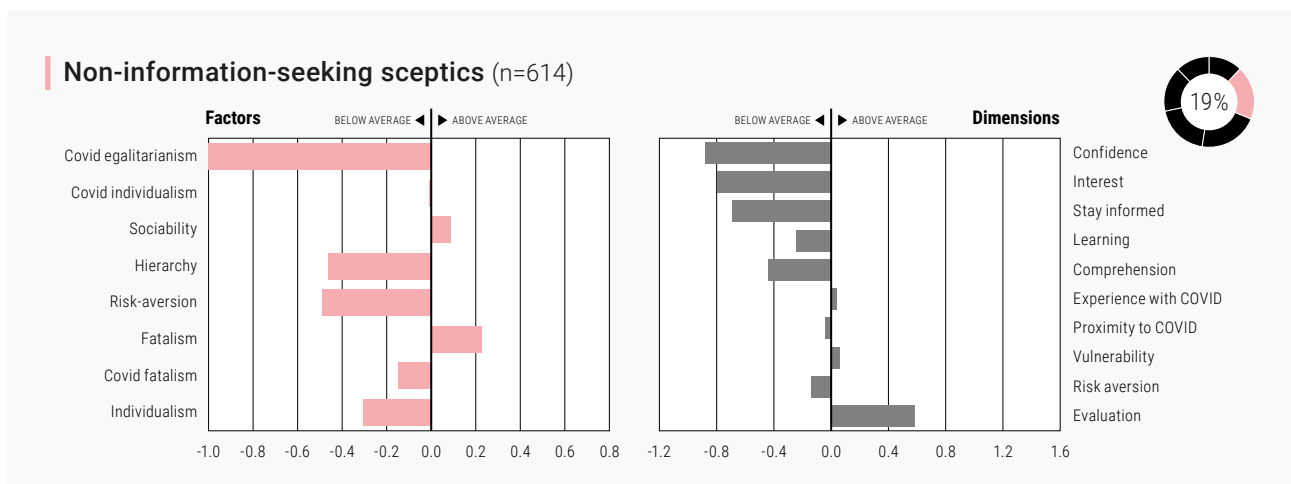


3. The six groups: experience, values, attitudes and behaviour

Having conducted the statistical analysis we have outlined, we identified six groups within the UK population, each given a name which is characterised by their distinctive experiences, behaviours and attitudes towards risk in the context of the pandemic. In what follows we provide a descriptive summary of each group based on analysis of the data from Wave 1-3.

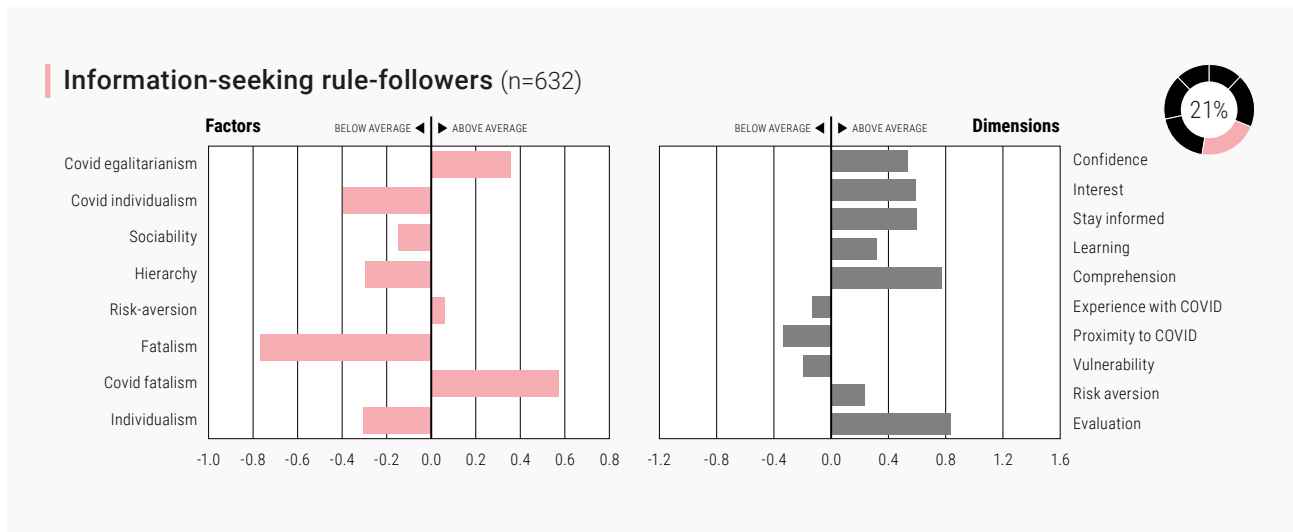


The first group are individualist risk-takers (12% of the population). These are individualists, both in their general outlook on life and in their specific responses to official advice relating to the pandemic. They tend to be highly sociable people. Their experience of having been close to people infected by COVID is higher than average. They are inclined to look out for information about the pandemic and are reasonably confident about being able to understand it. However, even though they are well informed about the risks facing them, they tend to engage in high-risk behaviour.

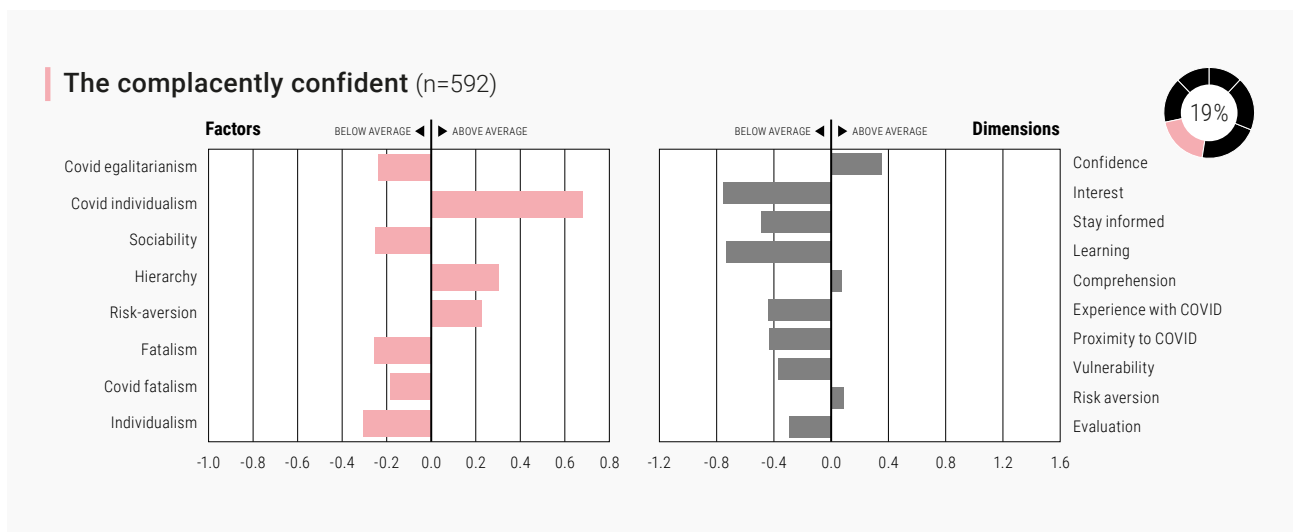


The second group, non-information-seeking sceptics (19% of the population), are the least risk-averse of all the groups. They value being able to arrive at their own judgments and make their own decisions. They tend to have little interest in seeking information about the pandemic and feel unconfident about their ability to make sense of the official advice that does reach them. They are sceptical about the

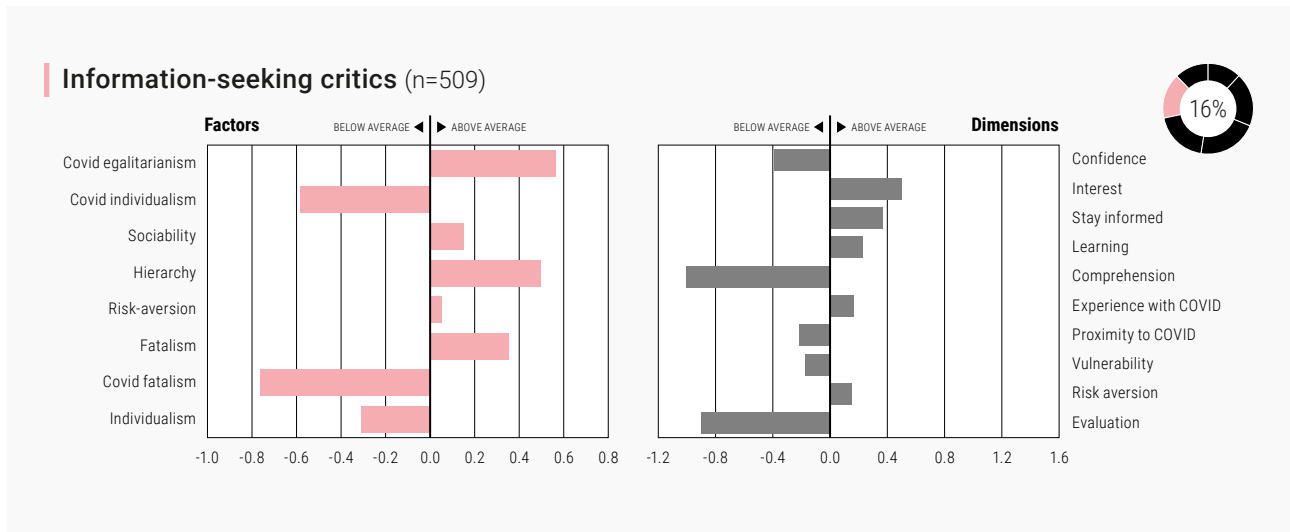
official guidance, tending to believe that the risks posed by the pandemic are exaggerated.



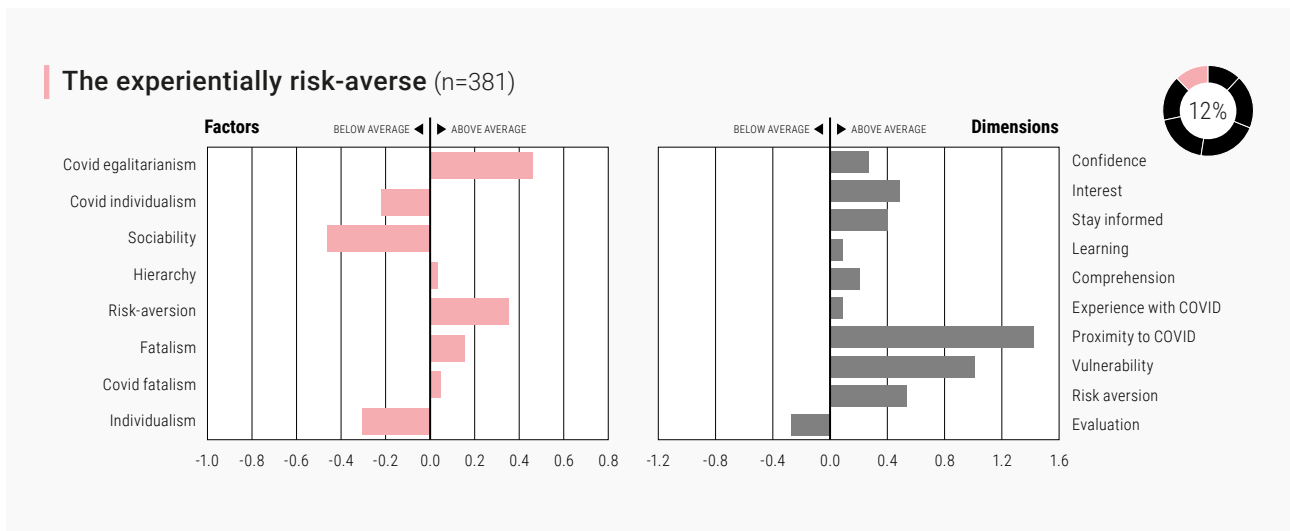
The third group are information-seeking rule-followers (21% of the population). Although not hierarchically-minded in general, they have a strong respect for the current government. While members of this group tend to feel that they are in control of their lives, that is not the case in relation to COVID which they regard as a direct personal risk. They keep themselves informed about the pandemic, comprehending and tending to trust the official advice they receive. They follow the rules scrupulously.



We refer to the fourth group as the complacently confident (19% of the population). These are individualists who want to make up their own minds and follow their own rules regarding the risks posed by the pandemic. They are not inclined to seek out official guidance and do not learn much from it when it comes their way. They tend not to know people who have had COVID or feel particularly vulnerable to the virus themselves.



The fifth group, information-seeking critics (16% of the population), are egalitarians who believe strongly in rules, but want the rule-making process to more inclusive and accountable than it is at present. They are keen to seek information but are critical of what is offered by the government, finding it insufficient and hard to comprehend or trust. They feel confident of being able to protect themselves if provided with the right information, but they feel unconfident in the authorities to provide them with this.



The sixth group are the experientially risk-averse (12% of the population). Members of this group have been understandably scared by their close proximity to COVID, which they regard with a fatalistic nervousness. Most people in this group either know someone who has contracted COVID or are in a household where there is someone who is very vulnerable to infection. They seek out official advice as a matter of practical necessity and are reasonably confident that they can understand it. They are very careful to avoid risky behaviour.

4. The six groups: socio-demographic characteristics

Membership of these groups is not evenly distributed across the UK population, but is characterised by marked socio-demographic variation. In this section, we describe the socio-demographic characteristics of each group. Alongside the percentages, we give an indexing figure that calculates which socio-demographic factors are more or less prevalent for each group. If a value is below 100 then it is under-indexing, while it is over-indexing if it is above 100; a score less than 80 may be considered significantly below on indexing and a score of 120 significantly above.⁶ To further our understanding of each group, we also include some further key facts about each group's relationship to COVID.

Table I: Individualist risk-taker profiling

	General Population	Individualist risk-takers	Index
Unweighted base	3,111	384	
Gender			
Female	51%	48%	97
Male	49%	52%	104
Ethnicity			
White	88%	74%	86
Mixed Race	2%	6%	251
Asian/Asian British	4%	10%	237
African	2%	4%	211
Caribbean	1%	1%	116
Arab	1%	1%	180
Prefer not to say	3%	4%	142
Political orientation			
Very left wing	4%	6%	140
Fairly left wing	12%	15%	122
Slightly left of centre	13%	12%	104
Centre	48%	48%	97
Slightly right of centre	13%	10%	83
Fairly right wing	8%	6%	67
Very right wing	3%	4%	138
Age			
18-24	11%	20%	186
25-34	17%	29%	165
35-44	16%	25%	156
45-54	18%	14%	75
55-64	15%	7%	40
65+	23%	5%	21
Region			
London	13%	27%	202
South	22%	19%	82
Midlands	30%	27%	93
North	35%	28%	82
Voting in last election			
Did not vote	13%	12%	88
Conservative	35%	30%	84
Labour	28%	36%	133
Liberal Democrat	8%	10%	121
SNP	4%	3%	89
Plaid Cymru	1%	0	-
Another Party	6%	4%	59
Can't remember	3%	2%	78
Prefer not to say	3%	3%	101

	General Population	Individualist risk-takers	Index
Unweighted base	3,111	384	
Occupation			
High managerial, administrative or professional	6%	14%	212
Intermediate managerial, administrative or professional	21%	22%	112
Supervisor, administrative or professional	27%	28%	103
Skilled manual worker	20%	19%	98
Semi-skilled or unskilled manual worker	7%	8%	112
House-wife/house-husband	1%	1%	110
Unemployed	3%	2%	51
Student	1%	4%	245
Retired	12%	3%	24
SEG			
ABC1	55%	67%	123
C2DE	45%	33%	72
Education			
No formal education	1%	1%	48
Primary school	1%	<1%	70
Secondary school, high school, NVQ levels 1 to 3, etc.	45%	32%	73
University degree or equivalent professional qualification, NVQ level 4, etc.	35%	37%	107
Higher university degree, doctorate, MBA, NVQ level 5, etc.	15%	24%	156
Still in full time education	2%	4%	260
Don't know	1%	1%	81
Prefer not to say	1%	1%	78
Key Worker			
Yes	25%	37%	147
No	71%	59%	84
Not sure	3%	4%	105
Life Satisfaction			
Satisfied	70%	81%	115
Unsatisfied	30%	19%	65

Relationship to COVID-19: Key facts

- 14% believe they have had COVID-19 (5% have tested positive)
- 65% think it likely they will get COVID-19 in future (35% think it is unlikely)
- 29% of this group live with someone who is at high risk of severe illness from developing COVID-19
- 23% know someone who has died from COVID-19, and 41% know someone who has recovered from it.

Full tables are available in [Appendix III](#).

⁶ A description of how the indexing is completed is available in [Appendix II](#).



Individualist risk-takers are more likely to be aged between 18-45, to live in London and to be from BAME ethnic backgrounds. Those who voted in the last general election are more prevalent in this group, as are those who supported Labour or the Liberal Democrats. The group is more likely to be left-leaning ideologically but over-indexes in terms of being very right-wing as well. The group includes a higher number of professional and managerial workers, as well as of students. They are more likely to be a ABC1 social grade, to be highly educated or still in formal education, and more likely to be key workers. The picture provided by the over- and under-indexing begins to explain the paradox of this group being well-informed about the pandemic, but highly exposed to its risks. Looking beyond the indexing, a high percentage of this group say they have tested positive for COVID-19 and almost two-thirds of them (65%) think it likely that they will become infected by the disease in the future. Despite the fact that more than 1 in 4 (29%) of this group live with someone who is at high risk of severe illness from developing COVID, many of them cannot avoid coming into contact with other people in their daily lives, either through their jobs (they are key workers) or their studies.

Table II: Non-information-seeking sceptics profiling

	General Population	Non-information-seeking sceptics	Index
Unweighted base	3,111	613	
Gender			
Female	51%	55%	109
Male	49%	44%	89
Ethnicity			
White	88%	79%	90
Mixed Race	2%	4%	164
Asian/Asian British	4%	7%	159
African	2%	3%	199
Caribbean	1%	2%	266
Arab	1%	1%	254
Prefer not to say	3%	4%	140
Political orientation			
Very left wing	4%	3%	72
Fairly left wing	12%	11%	89
Slightly left of centre	13%	12%	92
Centre	48%	57%	120
Slightly right of centre	13%	9%	69
Fairly right wing	8%	5%	66
Very right wing	3%	3%	92
Age			
18-24	11%	22%	192
25-34	17%	29%	169
35-44	16%	17%	105
45-54	18%	15%	84
55-64	15%	8%	56
65+	23%	9%	35
Region			
London	13%	17%	133
South	22%	21%	90
Midlands	30%	29%	98
North	35%	33%	97
Voting in last election			
Did not vote	13%	18%	136
Conservative	35%	23%	68
Labour	28%	32%	113
Liberal Democrat	8%	6%	72
SNP	4%	4%	95
Plaid Cymru	1%	1%	141
Another Party	6%	6%	111
Can't remember	3%	5%	167
Prefer not to say	3%	5%	190

	General Population	Non-information-seeking sceptics	Index
Unweighted base	3,111	613	
Occupation			
High managerial, administrative or professional	6%	8%	133
Intermediate managerial, administrative or professional	21%	21%	99
Supervisor, administrative or professional	27%	26%	99
Skilled manual worker	20%	24%	119
Semi-skilled or unskilled manual worker	7%	10%	142
House-wife/house-husband	1%	2%	169
Unemployed	3%	4%	114
Student	1%	2%	142
Retired	12%	3%	25
SEG			
ABC1	55%	57%	104
C2DE	45%	43%	95
Education			
No formal education	1%	1%	149
Primary school	1%	1%	110
Secondary school, high school, NVQ levels 1 to 3, etc.	45%	35%	78
University degree or equivalent professional qualification, NVQ level 4, etc.	35%	35%	100
Higher university degree, doctorate, MBA, NVQ level 5, etc.	15%	19%	124
Still in full time education	2%	3%	208
Don't know	1%	3%	338
Prefer not to say	1%	2%	262
Key Worker			
Yes	25%	32%	125
No	71%	61%	86
Not sure	3%	7%	223
Life Satisfaction			
Satisfied	70%	61%	86
Unsatisfied	30%	39%	132

Relationship to COVID-19: Key facts

- 7% believe they have had COVID-19 (2% have tested positive)
- 44% think it likely they will get COVID-19 in future (56% think it is unlikely)
- 19% of this group live with someone who is at high risk of severe illness from developing COVID-19
- 13% know someone who has died from COVID-19, and 22% know someone who has recovered from it.

Full tables are available in [Appendix III](#).

The non-information-seeking sceptics are more likely to be in the 18 to 34 age range and to be from BAME backgrounds. Professional and managerial workers, semi-skilled and manual workers, and students are all over-represented in this group. This group are more likely to include key workers – just under a third (32%) of them are key workers in total. They tend to lean towards the political centre, but this is a group that is used to disengaging from politically-framed messages. Almost 1 in 5 (18%) of them did not vote in the last general election and another 1 in 10 either cannot remember whether they voted (5%) or prefer not to say (5%). 39% of the members of this group are dissatisfied with their lives, second only to one other group on the life satisfaction scale.

Table III: Information-seeking rule-followers profiling

	General Population	Information-seeking rule-followers	Index
Unweighted base	3,111	632	
Gender			
Female	51%	45%	88
Male	49%	55%	115
Ethnicity			
White	88%	93%	106
Mixed Race	2%	1%	42
Asian/Asian British	4%	2%	47
African	2%	1%	75
Caribbean	1%	<1%	47
Arab	1%	<1%	55
Prefer not to say	3%	2%	92
Political orientation			
Very left wing	4%	1%	35
Fairly left wing	12%	9%	78
Slightly left of centre	13%	10%	80
Centre	48%	41%	85
Slightly right of centre	13%	23%	182
Fairly right wing	8%	13%	170
Very right wing	3%	3%	101
Age			
18-24	11%	5%	44
25-34	17%	10%	57
35-44	16%	11%	72
45-54	18%	19%	106
55-64	15%	19%	126
65+	23%	37%	163
Region			
London	13%	10%	76
South	22%	21%	120
Midlands	30%	31%	100
North	35%	33%	95
Voting in last election			
Did not vote	13%	8%	66
Conservative	35%	55%	155
Labour	28%	16%	58
Liberal Democrat	8%	8%	97
SNP	4%	4%	121
Plaid Cymru	1%	<1%	109
Another Party	6%	5%	87
Can't remember	3%	1%	47
Prefer not to say	3%	2%	68

	General Population	Information-seeking rule-followers	Index
Unweighted base	3,111	632	
Occupation			
High managerial, administrative or professional	6%	6%	90
Intermediate managerial, administrative or professional	21%	26%	119
Supervisor, administrative or professional	27%	23%	85
Skilled manual worker	20%	17%	85
Semi-skilled or unskilled manual worker	7%	5%	72
House-wife/house-husband	1%	1%	60
Unemployed	3%	2%	58
Student	1%	1%	57
Retired	12%	19%	157
SEG			
ABC1	55%	56%	99
C2DE	45%	44%	101
Education			
No formal education	1%	<1%	43
Primary school	1%	1%	86
Secondary school, high school, NVQ levels 1 to 3, etc.	45%	49%	108
University degree or equivalent professional qualification, NVQ level 4, etc.	35%	34%	100
Higher university degree, doctorate, MBA, NVQ level 5, etc.	15%	16%	100
Still in full time education	2%	1%	53
Don't know	1%	0	-
Prefer not to say	1%	0	-
Key Worker			
Yes	25%	21%	85
No	71%	78%	109
Not sure	3%	1%	20
Life Satisfaction			
Satisfied	70%	83%	118
Unsatisfied	30%	17%	59

Relationship to COVID-19: Key facts

- 1% believe they have had COVID-19 (<1% have tested positive)
- 32% think it likely they will get COVID-19 in future (68% think it is unlikely)
- 10% of this group live with someone who is at high risk of severe illness from developing COVID-19
- 10% know someone who has died from COVID-19, and 27% know someone who has recovered from it.

Full tables are available in [Appendix III](#).

The information-seeking rule-followers are less likely to fall in the under-45 age group and more likely to be over 55. More than half (56%) are over 55, with around 1 in 3 (37%) aged 65 or over. The retired are more prevalent in this group and they also report a higher level of life satisfaction than any other group. This information-seeking rule-followers are less likely to reside in London than members of other groups, but are more likely to live in the south. Those who voted in the last general election are more prevalent in this group, as are those who supported the current government; this group is more likely to be right of centre. This is the easiest target group for official communicators to influence, as they are inclined to follow rules in general and trust the current government to give them the right guidance.

Table IV: Complacently confident profiling

	General Population	Complacently confident	Index
Unweighted base	3,111	592	
Gender			
Female	51%	50%	97
Male	49%	50%	104
Ethnicity			
White	88%	92%	104
Mixed Race	2%	2%	74
Asian/Asian British	4%	3%	77
African	2%	1%	57
Caribbean	1%	<1%	50
Arab	1%	0%	-
Prefer not to say	3%	2%	79
Political orientation			
Very left wing	4%	3%	74
Fairly left wing	12%	9%	76
Slightly left of centre	13%	11%	80
Centre	48%	53%	110
Slightly right of centre	13%	12%	96
Fairly right wing	8%	8%	116
Very right wing	3%	4%	131
Age			
18-24	11%	7%	65
25-34	17%	14%	81
35-44	16%	20%	123
45-54	18%	19%	107
55-64	15%	18%	117
65+	23%	22%	99
Region			
London	13%	10%	75
South	22%	22%	100
Midlands	30%	31%	105
North	35%	37%	104
Voting in last election			
Did not vote	13%	19%	143
Conservative	35%	39%	112
Labour	28%	22%	77
Liberal Democrat	8%	6%	70
SNP	4%	4%	102
Plaid Cymru	1%	<1%	58
Another Party	6%	6%	96
Can't remember	3%	3%	112
Prefer not to say	3%	2%	66

	General Population	Complacently confident	Index
Unweighted base	3,111	592	
Occupation			
High managerial, administrative or professional	6%	3%	57
Intermediate managerial, administrative or professional	21%	20%	93
Supervisor, administrative or professional	27%	27%	104
Skilled manual worker	20%	23%	112
Semi-skilled or unskilled manual worker	7%	7%	104
House-wife/house-husband	1%	1%	48
Unemployed	3%	4%	125
Student	1%	1%	49
Retired	12%	14%	113
SEG			
ABC1	55%	51%	93
C2DE	45%	49%	109
Education			
No formal education	1%	1%	124
Primary school	1%	1%	137
Secondary school, high school, NVQ levels 1 to 3, etc.	45%	54%	122
University degree or equivalent professional qualification, NVQ level 4, etc.	35%	30%	83
Higher university degree, doctorate, MBA, NVQ level 5, etc.	15%	12%	76
Still in full time education	2%	<1%	19
Don't know	1%	1%	88
Prefer not to say	1%	1%	102
Key Worker			
Yes	25%	22%	88
No	71%	75%	104
Not sure	3%	3%	89
Life Satisfaction			
Satisfied	70%	70%	101
Unsatisfied	30%	30%	98

Relationship to COVID-19: Key facts

- 3% believe they have had COVID-19 (<1% have tested positive)
- 25% think it likely they will get COVID-19 in future (75% think it is unlikely)
- 4% of this group live with someone who is at high risk of severe illness from developing COVID-19
- 5% know someone who has died from COVID-19, and 15% know someone who as recovered from it.

Full tables are available in [Appendix III](#).

The complacently confident are more likely to be middle-aged or older and are less likely to fall into the 18-24 age group. Those living outside London are most prevalent in this group. They are likely to have voted in the last general election and are more likely to describe themselves as very right-wing and less likely to be on the left of the political spectrum. Those in professional or managerial jobs are less common in this group while the unemployed are over-represented. They are more likely to have been educated up to University level. This is not an easy group for official communicators to reach, for they are less interested in how to tackle the problem than whether there is a problem. Looking beyond our indexing, we see that members of this group are less likely than any other to be living with someone who is at high risk of severe illness from COVID; to know anyone who has died from COVID; and to think that they might contract the virus in the future.

Table V: Information-seeking critics profiling

	General Population	Information-seeking critics	Index
Unweighted base	3,111	509	
Gender			
Female	51%	55%	108
Male	49%	44%	90
Ethnicity			
White	88%	93%	105
Mixed Race	2%	2%	77
Asian/Asian British	4%	2%	54
African	2%	1%	40
Caribbean	1%	<1%	29
Arab	1%	<1%	34
Prefer not to say	3%	2%	84
Political orientation			
Very left wing	4%	9%	221
Fairly left wing	12%	22%	177
Slightly left of centre	13%	17%	140
Centre	48%	39%	80
Slightly right of centre	13%	7%	58
Fairly right wing	8%	4%	53
Very right wing	3%	2%	69
Age			
18-24	11%	9%	77
25-34	17%	15%	86
35-44	16%	13%	86
45-54	18%	19%	111
55-64	15%	17%	118
65+	23%	26%	113
Region			
London	13%	10%	78
South	22%	23%	102
Midlands	30%	28%	91
North	35%	40%	113
Voting in last election			
Did not vote	13%	12%	85
Conservative	35%	20%	58
Labour	28%	43%	151
Liberal Democrat	8%	11%	132
SNP	4%	3%	88
Plaid Cymru	1%	<1%	102
Another Party	6%	7%	112
Can't remember	3%	2%	65
Prefer not to say	3%	2%	99

	General Population	Information-seeking critics	Index
Unweighted base	3,111	509	
Occupation			
High managerial, administrative or professional	6%	4%	69
Intermediate managerial, administrative or professional	21%	18%	88
Supervisor, administrative or professional	27%	31%	115
Skilled manual worker	20%	19%	93
Semi-skilled or unskilled manual worker	7%	7%	97
House-wife/house-husband	1%	1%	102
Unemployed	3%	4%	111
Student	1%	2%	114
Retired	12%	13%	109
SEG			
ABC1	55%	55%	99
C2DE	45%	45%	102
Education			
No formal education	1%	1%	72
Primary school	1%	1%	80
Secondary school, high school, NVQ levels 1 to 3, etc.	45%	46%	103
University degree or equivalent professional qualification, NVQ level 4, etc.	35%	39%	114
Higher university degree, doctorate, MBA, NVQ level 5, etc.	15%	12%	78
Still in full time education	2%	1%	55
Don't know	1%	0	-
Prefer not to say	1%	1%	59
Key Worker			
Yes	25%	21%	86
No	71%	75%	105
Not sure	3%	4%	92
Life Satisfaction			
Satisfied	70%	56%	79
Unsatisfied	30%	44%	148

Relationship to COVID-19: Key facts

- 3% believe they have had COVID-19 (2% have tested positive)
- 55% think it likely they will get COVID-19 in future (45% think it is unlikely)
- 13% of this group live with someone who is at high risk of severe illness from developing COVID-19
- 16% know someone who has died from COVID-19, and 39% know someone who has recovered from it.

Full tables are available in [Appendix III](#).

The information-seeking critics are less likely to be in the 18-24 age groups and to live in London. Those voting for the current government in the last general election are less prevalent in this group, while those who voted Labour and Liberal Democrat and describe themselves as left of centre are over-represented. Members of this group work in a broad spread of occupations, although they are less likely to be in professional or managerial jobs. This group has the lowest level of life satisfaction of any of our six groups. Over half (55%) think it likely that they will become infected by COVID at some point in the future. This is a hard group for the current government to influence, as they do not trust the messenger and will demand a lot of information before they are prepared to be persuaded.

Table VI: Experientially risk-averse profiling

	General Population	Experientially risk-averse	Index
Unweighted base	3,111	381	
Gender			
Female	51%	54%	103
Male	49%	46%	96
Ethnicity			
White	88%	95%	107
Mixed Race	2%	<1%	12
Asian/Asian British	4%	2%	54
African	2%	<1%	18
Caribbean	1%	1%	78
Arab	1%	<1%	91
Prefer not to say	3%	2%	61
Political orientation			
Very left wing	4%	4%	90
Fairly left wing	12%	8%	67
Slightly left of centre	13%	15%	120
Centre	48%	51%	106
Slightly right of centre	13%	12%	94
Fairly right wing	8%	8%	110
Very right wing	3%	2%	65
Age			
18-24	11%	5%	44
25-34	17%	7%	43
35-44	16%	11%	65
45-54	18%	20%	115
55-64	15%	19%	138
65+	23%	38%	163
Region			
London	13%	7%	52
South	22%	23%	98
Midlands	30%	33%	113
North	35%	37%	107
Voting in last election			
Did not vote	13%	8%	64
Conservative	35%	39%	115
Labour	28%	24%	82
Liberal Democrat	8%	12%	134
SNP	4%	4%	97
Plaid Cymru	1%	1%	181
Another Party	6%	7%	134
Can't remember	3%	4%	130
Prefer not to say	3%	1%	61

	General Population	Experientially risk-averse	Index
Unweighted base	3,111	381	
Occupation			
High managerial, administrative or professional	6%	4%	60
Intermediate managerial, administrative or professional	21%	18%	85
Supervisor, administrative or professional	27%	27%	96
Skilled manual worker	20%	18%	87
Semi-skilled or unskilled manual worker	7%	5%	65
House-wife/house-husband	1%	2%	124
Unemployed	3%	5%	143
Student	1%	<1%	19
Retired	12%	22%	170
SEG			
ABC1	55%	49%	86
C2DE	45%	51%	117
Education			
No formal education	1%	2%	168
Primary school	1%	1%	107
Secondary school, high school, NVQ levels 1 to 3, etc.	45%	50%	113
University degree or equivalent professional qualification, NVQ level 4, etc.	35%	35%	100
Higher university degree, doctorate, MBA, NVQ level 5, etc.	15%	10%	69
Still in full time education	2%	1%	29
Don't know	1%	<1%	54
Prefer not to say	1%	1%	79
Key Worker			
Yes	25%	19%	74
No	71%	79%	111
Not sure	3%	2%	57
Life Satisfaction			
Satisfied	70%	73%	104
Unsatisfied	30%	27%	91

Relationship to COVID-19: Key facts

- 3% believe they have had COVID-19 (2% have tested positive)
- 51% think it likely they will get COVID-19 in future (49% think it is unlikely)
- 82% of this group live with someone who is at high risk of severe illness from developing COVID-19
- 20% know someone who has died from COVID-19, and 30% know someone who has recovered from it.

Full tables are available in [Appendix III](#).

The experientially risk-averse group are more likely to be in the 55-plus age group and less likely to be under 45. People living outside London and who are retired, unemployed or homeworkers are more prevalent in this group. Member of the group are spread fairly evenly across the ideological spectrum, while those who do not vote are under-represented. This group's proximity to the effects of the virus has scared them into taking official advice very seriously. The vast majority of them (82%) are living with people who are at high risk of severe illness if they contract COVID. 20% know someone personally who has died from COVID and 30% know someone personally who has recovered from the disease.

Having explored the characteristics of the six groups, we now turn to the four objectives that must underpin effective communication about the pandemic: reaching people; making messages comprehensible; making messages credible; and influencing public behaviour.



5. How people access official guidance about the pandemic

In a media-saturated communication environment, public attention to news and official advice about the pandemic cannot be guaranteed. People have to be motivated to seek and attend to rather than avoid or ignore updates. Table VII shows that 79% of people tend to actively stay informed of or look out for key information about the pandemic. However, 1 in 5 people (20%) tend to avoid it. This study helps us to determine where the majority of information-seekers are looking for news and information and who the avoiders are.

Table VII: What best describes your approach to updates about the COVID-19 situation?

	Individualist risk-takers	Non-information-seeking sceptics	Information-seeking rule-followers	The complacently confident	Information-seeking critics	The experientially risk-averse	Total
Unweighted base	384	613	632	592	509	381	3,111
SUM ⁷ : Look for info	76%	51%	99%	68%	95%	94%	79%
SUM: Avoid info	23%	49%	1%	29%	5%	6%	20%
Other	1%	1%	0%	3%	<1%	0%	1%

Table VIII shows that most people are coming across official guidance from broadcast media (57%). Over a third have accessed the official government website (37%) and almost a third have come across the guidance indirectly online, in newspapers and by word of mouth (31%).

Table VIII: How did you come across official guidance from Government figures in the last 7 days?⁸

	Individualist risk-takers	Non-information-seeking sceptics	Information-seeking rule-followers	The complacently confident	Information-seeking critics	The experientially risk-averse	Total Waves
Unweighted base	115	81	284	92	161	132	865
By direct broadcasts or statements (e.g. on TV, radio)	47%	34%	62%	59%	56%	66%	57%
The GOV.UK website	52%	36%	37%	21%	34%	38%	37%
Indirectly (e.g. reading news, social media, word of mouth)	37%	19%	31%	30%	29%	32%	31%
Government social media account(s)	31%	24%	8%	11%	7%	9%	13%
In leaflets or letters	20%	16%	3%	1%	2%	5%	7%
By texts from Government	17%	12%	3%	1%	1%	6%	6%
Other	0	1%	1%	3%	3%	1%	2%
Don't know/Can't remember	2%	6%	2%	2%	7%	0	3%

Table IX explores the sources people trust for accessing news and information about COVID-19, indicating that BBC News is the most trusted source of information (22%).

7 The netted figures (SUMs) here are derived from the following statement groupings: "look for info", 1 (I like to actively stay informed on the latest updates daily or on most days) +2 (I tend to look out for key updates or when something new has been announced); "avoid info", 3 (I tend to avoid updates or don't look at them until someone else shares them with me) +4 (I like to actively avoid information or news about COVID-19 as much as possible).

8 Base: All respondents using government figures for guidance.

Table IX: Thinking about the different ways you might access the latest news and information about COVID-19, what are top three sources you trust the most?

	Individualist risk-takers	Non-information-seeking sceptics	Information-seeking rule-followers	The complacently confident	Information-seeking critics	The experientially risk-averse	Total Waves
Unweighted base	384	613	632	592	509	381	3,111
BBC News	16%	12%	32%	18%	27%	28%	22%
BBC (including specified channel e.g. BBC1, BBC2)	22%	20%	18%	19%	19%	22%	20%
NHS (unspec)	10%	9%	14%	8%	15%	15%	12%
Sky News	10%	5%	14%	10%	12%	12%	10%
TV (unspec)	12%	10%	10%	11%	5%	8%	10%
News/The News/TV news (unspec)	11%	12%	8%	7%	8%	12%	10%
Government website/Gov.UK/Scottish/Welsh Government website (including ONS)	9%	6%	13%	7%	7%	14%	9%
Government/Politicians (unspec)/Scottish/Welsh Government	10%	6%	14%	8%	7%	7%	9%
WHO/World Health Organisation	6%	5%	12%	6%	15%	8%	9%
Papers/newspapers/the press (unspec)	7%	8%	8%	10%	7%	9%	8%
ITV News	3%	1%	11%	6%	10%	12%	7%
Radio/Radio news (unspec)	9%	6%	4%	7%	6%	5%	6%
ITV (including regional variations e.g. STV)	6%	5%	4%	7%	5%	9%	6%
Internet/online/websites (unspec)	7%	7%	4%	5%	5%	5%	5%
Scientists (unspec)	6%	2%	7%	6%	8%	3%	5%
The Guardian/Guardian online	2%	3%	3%	4%	10%	3%	4%
Family (including specified mentions)	3%	4%	3%	5%	4%	5%	4%
Daily Mail/Mail online/Mail on Sunday	3%	1%	8%	4%	2%	4%	4%
Sky/Sky TV	6%	3%	3%	2%	3%	5%	3%
Facebook	6%	5%	2%	4%	3%	2%	3%
BBC website/BBC online/BBC.co.uk/BBC News website	1%	1%	5%	4%	4%	6%	3%
Government updates/briefings/daily briefings/Scottish/Welsh Govt. briefings	1%	1%	6%	2%	3%	5%	3%
Specified search engine e.g. Google, Yahoo	4%	3%	2%	2%	2%	3%	3%
Twitter	3%	4%	2%	2%	4%	1%	3%
Doctors/GP	3%	1%	3%	2%	4%	1%	3%
Friends (including neighbours)	2%	4%	2%	3%	2%	1%	3%
NHS website	3%	1%	4%	2%	3%	3%	3%
Social Media (unspec)	4%	4%	2%	2%	1%	1%	2%
All non UK TV news channel mentions e.g. Fox News, CNN, Al Jazeera	4%	2%	2%	1%	2%	2%	2%
The Times	2%	2%	2%	2%	2%	3%	2%
Council/local authority/council website	1%	1%	4%	1%	3%	2%	2%
All other specified broadsheet mentions e.g. Telegraph	1%	2%	3%	2%	2%	1%	2%
Health Professionals/Healthcare Professionals/NHS Professionals (unspec)	1%	1%	4%	1%	3%	2%	2%
Channel 4 (including More4)	2%	2%	1%	2%	3%	1%	2%
Channel 4 News	1%	<1%	1%	1%	4%	3%	2%
Employer/work/colleagues	1%	1%	2%	2%	2%	2%	2%
Online news/news online/news sites (unspec)	2%	1%	2%	1%	1%	3%	2%
YouTube (including specified channel)	4%	2%	<1%	1%	1%	1%	1%
The Sun	2%	1%	2%	1%	1%	1%	1%
All other NHS/medical sources (e.g. Hospital, nurse, NHS Direct)	2%	<1%	1%	1%	2%	2%	1%
Boris Johnson/Prime Minister	2%	<1%	2%	1%	<1%	1%	1%
All other specified tabloid newspapers mentions e.g. Express	0%	1%	1%	1%	1%	1%	1%
Government advisors e.g. Chief Medical Officer/Chief Scientific advisor /Chris Witty/Patrick Vallance/Gregor Smith	1%	<1%	2%	1%	1%	1%	1%
All other specified politician mentions e.g. Nicola Sturgeon/Scottish First Minister	<1%	<1%	1%	<1%	1%	1%	1%
Word of mouth	0%	1%	1%	1%	<1%	1%	1%
Local newspaper (including specified mentions e.g. Liverpool Echo)	<1%	<1%	1%	1%	1%	1%	1%
All other specified social media mentions e.g. Instagram	2%	1%	0%	<1%	1%	0%	1%
The Mirror/Daily Mirror	0%	<1%	1%	<1%	1%	<1%	1%
Public Health England/PHE	0%	<1%	1%	<1%	1%	1%	1%
Specified non news TV programme e.g. GMTV	<1%	1%	<1%	1%	1%	1%	1%
All specified radio station mentions/Radio station news mentions e.g. Radio 4/Radio 4 News	1%	1%	5%	3%	3%	5%	3%
All other specified local sources e.g. Local community, local news	<1%	1%	2%	1%	1%	2%	1%
All other specified medium mentions (source not stated) e.g. phone, poster, email	4%	4%	1%	1%	2%	2%	2%
Others	9%	8%	8%	9%	9%	7%	8%
Don't know	5%	8%	<1%	2%	1%	1%	3%
None/no one/no answer/not stated	8%	14%	1%	10%	3%	2%	7%

We learn from Table X that for the relatively small percentage of people who are getting their information about the pandemic mainly via social media, Facebook is by far the most popular platform for them to access, but Instagram, YouTube and Twitter are also significant sources for some.

Table X: If you came across news and information about COVID-19 on social media in the last 7 days, which platforms did you access? (Wave 2+3)⁹

	Individualist risk-takers	Non-information-seeking sceptics	Information-seeking rule-followers	The complacently confident	Information-seeking critics	The experientially risk-averse	Total Waves
Unweighted base	89	78	89	83	101	56	496
Facebook	58%	68%	75%	84%	65%	82%	71%
Twitter	38%	27%	37%	26%	41%	32%	34%
YouTube	51%	42%	22%	24%	19%	21%	30%
Instagram	38%	34%	20%	18%	18%	14%	24%
Facebook Messenger	19%	19%	9%	10%	8%	24%	14%
Snapchat	22%	23%	10%	4%	8%	8%	13%
TikTok	25%	13%	6%	5%	4%	4%	10%
LinkedIn	12%	4%	10%	4%	2%	7%	7%
Reddit	12%	6%	7%	3%	5%	4%	6%
Other	3%	1%	0%	0%	3%	0%	1%

Moving beyond information channels and platforms, Table XI provides some information about who people have been turning to in order to find out what to do in response to the pandemic. 29% recall receiving such advice from government figures. Approaching one in five people learned about the pandemic directly from the NHS (19%), World Health Organisation (15%) or scientists (14%). But a third of people had not come across official guidance from anybody in the last seven days (32%).

Table XI: In the last 7 days, who have you come across official guidance for COVID-19 from?

	Individualist risk-takers	Non-information-seeking sceptics	Information-seeking rule-followers	The complacently confident	Information-seeking critics	The experientially risk-averse	Total Waves
Unweighted base	384	613	632	592	509	381	3,111
Government figures	31%	14%	46%	15%	33%	35%	29%
News organisations	22%	8%	27%	13%	26%	27%	20%
NHS organisations	28%	17%	25%	9%	21%	19%	19%
World Health Organisation	25%	10%	20%	6%	19%	15%	15%
Scientists	19%	9%	17%	7%	17%	16%	14%
Healthcare professionals	20%	11%	16%	5%	14%	14%	13%
Local council	16%	13%	13%	6%	12%	12%	12%
Close family or friends	19%	11%	9%	6%	12%	11%	11%
My employer or colleagues	15%	8%	8%	5%	8%	8%	8%
People in my local community	12%	5%	4%	2%	6%	5%	5%
Online influencers	14%	8%	3%	3%	3%	1%	5%
People in my online network	15%	6%	2%	2%	4%	2%	5%
Universities or academics	13%	4%	3%	2%	4%	3%	5%
Schools or teachers	12%	6%	2%	1%	2%	3%	4%
Technology companies	12%	5%	1%	1%	2%	3%	4%
Someone else	0	*	*	1%	0	0	*
I have not seen official guidance for COVID-19 in the last 7 days	13%	33%	23%	56%	30%	28%	32%

9 Base: All respondents using social media to follow COVID-19 news (Waves 2+3).



How do these responses break down when we look at the responses from each of our six groups?

Most individualist risk-takers try to stay updated about the pandemic situation. This group is the most likely of all to access such news and information via government social media accounts and direct texts from the government (Table VIII). Most get their mass-media news from the BBC, but a higher proportion of this group than any other access Channel 4 News for this purpose (Table XII). Of those members of this group who obtain their pandemic information from social media, a surprisingly high number (53%) access YouTube (Table X).

Non-information-seeking sceptics are less likely than any other group to look for news and information about the pandemic, with about half of them choosing to avoid it (Table VII). Consequently, they are significantly less likely than any other group to come across government guidance from television or radio or from word of mouth (Table VIII). They go to the BBC for their news significantly less than any other group (Table XII) and report coming across advice from politicians and scientists less than any other group (Table XI and Table IX).

Information-seeking rule-followers are voracious information gatherers, seeking updates wherever they can find them. They follow information about the official guidance more than any other group (Table VII). They are the most likely of all groups to get their news and information about the pandemic from the BBC (Table XII), and they are also the biggest users of government and NHS websites (Table VIII and Table IX).

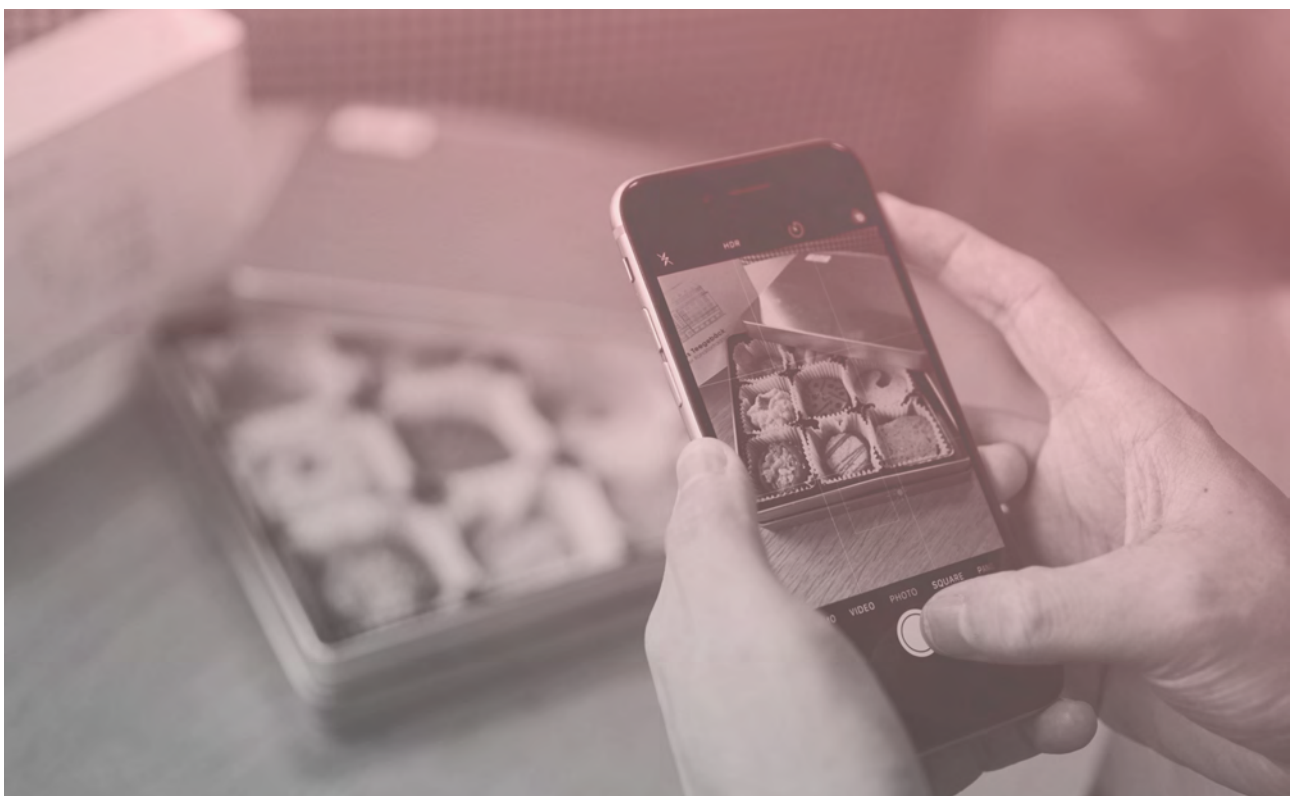
1 in 3 of the complacently confident avoid updates about the pandemic (29%) (Table VII). Those who do look out for information do so via broadcast media, with a smaller number than other groups getting their news from Channel 4 (Table XII). This is the least likely group to get information from government websites (Table VIII). Social media news-seekers in this group are more likely to use Facebook (Table X). Very few members of this group have come across advice about the pandemic from politicians or scientists (Table XI).

Over 90% of information-seeking critics look out for updates about the pandemic situation (Table VII). They receive their news from the BBC, often supplementing this with a Channel 4 perspective. The most commonly read newspaper in this group is the Guardian (Table XII). They tend to be interested in hearing advice directly from scientists rather than mediated by government politicians (Table IX).

The experientially risk-averse are the most committed group to remaining updated about the pandemic situation. Their main source is the BBC and they are frequent Facebook users.

Table XII: In the last 7 days, which, if any, news providers have you used for news and information about COVID-19?

	Individualist risk-takers	Non-information-seeking sceptics	Information-seeking rule-followers	The complacently confident	Information-seeking critics	The experientially risk-averse	Total Waves
Unweighted base	384	613	632	592	509	381	3,111
BBC News	51%	36%	73%	45%	68%	68%	56%
ITV News	30%	16%	34%	22%	32%	37%	28%
Sky News	35%	15%	27%	17%	24%	25%	23%
Daily Mail/Mail	25%	10%	24%	14%	14%	15%	17%
Channel 4 News	20%	8%	12%	5%	15%	11%	11%
The Sun	21%	10%	11%	7%	8%	12%	11%
Guardian	19%	7%	8%	7%	16%	9%	10%
The Times	17%	7%	6%	3%	6%	7%	7%
Daily Mirror	15%	7%	5%	3%	4%	7%	6%
Metro	13%	7%	8%	3%	4%	3%	6%
Telegraph	13%	6%	8%	3%	4%	4%	6%
CNN	13%	5%	5%	1%	3%	3%	5%
Independent/100	9%	4%	2%	2%	3%	3%	4%
HuffPost	8%	5%	3%	1%	3%	3%	4%
Financial Times	10%	5%	1%	1%	1%	2%	3%
Buzzfeed News	8%	4%	1%	1%	4%	2%	3%
Reuters	5%	3%	1%	<1%	1%	1%	2%
VICE Media	7%	3%	<1%	<1%	<1%	1%	2%
Other	<1%	2%	3%	2%	5%	5%	3%
I haven't used news organisations for news and information about COVID-19 in the last 7 days	6%	25%	5%	29%	9%	11%	15%



6. Can people make sense of the official guidance?

We are interested here in the extent to which people find the official advice intelligible. (This is separate from how they evaluate its credibility, which we explore in the next section.) Just under two-thirds of the population (63%) find it easy to make sense of the official guidance. However, just over 1 in 3 people (37%) do not.

Table XIII: How easy or difficult has it been to make sense of official guidance about COVID-19?

	Individualist risk-takers	Non-information-seeking sceptics	Information-seeking rule-followers	The complacently confident	Information-seeking critics	The experientially risk-averse	Total All Waves
Unweighted base	384	613	632	592	509	381	3,111
SUM ¹⁰ : Easy	81%	41%	94%	69%	24%	72%	63%
SUM: Difficult	19%	59%	6%	31%	76%	28%	37%

A significant number of those who do not find official advice intelligible feel confident that they know what they need to do to keep safe from COVID.

Table XIV: How confident or not are you that you know what to do to be safe from COVID-19?

	Individualist risk-takers	Non-information-seeking sceptics	Information-seeking rule-followers	The complacently confident	Information-seeking critics	The experientially risk-averse	Total All Waves
Unweighted base	384	613	632	592	509	381	3,111
SUM ¹¹ : Confident	93%	54%	97%	96%	74%	93%	84%
SUM: Unconfident	7%	46%	3%	4%	26%	7%	16%

Those who have doubts about the guidelines and regulations are most likely to go to a government or NHS website, followed by the BBC. Almost 1 in 4 people (23%) say that they would search for information online if in doubt.

Table XV: If you have any doubts or questions regarding information, guidelines or regulations on COVID-19, where would you turn for further information?

	Individualist risk-takers	Non-information-seeking sceptics	Information-seeking rule-followers	The complacently confident	Information-seeking critics	The experientially risk-averse	Total Wave 2+3
Unweighted base (Wave 2+3)	248	394	424	415	336	254	2,071
GOV.UK website	51%	33%	72%	38%	48%	63%	50%
NHS website	51%	32%	60%	40%	56%	69%	50%
BBC News	41%	31%	44%	29%	39%	35%	36%
Search online (e.g. Google)	25%	15%	23%	22%	28%	23%	23%
Friends or family	23%	15%	12%	10%	15%	10%	14%
Local authority	21%	9%	14%	7%	12%	16%	12%
Online newspapers	18%	10%	11%	9%	14%	9%	11%
Social media	23%	14%	7%	6%	8%	5%	10%
Other	<1%	1%	1%	1%	3%	2%	1%
Don't know	1%	5%	2%	4%	4%	1%	3%
I would not turn anywhere for further information	3%	9%	2%	14%	4%	2%	6%

As shown in [Table XVI](#), when it comes to people's actual knowledge about the official guidance, most people are able to distinguish between actual government advice and pseudo-guidelines that we invented in order to test them. Nonetheless, over 1 in 10 (12%) were not able to recognise official messages and over half (57%) believed that our made-up messages, such as 'lockdown is over, summer can begin', were part of the government's official guidance.

10 The netted figures here are derived from the following 1-10 scale for ease/difficulty: 1-5 (difficult) and 6-10 (easy).

11 The netted figures here are derived from the following 1-10 scale for confidence: 1-5 (confident) and 6-10 (unconfident).

Table XVI: Which, if any of these are official government messages?

	Individualist risk-takers	Non-information-seeking sceptics	Information-seeking rule-followers	The complacently confident	Information-seeking critics	The experientially risk-averse	Total All Waves
Unweighted base	384	613	632	592	509	381	3,111
Stay alert, control the virus, save lives	52%	41%	85%	71%	80%	78%	68%
Eat out to help out	46%	38%	77%	66%	77%	76%	63%
Stop the spread	44%	28%	53%	43%	43%	52%	43%
Stay informed, stay safe	42%	31%	56%	42%	40%	49%	43%
Stay at home, protect the NHS, save lives	41%	27%	43%	39%	29%	41%	36%
Stay at home as much as possible	38%	26%	40%	31%	33%	45%	35%
Hands, face, space, get a test	29%	19%	39%	23%	29%	29%	28%
Enjoy summer safely	26%	17%	34%	21%	27%	28%	25%
Protect the economy	31%	15%	29%	20%	28%	27%	24%
Look out for your community	22%	12%	22%	14%	12%	22%	17%
Lockdown is over, summer can begin	11%	6%	3%	3%	3%	4%	5%
None of the above	3%	9%	1%	3%	1%	3%	3%
SUM: Fake messages	69%	47%	66%	52%	53%	60%	57%
SUM: Old messages	62%	44%	70%	60%	54%	65%	59%
SUM: Official messages	81%	71%	96%	91%	95%	95%	88%

While Table XVI shows rather reassuringly that most people understand key terms that are key to the official guidance about the pandemic, 31% of people are not clear what is meant by a ‘support bubble’, 21% do not know what constitutes an ‘essential journey’ and 40% are unclear about the meaning of ‘hands, face, space, get a test’ (Table XVII).

Table XVII: How clear or not are you about what each of these terms or phrases mean?

	Individualist risk-takers	Non-information-seeking sceptics	Information-seeking rule-followers	The complacently confident	Information-seeking critics	The experientially risk-averse	Total All Waves
Unweighted base	384	613	632	592	509	381	3,111
Stay alert							
SUM ¹² : Not clear	14%	42%	9%	21%	43%	20%	25%
SUM: Clear	86%	58%	91%	79%	57%	80%	75%
Support bubble							
SUM: Not clear	18%	50%	14%	31%	43%	26%	31%
SUM: Clear	82%	50%	86%	69%	57%	74%	69%
Social distancing							
SUM: Not clear	9%	35%	1%	7%	11%	5%	12%
SUM: Clear	91%	65%	99%	93%	89%	95%	88%
Self-isolate							
SUM: Not clear	11%	38%	2%	8%	12%	6%	13%
SUM: Clear	89%	62%	98%	92%	88%	94%	87%
Essential journey							
SUM: Not clear	11%	45%	5%	17%	32%	13%	21%
SUM: Clear	89%	55%	95%	83%	68%	87%	79%
Enjoy summer safely							
SUM: Not clear	18%	54%	22%	35%	57%	36%	38%
SUM: Clear	82%	46%	78%	65%	43%	64%	62%
Hands, space, face, get a test							
SUM: Not clear	19%	50%	25%	45%	56%	39%	40%
SUM: Clear	81%	50%	75%	55%	44%	61%	60%

12 The netted figures (SUMs) here are derived from the following 1-10 score for clarity: 1-5 (not clear) and 6-10 (clear).

Again, Table XVIII shows that most people know when they should wear face masks, but substantial minority do not. When we explore message intelligibility across the groups, we encounter quite dramatic variation. Investigating these stark differences will cast light on why it makes sense to adapt the forms of official guidance to the information needs of distinctive groups.

Table XVIII: In which of the situations below should you wear face mask, according to official guidance?

	Individualist risk-takers	Non-information-seeking sceptics	Information-seeking rule-followers	The complacently confident	Information-seeking critics	The experientially risk-averse	Total All Waves
Unweighted base	384	613	632	592	509	381	3,111
Shops and supermarkets	47%	37%	83%	71%	80%	75%	66%
Public transport (e.g. train, bus, taxi)	48%	32%	80%	70%	80%	71%	64%
NHS settings (e.g. hospitals, GP surgeries)	46%	31%	77%	66%	74%	71%	61%
Banks, building societies and post offices	42%	30%	76%	62%	70%	67%	58%
Indoor shopping centres	43%	29%	76%	59%	73%	66%	58%
Indoor transport hubs (e.g. airports, stations, ports)	41%	28%	72%	59%	69%	67%	56%
Hairdressers, barbers and beauty salons	39%	29%	69%	58%	68%	65%	55%
Care homes	41%	24%	69%	55%	66%	66%	53%
Any enclosed space if it is crowded	36%	27%	70%	51%	65%	64%	52%
Cinemas	41%	25%	69%	52%	61%	62%	52%
Libraries	37%	21%	67%	53%	60%	61%	50%
Museums	38%	21%	67%	53%	61%	59%	50%
Places of worship	35%	19%	67%	50%	61%	60%	49%
Galleries	33%	21%	63%	48%	57%	57%	47%
Exercise and sport venues (e.g. gyms)	22%	13%	39%	24%	30%	40%	27%
Another household outside of my support bubble	22%	11%	36%	18%	29%	36%	25%
Restaurants, bars, cafés and pubs with table service	21%	13%	27%	19%	28%	29%	22%
Schools	23%	11%	31%	20%	22%	24%	22%
Whenever I leave my home (i.e. all of the below)	18%	16%	14%	11%	14%	17%	15%
Parks or large open spaces	11%	6%	4%	3%	4%	4%	5%
At the beach	11%	5%	4%	3%	4%	5%	5%
None of the above	2%	9%	1%	6%	1%	2%	4%

Individualist risk-takers are overwhelmingly confident about their ability to stay safe, despite being more exposed than most to pandemic-associated risks (Table XIV). Most of them say that they find it easy to comprehend official advice and are more inclined than any other group to go online to government or NHS websites or social media platforms if they are in any doubt (Table XIII and Table XV). This group is also the most likely of any to turn to family or friends if unsure about what they should be doing to keep themselves safe. They score high on their recognition of official messages, but also higher than any other group on their belief that made-up guidelines are official (Table XVI).

Non-information-seeking sceptics feel overwhelmed by too much information about COVID. They say that they find it difficult to make sense of official guidance (Table XIII) and almost half of them feel unconfident that they know what to do in order to stay safe (Table XIV). When in doubt about guidelines and regulations, they turn to government and NHS websites (Table XV). They are significantly less likely than other groups to recognise official messages and more likely than most other groups to be unclear about what key terms in the official guidance mean (Table XVI and Table XVII).

7. How do people evaluate the credibility of official guidance?

In any public communication campaign, it is tempting to conflate comprehension with credibility, but that would be a mistake. As we shall see, it is possible to be able to make sense of a message without trusting it. Well understood advice that is regarded as being implausible does not constitute effective communication.

Across the whole UK population, 63% of people said that they trusted information from Government figures, but 37% did not. They were more likely to trust messages coming from their local council (72%) or people living in their local community (70%) than from national government – and much more likely to trust information when it came to them from the NHS (90%), scientists (88%) or healthcare professionals (88%).

Table XIX: Thinking of the official guidance on COVID-19 that you've seen in the last 7 days from the people or bodies below, how trustworthy or not did you think the information was?¹³

	Individualist risk-takers	Non-information-seeking sceptics	Information-seeking rule-followers	The complacently confident	Information-seeking critics	The experientially risk-averse	Total All Waves
Government figures							
Unweighted base	115	81	284	92	161	132	865
SUM ¹⁴ : Trustworthy	76%	43%	81%	55%	34%	68%	63%
SUM: Untrustworthy	24%	57%	19%	45%	66%	32%	37%
Local council							
Unweighted base	62	76	79	37	56	48	358
SUM: Trustworthy	78%	50%	84%	66%	74%	83%	72%
SUM: Untrustworthy	22%	50%	16%	34%	26%	17%	28%
NHS organisations							
Unweighted base	108	104	155	53	102	70	592
SUM: Trustworthy	93%	68%	95%	94%	95%	96%	90%
SUM: Untrustworthy	7%	32%	5%	6%	5%	4%	10%
World Health Organisation							
Unweighted base	95	69	129	40	95	56	484
SUM: Trustworthy	84%	63%	92%	82%	91%	92%	86%
SUM: Untrustworthy	16%	37%	8%	18%	9%	8%	14%
Universities or academics							
Unweighted base	50	26	25	10	23	13	147
SUM: Trustworthy	79%	64%	100%	78%	95%	70%	81%
SUM: Untrustworthy	21%	36%	0	22%	5%	30%	19%
Scientists							
Unweighted base	73	55	100	37	80	60	405
SUM: Trustworthy	80%	71%	95%	84%	92%	95%	88%
SUM: Untrustworthy	20%	29%	5%	16%	8%	5%	12%
Technology companies							
Unweighted base	41	32	6	7	8	9	103
SUM: Trustworthy	92%	48%	79%	67%	50%	82%	72%
SUM: Untrustworthy	8%	52%	21%	33%	50%	18%	28%
News organisations							
Unweighted base	77	52	174	79	130	103	615
SUM: Trustworthy	77%	52%	82%	71%	64%	82%	74%
SUM: Untrustworthy	23%	48%	18%	29%	36%	18%	26%

13 Base: All respondents that have seen official guidance for COVID-19 in the last 7 days.

14 The netted figures here are derived from the following 1-10 score for trustworthiness: 1-5 (untrustworthy) and 6-10 (trustworthy).

Continued from previous page	Individualist risk-takers	Non-information-seeking sceptics	Information-seeking rule-followers	The complacently confident	Information-seeking critics	The experientially risk-averse	Total All Waves
Healthcare professionals							
Unweighted base	76	73	98	31	70	56	404
SUM: Trustworthy	89%	52%	100%	95%	95%	97%	88%
SUM: Untrustworthy	11%	48%	0	5%	5%	3%	12%
My employer or colleagues							
Unweighted base	58	47	47	26	37	27	242
SUM: Trustworthy	84%	52%	90%	77%	84%	90%	79%
SUM: Untrustworthy	16%	48%	10%	23%	16%	10%	21%
Schools or teachers							
Unweighted base	44	38	11	5	12	13	123
SUM: Trustworthy	82%	54%	72%	76%	80%	88%	73%
SUM: Untrustworthy	18%	46%	28%	24%	20%	12%	27%
Online influencers							
Unweighted base	56	53	15	17	12	3	156
SUM: Trustworthy	64%	39%	39%	61%	22%	100%	50%
SUM: Untrustworthy	36%	61%	61%	39%	78%	0	50%
Close family or friends							
Unweighted base	77	64	58	36	56	43	334
SUM: Trustworthy	86%	55%	83%	80%	76%	85%	77%
SUM: Untrustworthy	14%	45%	17%	20%	24%	15%	23%
People in my local community							
Unweighted base	46	34	24	13	27	16	160
SUM: Trustworthy	77%	58%	83%	60%	57%	77%	70%
SUM: Untrustworthy	23%	42%	17%	40%	43%	23%	30%
People in my online network							
Unweighted base	56	35	15	11	20	9	146
SUM: Trustworthy	76%	37%	74%	62%	60%	57%	62%
SUM: Untrustworthy	24%	63%	26%	38%	40%	43%	38%
Someone else							
Unweighted base		3	3	5			11
SUM: Trustworthy		100%	100%	100%			100%
SUM: Untrustworthy		0%	0%	0%			0%

When we asked people who told us that they had not been watching the Prime Minister’s press conferences and other TV addresses why they made that choice, 40% said that they did not trust them.

Table XX: You mentioned having never watched, heard or read about official broadcasts by Government over the course of the pandemic. Which reason(s) best describe why?¹⁵

	Individualist risk-takers	Non-information-seeking sceptics	Information-seeking rule-followers	The complacently confident	Information-seeking critics	The experientially risk-averse	Total All Waves
Unweighted base	14	69	7	83	24	8	205
I didn't trust them	29%	37%	15%	40%	62%	46%	40%
I found the information another way	16%	16%	40%	27%	21%	57%	23%
They tend to make me feel worried or anxious	18%	23%	43%	15%	13%	0	18%
I didn't think they would be useful to me	4%	20%	0	16%	7%	8%	14%
I didn't have time	15%	21%	0	15%	2%	0	14%
I didn't think they were relevant to me	25%	16%	0	15%	0	0	13%
Something else	11%	5%	16%	13%	10%	14%	10%

15 Base: All respondents who have never watched, heard or read about official broadcasts by Government over the pandemic.

73% of people believed that ‘The official guidance is too open to interpretation’, 71% that ‘There is a difference between what government and scientists are saying’ and 71% that ‘I have felt that the official guidance changes too often’. These widely held concerns all refer to a lack of certainty about the clarity and consistency of the official guidance. Such doubts about the provenance and credibility of advice is related to the differing levels of trust that people have in sources of authoritative messaging. More than half (56%) of people disagree that ‘Politicians and government officials have been straight-talking’ and agree that ‘People giving official guidance about COVID-19 don’t understand the lives of people like me’. These are rather different bases for distrust, relating more to the capacity of those framing the official guidance to represent the public’s experience in an honest and fair manner. As we shall see, these different grounds for scepticism generate significant fault lines across our six groups.

Table XXI: To what extent do you agree or disagree with each of these statements to do with official guidance about COVID-19?

	Individualist risk-takers	Non-information-seeking sceptics	Information-seeking rule-followers	The complacently confident	Information-seeking critics	The experientially risk-averse	Total All Waves
Unweighted base	384	613	632	592	509	381	3,111
Politicians and government officials have been straight-talking							
SUM ¹⁶ : Agree	69%	41%	65%	38%	13%	41%	44%
SUM: Disagree	31%	59%	35%	62%	87%	59%	56%
There is a difference between what government and scientists are saying							
SUM: Agree	84%	49%	52%	80%	93%	82%	71%
SUM: Disagree	16%	51%	48%	20%	7%	18%	29%
The government are advising us as best they can							
SUM: Agree	78%	41%	84%	57%	25%	61%	57%
SUM: Disagree	22%	59%	16%	43%	75%	39%	43%
I have felt that the official guidance changes too often							
SUM: Agree	85%	53%	48%	84%	92%	78%	71%
SUM: Disagree	15%	47%	52%	16%	8%	22%	29%
I don't know whether the official guidance is correct							
SUM: Agree	82%	52%	28%	76%	86%	69%	63%
SUM: Disagree	18%	48%	72%	24%	14%	31%	37%
People giving official guidance about COVID-19 don't understand the lives of people like me							
SUM: Agree	79%	49%	29%	64%	69%	55%	56%
SUM: Disagree	21%	51%	71%	36%	31%	45%	44%
The official guidance is too open to interpretation							
SUM: Agree	89%	54%	54%	79%	90%	85%	73%
SUM: Disagree	11%	46%	46%	21%	10%	15%	27%
It is important that the guidance gives us enough flexibility to make our own choices							
SUM: Agree	82%	48%	47%	70%	40%	47%	55%
SUM: Disagree	18%	52%	53%	30%	60%	53%	45%

Individualist risk-takers are the most generous in their assessment of government information. 79% of them believe that ‘the government are advising us as best they can’. But this is a mixed compliment, for they are highly critical of the messages they are receiving. Over 8 out of 10 of them cannot be sure whether the advice they are being given is correct (82%) and think that it changes too often (85%), and that it is too open to interpretation (89%) (Table XXI).

16 The netted figures here are derived from the following 1-10 scale for agreement: 1-5 (disagree) and 6-10 (agree).



They have a strong belief that the guidance should allow people flexibility in making their own choices. More than any other group, individualist risk-takers believe that people providing the official guidance do not understand the lives of people like them ([Table XXI](#)). (Recall that this is the group with the biggest proportion of BAME members.)

Non-information-seeking sceptics tend not to believe that 'the government are advising us as best they can' but disagree with concerns about official guidance being too open to interpretation or there being a difference between what politicians and scientists are saying ([Table XXI](#)). They are split down the middle on whether they believe the official guidance to be correct. But remember that around half of this group avoid receiving official information about the pandemic ([Table VII](#)), so their ability to evaluate it is clearly limited. This is the only group in which there is a substantial minority who do not trust information about the pandemic from scientists or the NHS ([Table XIX](#)).

Information-seeking rule-followers are overwhelmingly of the view that 'the government are advising us as best they can' and are more likely than any other group to believe that Government Ministers are straight-talking ([Table XXI](#)). They are the least likely to have not watched broadcasts by government Ministers because they do not trust them ([Table XX](#)).

The complacently confident are very uncertain about whether the guidance they are being given is correct and are concerned about it being too open to interpretation. This group feels misunderstood by the rule-makers; around two-thirds of them believe that those making the rules do not understand people like them. An even larger proportion take the view that people should have more flexibility in making their own choices ([Table XXI](#)).

Information-seeking critics simply do not believe that politicians and government officials have been straight-talking about the pandemic. This underlies their entrenched suspicion of official advice ([Table XXI](#)). 9 out of 10 of them believe that politicians and scientists are saying different things (93%); that the official guidance changes too often (92%); and that it is open to interpretation (90%). Three-quarters of this group disagree that 'the government are advising us as best they can' (75%). Just a third of them trust information when it comes from government figures (34%), but three quarters of them trust it when it comes from their local council (74%) ([Table XIX](#)).

The experientially risk-averse are generally confident that official guidance is correct, but believe that it changes too often, is too open to interpretation and that there is a difference between what politicians and scientists are saying ([Table XXI](#)). This group is somewhat split on trust in information from politicians and government officials, but much more confident in information from their local councils ([Table XIX](#)).

8. How people choose to respond to official guidance?

Most people in the UK are adhering to the official guidance. But the relatively small minority who are not amount to many hundreds of thousands of people and their actions sometimes constitute a serious risk to the health of their communities. For example, the 3% who say that they attended a private gathering of more than 31 people in the past 7 days is the equivalent of over a million UK citizens.

Over 1 in 10 shared a car journey with other household(s) or people outside of their support bubble (12%) or did not wear a face mask in a shop (10%). Significantly larger percentages of the population engaged in activities that were within the rules, but still risky, such as being in a crowded place or within a metre of someone outside their support bubble (27%).

Table XXII: Have you done any of the following activities in the last 7 days?

	Individualist risk-takers	Non-information-seeking sceptics	Information-seeking rule-followers	The complacently confident	Information-seeking critics	The experientially risk-averse	Total All Waves
Unweighted base	384	613	632	592	509	381	3,111
Attended a private gathering of 31+ people (either indoors or outdoors)	13%	5%	1%	1%	*	*	3%
Shared a car journey with other household(s) or people outside of my support bubble	27%	14%	8%	9%	10%	6%	12%
Stayed overnight at another household or with a household outside of my support bubble	20%	8%	1%	3%	4%	1%	6%
Travelled outside of my local area	32%	20%	22%	23%	25%	16%	23%
Worn a face mask	60%	48%	83%	72%	84%	76%	71%
Used public transport at peak times	17%	11%	7%	5%	4%	2%	7%
Been in a crowded space	26%	12%	4%	8%	9%	3%	10%
Been within 1metre of someone outside my household or support bubble	37%	23%	22%	31%	32%	21%	27%
Been without a face mask on public transport	14%	6%	1%	2%	1%	1%	4%
Been without a face mask in a shop	21%	12%	4%	13%	6%	5%	10%
Used public transport (e.g. bus, train, coach)	31%	18%	18%	13%	16%	7%	17%
Used a taxi, private driver or minicab	16%	9%	5%	5%	8%	5%	8%
Went inside a food or drinks venue (e.g. pub, bar, café, restaurant)	41%	21%	31%	28%	29%	18%	28%
Visited a food or drinks venue but stayed outside (e.g. pub, bar, café, restaurant)	37%	18%	17%	18%	18%	12%	20%
Gone to a large shop (e.g. supermarkets, shopping centres, large retail chains)	54%	37%	59%	57%	60%	46%	52%
Gone to a small shop (e.g. local grocery stores, small high street shops)	55%	38%	50%	49%	56%	35%	47%
Used indoor sports and exercise facilities (e.g. indoor studios, gyms, courts, pools etc.)	20%	9%	5%	2%	5%	1%	6%
Used outdoor sports and exercise facilities (e.g. outdoor pitches, courts, pools etc.)	19%	7%	4%	3%	5%	2%	6%
Visited entertainment venues (e.g. cinema, galleries, theatres, casinos)	13%	7%	1%	1%	1%	1%	4%
Visited an outdoor space (e.g. park, garden, countryside)	40%	23%	43%	38%	45%	29%	36%
Visited a foreign country	9%	4%	1%	1%	*	*	2%
Stayed in holiday accommodation in the UK (e.g. hotel, B&B, Airbnb)	15%	8%	3%	4%	3%	2%	5%
Visited a hairdresser, barber or beauty salon	22%	12%	12%	10%	8%	8%	12%
Visited the household of someone you are romantically involved with	17%	9%	3%	4%	2%	*	6%

Most people are concerned about engaging in the broad range of activities listed in [Table XXIII](#), but sizeable proportions of people are unconcerned. Levels of anxiety about engaging in social activities within and beyond the rules vary considerably.

Table XXIII: How concerned or not do you feel doing each of the following activities right now?

	Individualist risk-takers	Non-information-seeking sceptics	Information-seeking rule-followers	The complacently confident	Information-seeking critics	The experientially risk-averse	Total All Waves
Unweighted base	384	613	632	592	509	381	3,111
Using public transport (e.g. bus, train, coach)							
SUM ¹² : Concerned	76%	50%	63%	51%	70%	72%	62%
SUM: Unconcerned	21%	47%	27%	37%	20%	12%	29%
Using a taxi, private driver or minicab							
SUM: Concerned	72%	51%	61%	46%	67%	66%	59%
SUM: Unconcerned	23%	45%	26%	40%	20%	19%	30%
Going inside a food or drinks venue (e.g. pub, bar, café, restaurant)							
SUM: Concerned	69%	49%	58%	42%	60%	72%	56%
SUM: Unconcerned	30%	49%	37%	51%	31%	18%	38%
Visiting a food or drinks venue but stayed outside (e.g. pub, bar, café, restaurant)							
SUM: Concerned	66%	50%	45%	35%	48%	58%	49%
SUM: Unconcerned	33%	47%	49%	59%	45%	33%	46%
Going to a large shop (e.g. supermarkets, shopping centres, large retail chains)							
SUM: Concerned	66%	49%	42%	32%	52%	57%	48%
SUM: Unconcerned	33%	49%	56%	66%	47%	38%	50%
Going to a small shop (e.g. local grocery stores, small high street shops)							
SUM: Concerned	67%	45%	38%	29%	47%	53%	44%
SUM: Unconcerned	32%	52%	61%	68%	52%	42%	53%
Using indoor sports and exercise facilities (e.g. indoor studios, gyms, courts, pools etc.)							
SUM: Concerned	72%	51%	57%	51%	61%	61%	58%
SUM: Unconcerned	22%	42%	21%	30%	17%	11%	25%
Using outdoor sports and exercise facilities (e.g. outdoor pitches, courts, pools etc.)							
SUM: Concerned	64%	47%	38%	33%	41%	50%	44%
SUM: Unconcerned	33%	48%	42%	48%	40%	29%	41%
Visiting entertainment venues (e.g. cinema, galleries, theatres, casinos)							
SUM: Concerned	75%	52%	67%	54%	71%	70%	64%
SUM: Unconcerned	22%	44%	19%	34%	16%	12%	26%
Visiting an outdoor space (e.g. park, garden, countryside)							
SUM: Concerned	60%	45%	20%	22%	24%	36%	33%
SUM: Unconcerned	39%	53%	78%	75%	73%	59%	64%
Visiting a foreign country							
SUM: Concerned	76%	55%	69%	61%	70%	68%	66%
SUM: Unconcerned	19%	40%	14%	26%	12%	10%	21%
Staying in holiday accommodation in the UK (e.g. hotel, B&B, Airbnb)							
SUM: Concerned	72%	45%	53%	44%	59%	61%	54%
SUM: Unconcerned	26%	50%	34%	45%	28%	22%	36%
Visiting a hairdresser, barber beauty salon – How concerned or not do you feel doing each of the following activities right now?							
SUM: Concerned	71%	49%	48%	36%	54%	63%	51%
SUM: Unconcerned	26%	47%	41%	54%	35%	27%	40%
Meeting someone outside my household or support bubble							
SUM: Concerned	68%	46%	51%	37%	53%	62%	51%
SUM: Unconcerned	30%	52%	45%	59%	41%	32%	45%
Staying overnight at someone else's house excluding households in my support bubble							
SUM: Concerned	71%	48%	60%	40%	60%	65%	56%
SUM: Unconcerned	24%	47%	24%	47%	23%	13%	31%
Hugging someone outside my household or support bubble							
SUM: Concerned	74%	51%	70%	47%	67%	75%	63%
SUM: Unconcerned	21%	45%	19%	44%	21%	11%	28%
Meeting outdoors in a large group of people (30+)							
SUM: Concerned	75%	52%	69%	51%	69%	73%	64%
SUM: Unconcerned	21%	42%	16%	36%	16%	8%	24%

17 The netted figures here are derived from the following 1-10 scale for concern: 1-5 (unconcerned) and 6-10 (concerned).

Clearly, some people find it more difficult to adhere to guidance than others, not least because of lifestyle and work conditions that constrain their capacity to adapt their behaviour. 74% of people find it easy to maintain social distancing from other people, but 23% find that difficult. 70% find it easy to avoid face-to-face encounters with other people, but 25% find it hard. 48% find it easy to work from home, but 1 in 5 (20%) say that they find it hard to do so. 63% find it easy to avoid public transport at peak times, but 16% find this difficult.

Table XXIV: How easy or difficult have you found it to do each of the following?

	Individualist risk-takers	Non-information-seeking sceptics	Information-seeking rule-followers	The complacently confident	Information-seeking critics	The experientially risk-averse	Total All Waves
Unweighted base	384	613	632	592	509	381	3,111
Maintain social distancing with people outside my household or support bubble							
SUM: Easy	82%	59%	84%	74%	69%	78%	74%
SUM: Difficult	18%	39%	14%	21%	28%	13%	23%
I have not done this/This is not applicable to me	<1%	3%	2%	5%	3%	9%	4%
Avoid being face-to-face with people outside my household or support bubble							
SUM: Easy	76%	57%	81%	70%	63%	74%	70%
SUM: Difficult	23%	40%	14%	22%	31%	17%	25%
I have not done this/This is not applicable to me	1%	3%	5%	8%	6%	9%	5%
Keep my hands and face as clean as possible							
SUM: Easy	84%	63%	95%	87%	91%	93%	85%
SUM: Difficult	16%	34%	5%	10%	9%	5%	14%
I have not done this/This is not applicable to me	1%	2%	1%	2%	<1%	2%	1%
Keep places ventilated if I am indoors with people from different households							
SUM: Easy	79%	57%	66%	63%	55%	64%	63%
SUM: Difficult	18%	36%	9%	14%	17%	6%	17%
I have not done this/This is not applicable to me	3%	6%	25%	23%	28%	30%	20%
Avoid crowded spaces							
SUM: Easy	82%	58%	86%	76%	73%	78%	75%
SUM: Difficult	18%	38%	8%	16%	22%	10%	19%
I have not done this/This is not applicable to me	1%	4%	6%	8%	4%	12%	6%
Work from home							
SUM: Easy	71%	51%	42%	42%	42%	42%	48%
SUM: Difficult	19%	35%	14%	18%	17%	11%	20%
I have not done this/This is not applicable to me	10%	14%	44%	40%	40%	47%	33%
Reduce use of public transport							
SUM: Easy	78%	54%	68%	63%	66%	60%	64%
SUM: Difficult	15%	39%	7%	14%	13%	7%	16%
I have not done this/This is not applicable to me	6%	7%	25%	24%	20%	33%	19%
Wear a face mask on public transport							
SUM: Easy	80%	55%	61%	51%	60%	50%	58%
SUM: Difficult	11%	35%	4%	12%	6%	3%	13%
I have not done this/This is not applicable to me	9%	10%	35%	37%	34%	47%	29%
Avoid shouting or singing close to people outside my household or support bubble							
SUM: Easy	81%	56%	69%	62%	65%	66%	66%
SUM: Difficult	15%	35%	6%	11%	8%	7%	14%
I have not done this/This is not applicable to me	5%	9%	25%	27%	26%	26%	20%
Wash my clothes regularly							
SUM: Easy	88%	68%	93%	91%	93%	95%	87%
SUM: Difficult	11%	30%	5%	6%	6%	4%	11%
I have not done this/This is not applicable to me	1%	3%	2%	3%	1%	1%	2%
Follow the safety guidelines in public spaces (e.g. my workplace, shops and businesses)							
SUM: Easy	85%	59%	85%	76%	78%	74%	76%
SUM: Difficult	14%	36%	8%	16%	16%	10%	17%
I have not done this/This is not applicable to me	1%	5%	8%	9%	6%	16%	7%

18 The netted figures here are derived from the following 1-10 score for ease/difficulty: 1-5 (difficult) and 6-10 (easy).

Continued from previous page	Individualist risk-takers	Non-information-seeking sceptics	Information-seeking rule-followers	The complacently confident	Information-seeking critics	The experientially risk-averse	Total All Waves
Avoid use of public transport at peak times							
SUM: Easy	74%	57%	66%	59%	65%	60%	63%
SUM: Difficult	19%	33%	7%	13%	13%	6%	16%
I have not done this/This is not applicable to me	7%	10%	26%	28%	22%	34%	22%
Keep places ventilated if I am indoors with people different households (W1)							
SUM: Easy	84%	63%	65%	63%	61%	54%	65%
SUM: Difficult	11%	30%	8%	10%	17%	12%	15%
I have not done this/This is not applicable to me	5%	6%	28%	27%	22%	33%	20%
Reduce use of public transport and avoid it at peak times (W1)							
SUM: Easy	79%	58%	66%	51%	61%	60%	62%
SUM: Difficult	17%	34%	6%	11%	9%	9%	15%
I have not done this/This is not applicable to me	4%	8%	28%	38%	30%	31%	23%
Wear a face mask on public transport or when attending a hospital as a visitor or outpatient (W1)							
SUM: Easy	82%	60%	69%	53%	64%	63%	65%
SUM: Difficult	12%	33%	3%	9%	7%	5%	12%
I have not done this/This is not applicable to me	7%	7%	28%	37%	28%	32%	23%

When it comes to wearing a face mask, 87% of people told us that they would wear one in the next 7 days, but over 1 in 10 (13%) said that they would not. [Table XXVI](#) sets out people’s reasons for not wearing face masks. For around a third (34%) this is because they do not expect to be in situations that require them. 1 in 5 (20%) have breathing problems. 15% ‘don’t see the point’, 14% ‘don’t like being told what to do’ and 9% believe that face masks are dangerous. 8% of people say that face masks get in the way of their jobs. Again, material conditions and attitudinal preferences shape people’s willingness to adhere to official guidance. How do these vary across our groups?

Table XXV: How likely or not are you to wear a face mask in the next 7 days?

	Individualist risk-takers	Non-information-seeking sceptics	Information-seeking rule-followers	The complacently confident	Information-seeking critics	The experientially risk-averse	Total All Waves
Unweighted base	384	613	632	592	509	381	3,111
SUM ¹⁹ : Likely	91%	73%	94%	83%	93%	90%	87%
SUM: Unlikely	9%	27%	6%	17%	7%	10%	13%

Table XXVI: Which reason(s) describe why you might be unlikely to wear a face mask in the next 7 days?²⁰

	Individualist risk-takers	Non-information-seeking sceptics	Information-seeking rule-followers	The complacently confident	Information-seeking critics	The experientially risk-averse	Total All Waves
Unweighted base	33	172	39	98	42	40	424
I won't be in a situation which requires me to wear one	35%	20%	63%	35%	54%	50%	34%
I find it uncomfortable	23%	27%	15%	32%	9%	16%	24%
I have breathing problems	32%	16%	13%	20%	20%	31%	20%
I don't see the point	13%	13%	2%	34%	7%	0	15%
I am unsure how safe they are	10%	16%	11%	22%	10%	9%	15%
I don't like being told what to do	5%	17%	0	24%	4%	0	14%
It stops me from communicating with people	13%	12%	9%	23%	5%	0	13%
It is dangerous to wear one	7%	10%	0	17%	2%	4%	9%
I don't have one	7%	10%	0	17%	2%	4%	9%
It gets in the way of my job	13%	13%	5%	3%	2%	0	8%
I don't like how it looks	7%	10%	2%	4%	2%	0	6%
Other	3%	8%	2%	24%	10%	10%	11%
Don't know	8%	10%	8%	8%	14%	0	9%

19 The netted figures here are derived from the following 1-10 score for likelihood: 1-5 (unlikely) and 6-10 (likely).

20 Base: All respondents unlikely to wear a mask in next 7 days.

Individualist risk-takers are much more likely than any other group to have engaged in each of the activities listed in [Table XXII](#). They have visited food and drinks venues; shared car journeys; and stayed overnight with people to whom they are romantically attached. If this group were representative of the entire national population, it might seem as if the official guidance is not getting through to people. Members of this group are well-informed, so they know that their actions are often inconsistent with official advice. But, as explained in [Section 4](#) above, this group is both aware of the guidance and highly exposed to pandemic-related risks: they are getting the official advice but constrained in their ability to act upon it. This is partly explained by their material position as public sector workers whose jobs expose them to risky situations or students who have to be geographically mobile and have a low perception of self-risk ([Table I](#)). This outlook is shaped by their individualist values, which lead them to reject imposed regulations ([Section 3](#)). Individualist risk-takers are one of the two highest groups in which people who do not wear face masks because they would get in the way of their jobs ([Table XXVI](#)).

A significant minority of non-information-seeking sceptics engage in risky activities ([Table XXII](#)). But around half of them are consistently unconcerned about this ([Table XXIII](#)). Almost 4 out of 10 (39%) members of this group are unconcerned about social distancing. They are not convinced that these activities constitute genuine risk. They find it considerably harder to maintain social distancing than any other group and experience the most difficulty with wearing face masks; keeping workplaces ventilated; keeping their hands and face clean; and following safety guidelines in workplaces, shops and businesses ([Table XXIV](#)). They are also the least able to work at home. Again, much of this was put into context in [Section 4](#) where we learned that a large number of this group are semi-skilled and manual workers, as well as a significant minority are students. They tend to be young, with a high BAME component. Over 1 in 10 (13%) of those unlikely to wear a mask over the next 7 days feel that face masks will get in the way of their jobs ([Table XXVI](#)).

Information-seeking rule-followers are (alongside the experientially risk-averse) highly unlikely to engage in risky activities ([Table XXII](#)) and, according to [Table XXIV](#), find it easier than any other group to avoid them. They wear face masks ([Table XXV](#)), although this group has the largest percentage of people who say that they will never be in a situation where they need to wear them ([Table XXVI](#)), perhaps because of the nature of their work or being retired.

The complacently confident do not engage widely in risky activities, but they are the least concerned group about doing so when they do ([Table XXII](#) and [Table XXIII](#)). This is the ideal target group for policy-makers who want people to accept the risks involved in opening up the economy. 1 in 3 (34%) of those in this group that are unlikely to wear a mask in the next 7 days do not see the point of wearing one – over 20% higher than any of our other groups ([Table XXVI](#)).

Information-seeking critics are amongst the least likely to engage in risky behaviour and the most likely to wear a face mask ([Table XXII](#)). Despite saying that they struggle to comprehend or trust the official guidance ([Sections 6 and 7](#)), they adhere to it. They are amongst the most concerned about exposure to risks associated with the pandemic ([Table XXIII](#)) and are highly likely (93% of them) to wear a face mask ([Table XXV](#)). We might say that information-seeking critics are adherents to the official guidance despite its source and form.

The experientially risk-averse are less inclined than any other group to engage in behaviour that is inconsistent with official guidance ([Table XXII](#)). They have been scared by a combination of proximity to COVID and their own health concerns ([Section 4](#)). They express high levels of concern about pursuing a broad range of social activities ([Table XXIII](#)) and tend to find it relatively easy to avoid risky behaviour ([Table XXIV](#)). They are committed face mask users ([Table XXV](#)), and of those unlikely to wear a mask over the next 7 days, around half do not believe they will be in public situations where they will need to use them ([Table XXVI](#)).

9. Concerted action and segmented publics

We began this report by calling into question the simple claim that ‘Society is faced with a common threat that can only be tackled through concerted public action’.

We argued that diverse social groups within the population experience risk in distinctive ways, making it difficult, if not impossible, to generate concerted public action in response to a single objective threat. The empirical evidence that we have presented in this report, based on the first three waves of a ten-wave survey of a representative sample of the UK population, supports this more complex understanding of the potential for concerted national action. While almost everyone agrees that the current pandemic constitutes an existential threat to lives, livelihoods and lifestyles, the ways in which threat is perceived depends upon a range of social positions, experiences and attitudes that cannot be reduced to a monolithic singularity.

The implications of this understanding for public communication are enormous. To put it plainly, attempts to address the public as a homogeneous recipient are bound to fail. Some groups within the national population will feel that their experiences are being recognised and their values shared, but others will feel unrecognised and devalorised. The most practical ramification of the evidence we have presented in this report is that communicating to people about the pandemic entails speaking in the language of segmented publics rather than in the universal code of a mass audience. This would – and should – not entail changing the content of messages as they move between the groups we have identified, but it does entail changing their form. The ‘the mass public’ as an imaginary amalgam is too broad a target for sensitive messages relating to how people protect their lives, secure their livelihoods and maintain their lifestyles. Finding ways in which the diversity of the public can be reflected through the range of forms in which messages are couched will abate some of the current effects of bias in message reception.

For example, as vaccines become available, it is going to be crucially important to address the specific fears, as well as hopes, of specific groups. This cannot be successful by wagging official fingers at doubters and telling them that anti-vax beliefs are the products of ‘misinformation’. People’s dispositions towards risk, authority, science and civic duty are complexly pluralistic, and any communications that fail to respect that reality will lose the trust of significant sections of the population.

To put it plainly, attempts to address the public as a homogeneous recipient are bound to fail.

As we have said, fine-tuning messages so that they are more likely to reach and be given a fair hearing by all groups is the most likely way to appeal to the common interests that citizens share. As society continues to learn how best to cope with the pandemic, arguments for listening to local, regional and national publics are increasingly being aired. In this report we do not address the differences that exist between the devolved nations within the United Kingdom or the debates about allowing local communities to play a larger part in determining their own rules. Rather than focus on these important geopolitical differences, we have examined experiential and attitudinal segments that are dispersed across the entire United Kingdom population. Our findings suggest that these uncoordinated networks of risk perception hold important clues not only to the obstacles that exist to concerted public action, but to ways of overcoming them.



The American political theorist, John Dewey (1927:126), argued in the 1920s that the era of a single public was in eclipse and that now there were 'too many publics', making it difficult for different groups easily to understand one another or unite in concerted action. Dewey argued that democracy called for communication across communities, generating 'an inexhaustible and flowing fund of meanings upon which to draw' (Dewey, 1927:217). In the current context, there is a strong case for cross-cutting communication across the groups we have identified.

This would not only allow inter-generational, inter-ethnic, cross-class perceptions of risk to inform public discourse but would open up space for differing perspectives about health-economy trade-offs and balance between civic responsibility and individual freedom to be aired and resolved. The philosopher, Hannah Arendt (1958:52), wrote that 'What makes mass society so difficult is not the number of people involved ... but the fact that the world between them has lost its power to gather them together, to relate them and to separate them'.

A conclusion from this first stage of our study is that pandemic communication would benefit from space being opened up for pluralistic publics to engage with one another's perspectives. The pandemic raises a fundamental challenge to shared citizenship, and this calls for imaginative ways of encouraging inter-group understanding with a view to making concerted action possible and appealing.

What might this mean in practice in the context of public communication about the pandemic? Across the six groups that we have identified, we have seen a number of important tensions. Individualists and egalitarians disagree quite fundamentally about how our society should confront a common threat. The former believe that people should be left to decide for themselves what is best for them. They do not want to have their lives regulated, often, as they see it, for the sake of others whose vulnerability to risk is much greater than their own. Egalitarians believe that burdens presented by the pandemic should be shared. They want official advice to be couched in the language of equality and reciprocity. Creating messages that represent and speak to these cultural biases, while encouraging the holders of each to engage with the perspectives of the other, would help to engender a clearer public sense of the civic principles underlying the national response to the pandemic.

We have observed stark differences across our groups between fatalists, who feel deeply personally threatened by the pandemic and limited in their ability to contain their exposure to risk, and others who appear to have a strong sense of their own agency in the face of the pandemic. It is unlikely that one form of messaging will suffice for all points on this spectrum. Some of the extremely vulnerable might think that official guidance is skewed towards those who are fit and confident in their ability to protect themselves.

Sensitivity within official communication to different levels of personal efficacy would help to produce a range of message tones that are more representative of public levels of apprehension.

Proximity to COVID is clearly a key determinant of risk perception. Might more be done to expose people who seem complacent about the risks to those who have experienced them? The awful experience of being close to the effects of the virus has by no means been spread evenly across our groups. There is an emergent discourse around social justice and vulnerability to the pandemic. Could official messages take on some of the motivational force of that discourse by speaking about the pandemic not simply in terms of utilitarian self-protection but the equal right of all humans to experience security?

The pandemic raises a fundamental challenge to shared citizenship, and this calls for imaginative ways of encouraging inter-group understanding with a view to making concerted action possible and appealing.

There are contrasting views across our groups between the hierarchically-minded who believe that people have a duty to comply with official guidance and critics who feel alienated by the source and tone of government messages. As the pandemic has gone on, debates about the official guidance have become more obviously politicised. Rather than allow this to undermine trust in messages, might there be ways of encouraging public reflection about the political norms that are at stake during this crisis? Rather than allowing official guidance to fall victim to partisan point-scoring, could we see this as an opportunity to think creatively about how best to represent the pluralistic dispositions that define our population?

In our next report we will be reflecting on findings from a series of focus groups involving members of the six groups that we have identified from the abstract numbers of survey data in the first stage of our research. This qualitative next stage will allow us to invite members of these groups to tell us in their own words how they seek information about the pandemic; how intelligible and credible it seems to them; and how they act upon it. In our third report, early next year, we intend to relate the official messages themselves to the public's reception of them over the course of ten waves of our survey. Our aim across the entire study and all three reports will be to explore how society can respond to the inescapable existence of fragmented publics by creating imaginative ways of acknowledging each of them in their own right while seeking to develop intersubjective understanding. We hope that the findings we have set out go some way towards illuminating the nature of the fragments that constitute the building blocks of public communication.

References

- Arendt, H., 1958. *The Human Condition*. University of Chicago Press.
- Barnett, C. & Mahoney, Segmenting Publics. National Co-ordinating Centre for Public Engagement, Bristol. Available at: http://oro.open.ac.uk/29980/1/SEGMENTING_PUBLICS_2_Nov_2011.pdf
- Dewey, J., 1927. *The Public and Its Problems*. Athens, OH. Swallow Press
- Douglas, M., 1999. Four cultures: the evolution of a parsimonious model. *GeoJournal*, 47(3), pp.411-415.
- Maibach, E.W., Leiserowitz, A., Roser-Renouf, C. and Mertz, C.K., 2011. Identifying like-minded audiences for global warming public engagement campaigns: An audience segmentation analysis and tool development. *PloS one*, 6(3), p.e17571.
- Nelkin, D., 1989. Communicating technological risk: The social construction of risk perception. *Annual review of public health*, 10(1), pp.95-113.
- Ripberger, J.T., Swedlow, B., Silva, C.L. and Jenkins-Smith, H., 2015, August. Operationalizing Cultural Theory in Survey Research: Assessing the Validity of Different Approaches to Conceptualization and Measurement. In general conference of the European Consortium for Political Research, Montreal, Canada (pp. 26-29).
- Tansey, J., 2004. Risk as politics, culture as power. *Journal of Risk Research*, 7(1), pp.17-32.
- Wildavsky, A. and Dake, K., 1990. Theories of risk perception: Who fears what and why?. *Daedalus*, pp.41-60.

Appendix I: Questionnaire

Profiling and screening

Age: How old are you?

Please select your age on the scale:

SCALE

16-99

Gender: How do you identify?

Please select one option:

SINGLE CODE

Female	1
Male	2
In another way (please specify)	3
Prefer not to say	98

Region: Where do you live?

Please select one option:

SINGLE CODE

Northern Ireland	1
Scotland	2
North-West	3
North-East	4
Yorkshire & Humberside	5
Wales	6
West Midlands	7
East Midlands	8
South-West	9
South-East	10
Eastern	11
London	12
Other	95 SCREEN OUT

Social grade: The Chief Income Earner is the person with the largest income, whether from employment, pensions, state benefits, investments or any other source. If two or more related people in the household have equal income, please think of this question with the oldest in mind.

Please indicate which one of the following best describes the profession of the chief income earner in your household. Please select one option:

SINGLE CODE

High managerial, administrative or professional e.g. doctor, lawyer, medium/large company director (50+ people)	1	A
Intermediate managerial, administrative or professional e.g. teacher, manager, accountant	2	B
Supervisor, administrative or professional e.g. policeman, nurse, secretary, self-employed	3	C1
Skilled manual worker e.g. mechanic, plumber, electrician, lorry driver, train driver	4	C2
Semi-skilled or unskilled manual worker e.g. waiter, factory worker, receptionist, labourer	5	D
House-wife/house-husband	6	E
Unemployed	7	E
Student	8	C1
Retired	9	E
HIDDEN VARIABLE: ABC1		(SELECT 1, 2, 3, 8)
HIDDEN VARIABLE: C2DE		(SELECT 4, 5, 6, 7, 9)

Personality and values

P1: To what extent do you agree or disagree with each of the statements?

Please select one per option:

GRID/CAROUSEL, RANDOMISE

Strongly disagree	Strongly agree
1	10
[TRUST/HIERARCHY]	
I trust those with authority and expertise to do what is right	1
Those who are in charge should punish those who break the rules	2
As a citizen, I am bound to follow society's rules	3
[PESSIMISM/FATALISM]	
The future is too uncertain for a person to make serious plans	4
I have to follow lots of rules, but people like me don't get to make them	5
I feel pretty powerless when it comes to determining the future of my country	6
[INDIVIDUAL]	
I prefer to make my own way of life without having to follow other people's rules	7
Everyone benefits when individuals can determine what's good for them	8
I prefer to be thought of as an individual than as a member of a community	9
[EGALITARIAN/RESPONSIBILITY]	
We should care for people who can't care for themselves	10
Everyone has a responsibility to pull together in a national crisis for the benefit of society	11
People are too selfish these days	12
[EXTROVERSION]	
I do not mind being the centre of attention	13
I like to know the plan rather than be spontaneous	14
I like socialising and am often feel at a loss when alone	15
[RISK]	
I am cautious	16
I would never make a high-risk investment	17

COVID-19 behaviours

B1: To the best of your knowledge, in the last 7 days, have you met people in any of the following scenarios? If you are in a 'support bubble' with someone, you can count this as a household. If you are unsure what a 'support' bubble is, just count the number of households.

Please select all that apply:

MULTI CODE	
Met outdoors with 1-5 people from 1-2 other households	1
Met outdoors with 1-5 people from 3+ other households	2
Met outdoors with 6+ people from 1-2 other households	3
Met outdoors with 6+ people from 3+ other households	4
Met indoors with 1-5 people from 1-2 other households	5
Met indoors with 1-5 people from 3+ other households	6
Met indoors with 6+ people from 1-2 other households	7
Met indoors with 6+ people from 3+ other households	8
I have not met anyone from other households in the last 7 days	99
Prefer not to say	98

B2: To the best of your knowledge, in the last 7 days, have you done any of the following activities?

Please select all that apply:

MULTI CODE, SPLIT ACROSS 2 SCREENS RANDOMISED	
Attended a private gathering of 31+ people (either indoors or outdoors)	1
Shared a car journey with other household(s) or people outside of my support bubble	2
Stayed overnight at another household or with a household outside of my support bubble	3
Travelled outside of my local area	4
Worn a face mask	5
Used public transport at peak times	6
Been in a crowded space	7
Been within 1metre of someone outside my household or support bubble	8
Been without a face mask on public transport	9
Been without a face mask in a shop	10
Used public transport (e.g. bus, train, coach)	11
Used a taxi, private driver or minicab	12
Went inside a food or drinks venue (e.g. pub, bar, café, restaurant)	13
Visited a food or drinks venue but stayed outside (e.g. pub, bar, café, restaurant)	14
Gone to a large shop (e.g. supermarkets, shopping centres, large retail chains)	15
Gone to a small shop (e.g. local grocery stores, small high street shops)	16
Used indoor sports and exercise facilities (e.g. indoor studios, gyms, courts, pools etc.)	17
Used outdoor sports and exercise facilities (e.g. outdoor pitches, courts, pools etc.)	18
Visited entertainment venues (e.g. cinema, galleries, theatres, casinos)	19
Visited an outdoor space (e.g. park, garden, countryside)	20
Visited a foreign country	21
Stayed in holiday accommodation in the UK (e.g. hotel, B&B, Airbnb)	22
Visited a hairdresser, barber or beauty salon	23
Visited the household of someone you are romantically involved with	24
None of the above	99

B3: Thinking further back, have you done any of the below between now and when the UK first went into lockdown (i.e. March 2020)?

Please select all that apply:

MULTI CODE	
Been to a public protest	1
Been to a party	2
Visited a foreign country for work	3
Visited a foreign country for leisure	4
Been to the beach	5
Contacted a medical or psychological service about your mental health	6
Visited a hospital	7
Travelled to work or school using public transport	8
None of the above	99

COVID-19 comprehension

CP1: How confident or not are you that you know what to do to be safe from COVID-19?

Please select one option:

Not confident at all										Very confident
1	2	3	4	5	6	7	8	9	10	

CP2: How easy or difficult has it been to make sense of official guidance about COVID-19?

Please select one option:

SINGLE CODE										
In the last 7 days										1
Overall										2

Very difficult									Very easy
1	2	3	4	5	6	7	8	9	10

CP3: To what extent do you agree or disagree with each of these statements to do with official guidance about COVID-19?

Please select one option:

GRID/CAROUSEL, RANDOMISE

Strongly disagree									Strongly agree	
1	2	3	4	5	6	7	8	9	10	
Politicians and government officials have been straight-talking										1
There is a difference between what government and scientists are saying										2
The government are advising us as best they can										3
I have felt that the official guidance changes too often										4
I don't know whether the official guidance is correct										5
People giving official guidance about COVID-19 don't understand the lives of people like me										6
The official guidance is too open to interpretation										7
It is important that the guidance gives us enough flexibility to make our own choices										8

CP4: Which, if any, of the following are currently official government messages?

Please select all that apply:

MULTI CODE and RANDOMISE	
[OFFICIAL MESSAGES]	
Stay alert, control the virus, save lives	1
Stay at home as much as possible	2
Eat out to help out	3
Enjoy summer safely	4
[OLD MESSAGES]	
Stay at home, protect the NHS, save lives	5
Stop the spread	6
[FAKE MESSAGES]	
Look out for your community	7
Protect the economy	8
Stay informed, stay safe	9
Lockdown is over, summer can begin	10
[NEW MESSAGE ANNOUNCED 31/07]	
Hands, face, space, get a test	11
None of the above	99

CP5: How clear or not are you about what each of these terms or phrases mean?

Please select all that apply

CAROUSEL, RANDOMISE

Not at all clear									Completely clear
1	2	3	4	5	6	7	8	9	10
Stay alert									1
Support bubble									2
Social distancing									3
Self-isolate									4
Essential journey									5
Enjoy summer safely									6
Hands, space, face, get a test									7

CP6: How likely or not are you to wear a face mask in the next 7 days?

Please select one option:

SINGLE CODE

Very unlikely									Very likely
1	2	3	4	5	6	7	8	9	10

ASK IF SELECT 1-5 AT CP6

CP7: Which reason(s) describe why you might be unlikely to wear a face mask in the next 7 days?

Please select all that apply:

MULTI CODE and RANDOMISE	
I don't have one	1
I find it uncomfortable	2
I have breathing problems	3
It gets in the way of my job	4
It stops me from communicating with people	5
I won't be in a situation which requires me to wear one	6
I don't like how it looks	7
It is dangerous to wear one	8
I am unsure how safe they are	9
I don't see the point	10
I don't like being told what to do	11
Other, please specify	95
Don't know	97

E1: How easy or difficult have you found it to do each of the following?

Please select one per option:

GRID/CAROUSEL, RANDOMISE

Very difficult										Very easy
	1	2	3	4	5	6	7	8	9	10
I have not done this/This is not applicable to me										99
Maintain social distancing with people outside my household or support bubble										1
Avoid being face-to-face with people outside my household or support bubble										2
Keep my hands and face as clean as possible										3
Keep places ventilated if I am indoors with people from different households										4
Avoid crowded spaces										5
Work from home										6
Reduce use of public transport and avoid it at peak times										7
Avoid use of public transport at peak times										12
Wear a face mask on public transport or when attending a hospital as a visitor or outpatient										8
Avoid shouting or singing close to people outside my household or support bubble										9
Wash my clothes regularly										10
Follow the safety guidelines in public spaces (e.g. my workplace, shops and businesses)										11

E2: Have you personally had the coronavirus (i.e. COVID-19)?

Please select one option:

SINGLE CODE	
Yes, and I tested positive for coronavirus	1
Yes, but I have not been tested	2
Possibly, but I have not received my results from the test yet	3
Possibly, but I have not been tested	4
No, I have not	5
Prefer not to say	98

ASK THOSE CODING 5 at E2**E3:** You said you have not had the coronavirus (COVID-19). What makes you say this?

Please select all that apply:

MULTI CODE, RANDOMISE	
I have not had the symptoms	1
I was tested and it came back negative (in the last 14 days)	2
I was tested and it came back negative (15+ days ago)	3
I had some symptoms but don't think they were coronavirus	4
I don't believe the coronavirus is real	5
Other, please specify	95 FIX
Don't know	97 EXCLUSIVE FIX

E4: How likely or not do you think it is that you will be infected with COVID-19 at some point in the future?

Please select one option:

SINGLE CODE									
Very unlikely	Very likely								
1	2	3	4	5	6	7	8	9	10

ASK IF CODE 1-5 AT E4

E5: Which reason(s) best describe why it is unlikely you will be infected with COVID-19 at some point in the future?

Please select one option:

MULTI CODE and RANDOMISE	
I have already had it	1
I am not one of the types of people who is vulnerable to it	2
I am self isolating	3
I am taking extra precautions to protect myself	4
I am fit and healthy	5
I don't live in an area which is currently infected	6
Other, please specify	95

E6: Do you personally know one or more people who...

Please select all that apply:

MULTI CODE and RANDOMISE	
Passed away from COVID-19	1
Is/are seriously ill with COVID-19	2
Still has/have symptoms of COVID-19	3
Had COVID-19 but recovered	4
None of the above	97
Prefer not to say	98

E7: To what extent do you agree or disagree the following are responsibility for second spike in COVID-19 cases in the UK?

Please select all that apply:

MULTI CODE and RANDOMISE

Strongly disagree											Strongly agree
1	2	3	4	5	6	7	8	9	10		
Government											1
Individuals											2
Businesses and services											3
Employers											4
Schools and universities											5
NHS and health services											6

E8: How is your local area managing the COVID-19 pandemic compared to the rest of the country? If you live in two or more areas, please answer about the area you spend most time in.

Please select one option for each answer:

SINGLE CODE/CAROUSEL	
A lot better	1
A bit better	2
No better nor worse	3
A bit worse	3
A lot worse	4
All the time	5
Don't know	97

COVID-19 communication

CM0: How interested or not would you say you are in information about the pandemic?

Please select one option:

SINGLE CODE

Not at all interested										Very interested
1	2	3	4	5	6	7	8	9	10	

CM1: What best describes your approach to updates about the COVID-19 situation?

Please select one option:

SINGLE CODE

I like to actively stay informed on the latest updates daily or on most days	1
I tend to look out for key updates or when something new has been announced	2
I tend to avoid updates or don't look at them until someone else shares them with me	3
I like to actively avoid information or news about COVID-19 as much as possible	4
Other, please specify	95

CM2: Have you learnt anything new to do with COVID-19 in the last 7 days?

Please select all that apply:

MULTI CODE, RANDOMISE

Scientific research (e.g. around vaccines)	1
Guidance on how to stay safe	2
How to get tested or treated for the virus	3
Signs or symptoms of the virus	4
Local statistics or news relating to my community	5
National statistics or news relating to the country	6
International statistics or news relating to the world	7
Personal experiences of COVID-19 (e.g. blogs, posts online)	8
Other, please specify	95
I have not learnt anything new to do with COVID-19 in the last 7 days	99

CM3: In the last 7 days, where have you come across news and information about COVID-19?

Please select all that apply:

MULTI CODE, RANDOMISE

TV or TV on demand (e.g. news channels, programmes)	1
Text or phone messages	2
Online news websites or channels (e.g. BBC, ITV)	3
Newspapers (One or more)	4
Social media (e.g. Facebook, Twitter, YouTube, Reddit)	5
Radio, online radio or podcasts	6
Official websites (e.g. Government, NHS, WHO)	7
Non-official websites (e.g. blogs, opinion pieces, influencers)	8
Email	9
Public spaces (e.g. parks, shops)	10
Posters or leaflets	11
Loudspeaker vans	12
Word of mouth (e.g. friends, family)	13
Somewhere else (please describe)	95 FIX
I have not come across news or information about COVID-19 in the last 7 days	99 EXCLUSIVE FIX

CM4: And in the last 7 days, which, if any, news providers have you used for news and information about COVID-19?

Please select all that apply:

MULTI CODE, RANDOMISE	
BBC News	1
ITV News	2
Channel 4 News	3
Sky News	4
Guardian	5
The Times	6
Independent/100	7
Daily Mail/Mail	8
Financial Times	9
Telegraph	10
Daily Mirror	11
Metro	12
HuffPost	13
The Sun	14
Buzzfeed News	15
Reuters	16
CNN	17
VICE Media	18
Other (please specify)	95 FIX
I haven't used news organisations for news and information about COVID-19 in the last 7 days	99 EXCLUSIVE FIX

ASK SELECT 5 AT CM3

CM5: You mentioned coming across news and information about COVID-19 on social media in the last 7 days. Which channel platform(s)?

Please select all that apply:

MULTI CODE, RANDOMISE	
Facebook	1
YouTube	2
Facebook Messenger	3
Twitter	4
Instagram	5
LinkedIn	6
Snapchat	7
TikTok	8
Reddit	9
Other (please specify)	95 FIX

CM6: In the last 7 days, who have you come across official guidance for COVID-19 from?

Please select all that apply:

MULTI CODE, RANDOMISE	
Government figures	1
Local council	2
NHS organisations	3
World Health Organisation	4
Universities or academics	5
Scientists	6
Technology companies	7
News organisations	8
Healthcare professionals	9
My employer or colleagues	10
Schools or teachers	11
Online influencers	12
Close family or friends	13
People in my local community	14
People in my online network	15
Someone else (please describe)	95 FIX
I have not seen official guidance for COVID-19 in the last 7 days	99 EXCLUSIVE FIX

ASK THOSE WHO CODE 1 at CM6**CM7:** How did you come across official guidance from Government figures in the last 7 days?

Please select all that apply:

MULTI CODE, RANDOMISE	
Government social media account(s)	1
The GOV.UK website	2
In leaflets or letters	3
By texts from Government	4
By direct broadcasts or statements (e.g. on TV, radio)	5
Indirectly (e.g. reading news, social media, word of mouth)	6
Other (please specify)	95 FIX
Don't know/Can't remember	97 EXCLUSIVE FIX

CM8: Thinking more broadly about official broadcasts by Government over the course of the COVID-19 pandemic (i.e. statements by the Prime Minister, briefings and press conferences), roughly how often did you watch, hear or read about these?

Please select one option:

SINGLE CODE	
Every time I was aware they were happening	1
More than half the time I was aware they were happening	3
Around half the time I was aware they were happening	4
Less than half the time I was aware they were happening	5
Never, and I was aware they were happening	6
Never, and I was unaware they were happening	7

ASK THOSE SELECTING 6 AT CM8

CM9: You mentioned having never watched, heard or read about official broadcasts by Government over the course of the pandemic. Which reason(s) best describe why?

Please select all that apply:

MULTI CODE and RANDOMISE	
I didn't trust them	1
I didn't have time	3
I found the information another way	4
They tend to make me feel worried or anxious	5
I didn't think they were relevant to me	6
I didn't think they would be useful to me	7
Something else (please describe)	95 FIX

CM10: The most recent official statement from the Prime Minister about COVID-19 was delivered on [insert most recent date]. Do you recall watching all or part of this statement. Did you watch this?

Please select one option:

SINGLE CODE	
Yes, I watched it all live	1
Yes, I watched part of it live	4
Yes, I watched or caught up on it all later	2
Yes, I watched or caught up on part of it later	5
No	3
Don't know/can't remember	97

ASK THOSE NOT SELECTING 99 AT CM6

CM11: Thinking of the official guidance on COVID-19 that you've seen in the last 7 days from the people or bodies below, how trustworthy or not did you think the information was?

Please select one option for each answer:

CAROUSEL/GRID, RANDOMISE

Very untrustworthy										Very trustworthy	
1	2	3	4	5	6	7	8	9	10		

PIPE OPTIONS SELECTED AT CM6: 1-95

CM12: Thinking about the different ways you might access the latest news and information about COVID-19, what are top three sources you trust the most? Try and be as specific as possible in your answers e.g. organisations, channels, news sites or individuals you trust.

Please type your answers below:

OPEN, CODED

IF1: To what extent do you feel you have had too much or not enough information about COVID-19 from the government?

Please select one option:

SINGLE CODE

Nowhere near enough										Far too much		Don't know
1	2	3	4	5	6	7	8	9	10	97		

IF2: If you have any doubts or questions regarding information, guidelines or regulations on COVID-19, where would you turn for further information?

Please select all that apply:

MULTI CODE and RANDOMISE 1-8	
GOV.UK website	1
Online newspapers	2
Social media	3
NHS website	4
Local authority	5
Friends or family	6
BBC News	7
Search online (e.g. Google)	8
Other	96
Don't know	97
I would not turn anywhere for further information	99

VA1: Should there be a government-approved COVID-19 vaccine, available free through the NHS, to what extent would you be keen or reluctant to receive this vaccine?

Please select one option:

SINGLE CODE

Very reluctant										Very keen	Don't know
1	2	3	4	5	6	7	8	9	10	97	

Socio-demographic questions

Life: On a scale of 1-10, where 1 is not at all satisfied and 10 is completely satisfied, overall, how satisfied are you with your life nowadays?

Please select one option:

SINGLE CODE

Not at all satisfied										Completely satisfied	
1	2	3	4	5	6	7	8	9	10		

Education: What is the highest educational level that you have achieved to date?

Please select one option:

SINGLE CODE	
No formal education	1
Primary school	2
Secondary school, high school, NVQ levels 1 to 3, etc.	3
University degree or equivalent professional qualification, NVQ level 4, etc.	4
Higher university degree, doctorate, MBA, NVQ level 5, etc.	5
Still in full time education	6
Don't know	97
Prefer not to say	98

Work status: Please indicate which of the following best describes your work status today considering any changes due to the impact of the COVID-19 pandemic?

Please select one option:

SINGLE CODE	
Currently furloughed	1
Reduced hours/employers imposed temporary leave of absence because of COVID-19	2
Working full time – working 30 hours per week or more	3
Working part time – working between 8 and 29 hours per week	4
Self-employed – working 30 hours per week or more	5
Self-employed – working between 8 and 29 hours per week	6
Not working but seeking work or temporarily unemployed or sick	7
Student	8
Not working and not seeking work	9
Retired	10

Ethnicity: What is your ethnic group?

Please choose one option that best describes your ethnic group or background:

SINGLE CODE	
[WHITE]	
English/Welsh/Scottish/Northern Irish/British	1
Irish	2
Gypsy or Irish Traveller	3
Any other White background, please describe	4
[MIXED/MULTIPLE ETHNIC GROUPS]	
White and Black Caribbean	5
White and Black African	6
White and Asian	7
Any other Mixed/Multiple ethnic background, please describe	8
[ASIAN/ASIAN BRITISH]	
Indian	9
Pakistani	10
Bangladeshi	11
Chinese	12
Any other Asian background, please describe	13
[BLACK/ AFRICAN/CARIBBEAN/BLACK BRITISH]	
African	14
Caribbean	15
Any other Black/African/Caribbean background, please describe	16
[OTHER ETHNIC GROUP]	
Arab	17
Any other ethnic group, please describe	18
Prefer not to say	98

Children: Are you a parent or guardian to a child or children aged 18 or under that live in your household?

Please select all that apply:

MULTI CODE	
No	1 EXCLUSIVE
Yes – child/children aged 0-4	2
Yes – child/children aged 5-10	3
Yes – child/children aged 11-16	4
Yes – child/children aged 17-18	5

Household: How many people live in your household, not including yourself?

Drag the scale to answer:

SCALE	
1-50	
I live alone	51 EXCLUSIVE

Risk household: Do you live with someone who is of high risk of severe illness from COVID-19 due to their health status or condition?

Please select one option:

SINGLE CODE	
Yes	1
No	2
Don't know	3

Disability: Do you have a physical or mental impairment, such as a long-term health condition, which has a substantial and long-term negative effect on your ability to do normal day-to-day activities.

Please select one option:

SINGLE CODE	
Yes	1
No	2
Prefer not to say	98

Risk self: Which, if any, of the following apply to you?

Please select all that apply:

MULTI CODE	
I am undergoing cancer treatment	1
I have had an organ, bone marrow or stem cell transplant	2
I have a lung condition (e.g. asthma, COPD, cystic fibrosis, emphysema, bronchitis)	3
I am at risk of infection (e.g. due to a condition like SCIF or sickle cell, from taking steroids or immunosuppressants)	4
I have a condition that affects my brain or nerves (e.g. Parkinson's, motor neurone disease, multiple sclerosis, cerebral palsy)	5
I have diabetes	6
I have heart disease	7
I have liver disease (e.g. hepatitis)	8
I have chronic kidney disease	9
I am pregnant	10
I have been medically diagnosed as obese	11
Prefer not to say	95 EXCLUSIVE FIX
None of the above	99 EXCLUSIVE FIX

Mental health: Are you diagnosed with any of these types of mental health conditions?

Please select all that apply:

MULTI CODE, RANDOMISE	
Anxiety (including general anxiety, panic attacks)	1
Bipolar disorder	2
Depression	3
Obsessive-compulsive disorder (OCD)	4
Schizophrenia	5
Eating disorder (including anorexia, bulimia, binge eating)	6
Something else (please specify)	98 FIX
Prefer not to say	95 EXCLUSIVE FIX
None of the above	99 EXCLUSIVE FIX

Key worker: Key workers can be classified as people whose jobs are vital to public health and safety during the COVID-19 pandemic. This includes NHS frontline staff, teachers, social workers, food chain workers, postal workers, criminal justice workers, broadcasters, local and national government, utility workers, public safety, national security and transport workers. Do you classify as a key worker?

Please select one option:

SINGLE CODE	
Yes	1
No	2
Not sure	3

Political leaning: Some people talk about 'left', 'right' and 'centre' to describe parties and politicians. Where would you place yourself on the following scale?

Please select one option:

SCALE	
Very left wing	1
Fairly left wing	2
Slightly left of centre	3
Centre	4
Slightly right of centre	5
Fairly right wing	6
Very right wing	7

GE2019 vote: Thinking back to the [*] General Election that took on the 12th December 2019, which of the following parties did you vote for, or did you vote for another party?

Please select one option:

SINGLE CODE and RANDOMISE OPTIONS 2-6	
I did not vote at the 2019 [*] General Election	1
Conservative	2
Labour	3
Liberal Democrat	4
SNP [SCOTLAND ONLY]	5
Plaid Cymru [WALES ONLY]	6
Another party	7
Can't remember	8
Prefer not to say	95

*Ask "UK General Election" in Scotland.

WFH1: Which of the following best describes your current working pattern before the COVID-19 pandemic?

Please select one option:

SINGLE CODE and RANDOMISE	
Working from home all the time	1
Mix of working from home and working at office/site	2
Working from office/site all the time	3

ASK ALL EMPLOYED

WFH2: Which of the following best describes your current working pattern now during the COVID-19 pandemic?

Please select one option:

SINGLE CODE and RANDOMISE	
Working from home all the time	1
Mix of working from home and working at office/site	2
Working from office/site all the time	3

Appendix II: Segmentation analysis and indexing (Savanta ComRes)

Factor Analysis

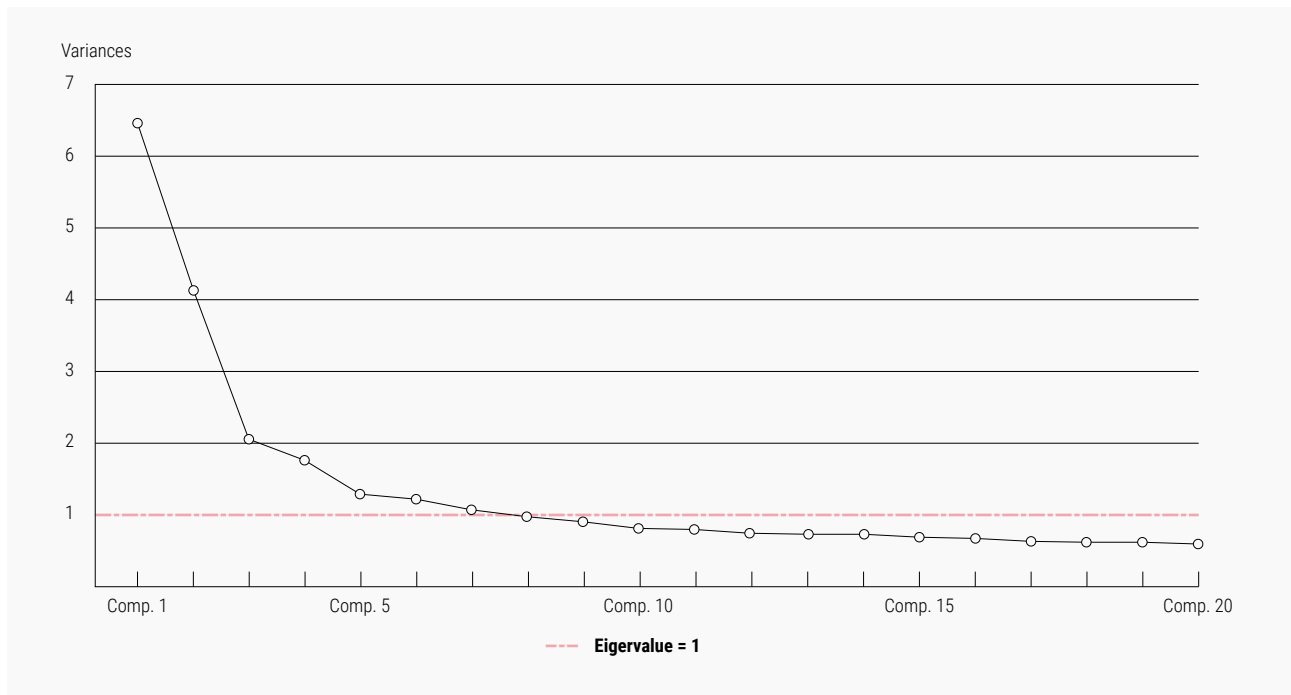
For the factor analysis we used the following questions:

- **P1:** Attitudes in general
- **P2:** Attitudes around COVID-19

These were preliminarily assigned subgroups in terms of where they sit as attitude types for reference purposes. These were: Trust/Hierarchy, Pessimism/ Fatalism, Individualism, Egalitarianism/ Responsibility, Risk and Extroversion. Prior to conducting a Factor Analysis, we ran a Bartlett test for sphericity (P Value: 0.00) and a Kaiser-Meyer-Olkin (KMO) test (MSA: 0.9). The results showed that a Principal Components Analysis would be an appropriate method of Factor Analysis.

To determine an estimate of the number of factors that is going to be optimal, we generated principal component for a number of factors of between 1 and 20.

Diagram below:



This indicated that the ideal number of factors that can explain all data points is 8. This is because after 8 factors, the variance explained drops off. Thus 8 is enough to describe the data for P1 and P2.

With this in mind, we chose to run PCA on a factor solution of between 6 and 11, giving us enough room to interpret how much is being explained and explore options for data to fall into an increased number of factors. We found the 8 Factor solution offered the most well-rounded explanation, incorporating the full answer list for P1 and P2 with enough information to formulate a pattern of attitude correlations.

id	RC1	RC2	RC3	RC4	RC5	RC6	RC7	RC8	Order	Statement	Group
P2_12	0.787024	-0.03565	0.078071	0.124063	0.129912	0.006749	-0.03425	0.037629	29	Communities need to pull	Responsibility
P2_11	0.781133	-0.12879	0.024553	0.09164	0.106879	0.040778	-0.04723	0.015358	28	I have a responsibility top	Responsibility
P2_2	0.721071	-0.07658	-0.05181	0.167664	-0.00256	0.189231	0.091536	-0.03097	19	We need a strong government	Trust
P2_3	0.662558	-0.10221	-0.1252	0.169391	-0.03951	0.258534	0.156523	-0.05617	20	Too many people have been	Trust
P2_1	0.652014	-0.08858	0.018336	0.030361	0.115897	0.151262	0.185477	-0.00772	18	I want clear direction about	Trust
P2_10	0.599931	0.036508	0.218484	-0.24895	0.195738	-0.00993	0.14987	0.146288	27	I am concerned that the pa	Responsibility
P1_11	0.593616	-0.08019	0.053338	0.196553	0.286031	0.254745	-0.23234	0.137194	11	Everyone has a responsibility	Responsibility
P1_10	0.499343	-0.05385	0.105539	-0.06137	0.390467	0.131274	-0.23458	0.178777	10	We should care for people	Responsibility
P2_18	-0.23617	0.723369	0.10414	0.09024	-0.08718	0.002785	0.003331	0.10567	34	I don't think viruses pose a	Risk
P2_17	-0.35899	0.682401	0.180879	0.051976	-0.06592	-0.02789	0.164276	0.130115	33	Life's too short to be worried	Risk
P2_7	0.038565	0.682058	-0.02688	0.041037	-0.02751	0.165843	-0.08822	0.100912	24	I haven't felt the need for,	Individual
P2_9	-0.11738	0.582948	0.241218	-0.22368	0.087939	0.070722	0.304479	0.134232	26	Politicians have too much I	Individual
P2_8	-0.05018	0.479491	0.262488	-0.03202	0.138751	0.033816	0.377182	0.007337	25	The rules about COVID-19	Individual
P2_6	0.119902	0.435829	-0.09265	0.031637	0.08488	0.069776	0.424189	0.032608	23	Governments are pretty pc	Pessimism
P1_15	-0.11129	0.028168	0.695243	0.229097	-0.07524	0.060919	0.163547	0.128122	15	I like socialising and am oft	Extra
P2_15	0.152314	0.25336	0.694336	-0.016	-0.09811	-0.08253	0.075518	0.04086	32	One of the things I've miss	Extra
P2_13	0.254768	0.141588	0.581952	-0.04435	0.184678	-0.02354	0.178533	-0.14707	30	I have struggled with not b	Extra
P1_13	-0.07073	0.025239	0.509189	0.262994	-0.36297	0.48546	0.081576	0.285064	13	I do not mind being the ce	Extra
P2_14	0.328375	0.163081	-0.39744	0.161806	-0.06303	-0.12959	0.345916	0.351368	31	I enjoyed the lack of press	Extra
P1_1	0.110539	0.058511	0.194944	0.737251	0.216574	-0.1525	0.024716	0.052199	1	I trust those with authority	Trust
P1_2	0.300416	0.050895	7.8E-05	0.543692	0.088254	0.435132	-0.02025	-0.05081	2	Those who are in charge st	Trust
P1_3	0.358979	-0.06681	0.092661	0.508869	0.298812	0.277076	-0.06764	-0.01439	3	As a citizen, I am bound to	Trust
P1_16	0.159718	-0.0043	-0.03268	0.194317	0.677799	0.194146	0.131187	0.099471	16	I am cautious: To what extent	Risk
P1_17	0.148587	-0.02062	-0.04583	0.056406	0.663519	0.211767	0.010066	0.035851	17	I would never make a high	Risk
P1_14	0.172746	0.038597	-0.07983	0.349905	0.528902	0.17438	0.093454	0.12452	14	I like to know the plan rather	Extra
Pl_5	0.106044	0.144306	0.031117	0.076195	0.187787	0.644508	0.030543	0.074659	5	I have to follow lots of rules	Pessimism
P1_6	0.145851	0.043471	-0.0122	-0.07296	0.196954	0.633054	0.135093	0.177799	6	I feel pretty powerless wh	Pessimism
P1_12	0.344728	0.073378	-0.07777	0.051752	0.073862	0.57559	-0.01866	0.148713	12	People are too selfish the,	Responsibility
P1_4	0.054325	-0.00109	0.137278	0.001906	0.218335	0.416428	0.355552	0.268073	4	The future is too uncertain	Pessimism
P2_4	-0.02077	0.060299	0.225533	0.086083	-0.03821	0.030245	0.748615	0.03976	21	I feel powerless to protect	Pessimism
P2_5	0.225395	0.1874	0.222164	-0.24393	0.125184	0.223637	0.55914	-0.01324	22	I feel overwhelmed by all	Pessimism
P1_7	0.005914	0.207507	0.062562	-0.13435	-0.02417	0.20788	0.03116	0.713212	7	I prefer to make my own w	Individual
P1_9	0.007461	0.08264	-0.0291	0.049489	0.127746	0.197813	0.05085	0.63745	9	I prefer to be thought of a	Individual
P1_8	0.196318	0.148597	0.224353	0.276704	0.253361	-0.04241	-0.04697	0.471138	8	Everyone benefits when	Individual

(8 Factor Solution)

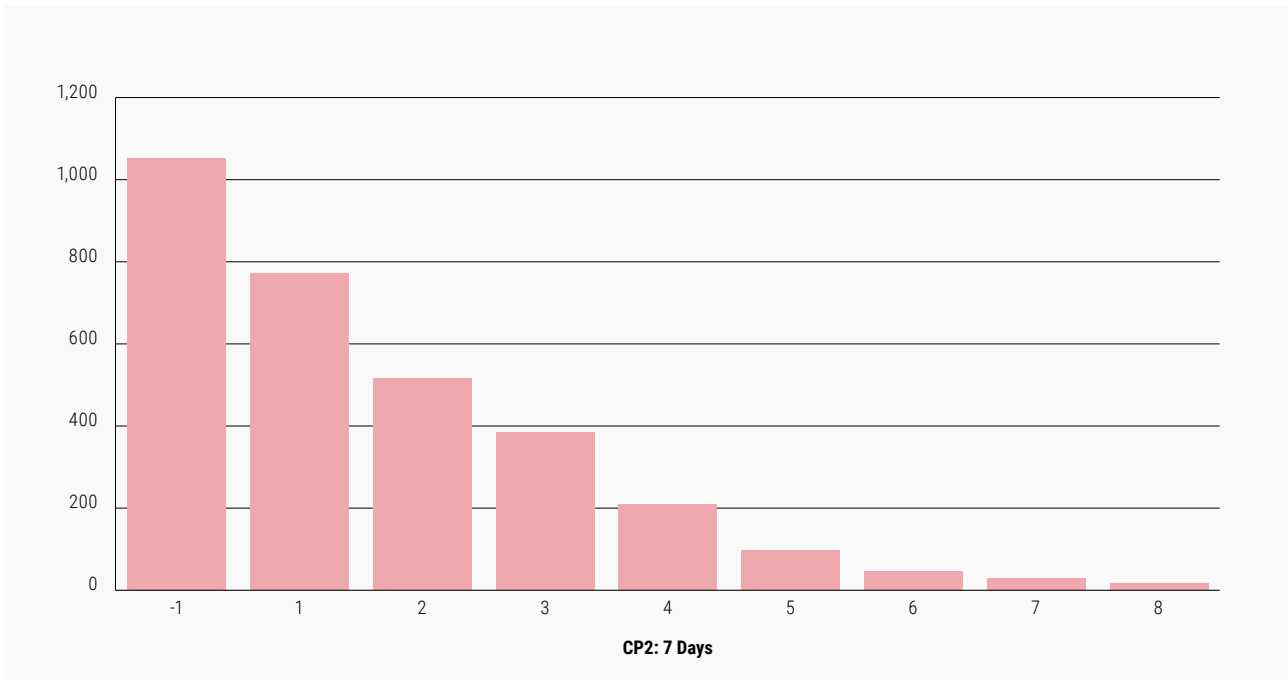
As part of the Principal Component analysis, respondents are assigned a score for each of the 8 factors determined.

Dimensions

Once satisfied with the Factor Solution we looked at the remaining survey variables to decide on which ones can be grouped into dimensions that are used to underpin the Factors that will feed into the segmentation. On the individual questions selected, we then developed a scoring criteria for those that will feed into a scalable dimension. For example, *CM2: Have you learnt anything new to do with COVID-19 in the last 7 days?* was scored by the number of items selected.

We ran frequencies in the form of histograms to view the overall distribution of the data. When selecting a dimension, we are looking to identify key groupings. For example with *CM2: Have you learnt anything new to do with COVID-19 in the last 7 days?* we can see the following potential division:

- No Learning: -1
- Low Learning: 1-2
- Med Learning: 3-4
- High Learning: 5+



Having looked at the frequencies for considered questions, we settled on dimensions with the following question components and scoring system.

Confidence

CP1: How confident or not are you that you know what to do to be safe from COVID-19? (Scale of 1-10)

Information Seeking

Interest: CM0: How interested or not would you say you are in information about the pandemic?
(Scale of 1:10)

Stays Informed: CM1: What best describes your approach to updates about the COVID-19 situation?

Answer codes inverted to create a score on how engaged respondents are with the updates:

- 4: I like to actively stay informed on the latest updates daily or on most days
- 3: I tend to look out for key updates or when something new has been announced
- 2: I tend to avoid updates or don't look at them until someone else shares them with me
- 1: I like to actively avoid information or news about COVID-19 as much as possible
- 0: Other, please specify

Learning: CM2: Have you learnt anything new to do with COVID-19 in the last 7 days?

Scored by number of items selected:

- Not Learning: -1
- Low Learning: 1-2
- Med Learning: 3-4
- High Learning: 5+

Understanding

CP2: How easy or difficult has it been to make sense of official guidance about COVID-19?

1: Very Difficult 10: Very Easy

Experience with COVID

E6: Do you personally know one or more people who ... (Has had COVID)

Proximity to COVID – Household

Risk Household: Do you live with someone who is of high risk of severe illness from COVID-19 due to their health status or condition?

Proximity to COVID – Self

Which, if any, of the following apply to you:

I am undergoing cancer treatment

I have had an organ, bone marrow or stem cell transplant

I have a lung condition (e.g. asthma, COPD, cystic fibrosis, emphysema, bronchitis)

I am at risk of infection (e.g. due to a condition like SCIF or sickle cell, from taking steroids or immunosuppressants)

I have a condition that affects my brain or nerves (e.g. Parkinson's, motor neurone disease, multiple sclerosis, cerebral palsy)

I have diabetes

I have heart disease

I have liver disease (e.g. hepatitis)

I have chronic kidney disease

I am pregnant

I have been medically diagnosed as obese

Prefer not to say

None of the above

All with condition scored 1, Prefer not to say scored 0, none of the above scored -1.

Risk Aversion

B2: To the best of your knowledge, in the last 7 days, have you done any of the following activities?

These were scored based on the risk implied by the behaviour:

Attended a private gathering of 31+ people (either indoors or outdoors)	1	-2
Shared a car journey with other household(s) or people outside of my support bubble	2	-1
Stayed overnight at another household or with a household outside of my support bubble	3	-1
Travelled outside of my local area	4	-0.5
Worn a face mask	5	2
Used public transport at peak times	6	-1
Been in a crowded space	7	-2
Been within 1metre of someone outside my household or support bubble	8	-1
Been without a face mask on public transport	9	-2
Been without a face mask in a shop	10	-2
Used public transport (e.g. bus, train, coach)	11	-0.5
Used a taxi, private driver or minicab	12	-0.5
Went inside a food or drinks venue (e.g. pub, bar, café, restaurant)	13	-0.5
Visited a food or drinks venue but stayed outside (e.g. pub, bar, café, restaurant)	14	0
Gone to a large shop (e.g. supermarkets, shopping centres, large retail chains)	15	-0.5
Gone to a small shop (e.g. local grocery stores, small high street shops)	16	-1
Used indoor sports and exercise facilities (e.g. indoor studios, gyms, courts, pools etc.)	17	-1
Used outdoor sports and exercise facilities (e.g. outdoor pitches, courts, pools etc.)	18	-0.5
Visited entertainment venues (e.g. cinema, galleries, theatres, casinos)	19	-1
Visited an outdoor space (e.g. park, garden, countryside)	20	-0.5
Visited a foreign country	21	-2
Stayed in holiday accommodation in the UK (e.g. hotel, B&B, Airbnb)	22	-1
Visited a hairdresser, barber or beauty salon	23	-0.5
Visited the household of someone you are romantically involved with	24	-0.5
None of the above	99	2

Evaluation

CP3: To what extent do you agree or disagree with each of these statements to do with official guidance about COVID-19?

We selected answer options 2,4,5 and 7 for the dimension and the scores were summed.

There is a difference between what government and scientists are saying	2
I have felt that the official guidance changes too often	4
I don't know whether the official guidance is correct	5
The official guidance is too open to interpretation	7

Cluster Analysis

Once the dimensions were decided, we standardised the score for each variable (Value – Mean/ Standard Deviation). Hence creating the Z-score.

Using the respondent level Factor analysis scores, and dimension Z-scores we ran a K-Means clustering analysis. This analysis works by looking at respondent individually and looking at all of their scores. The analysis identified which group they sit with based on this. We pre-determine how many solutions we would like to run. In this case we ran the cluster analysis for between 4 and 7 factor solutions.

When interpreting the cluster solution we look at how well it explains the variables. We are looking for alignment that makes sense in terms of matching the statements as well as how well rounded the description is. We felt that the 6 solution offered the best description, included all dimensions and factors as well as told as story that made sense.

	1	2	3	4	5	6
	Individualist risk-takers	Non-information-seeking sceptics	Information-seeking rule-followers	Complacently confident	Information-seeking critics	Experientially risk-averse
Unweighted base	387	614	632	592	509	381
Factor 1: COVID egalitarianism	0.17726	-1.00185	0.35567	-0.23580	0.56250	0.45941
Factor 2: COVID individualism	0.61013	-0.00924	-0.39512	0.67780	-0.58400	-0.22238
Factor 3: Sociability	0.74355	0.08911	-0.14655	-0.25056	0.14825	-0.46450
Factor 4: Hierarchy	0.07149	-0.46435	-0.29690	0.30325	0.49796	0.03175
Factor 5: Risk-aversion	-0.08073	-0.49058	0.05869	0.22857	0.05107	0.35185
Factor 6: Fatalism	0.66686	0.22845	-0.76890	-0.25431	0.35124	0.15585
Factor 7: COVID fatalism	0.53575	-0.14802	0.57237	-0.18317	-0.76170	0.04713
Factor 8: Individualism	0.52907	-0.30584	-0.03629	0.08501	-0.07556	-0.01548
Confidence	0.22640	-0.87758	0.53271	0.35196	-0.38622	0.26973
Interest	0.32102	-0.79615	0.58758	-0.75048	0.49627	0.48539
Stay informed	-0.01132	-0.68981	0.59728	-0.48477	0.36342	0.40012
Learning	0.60807	-0.24544	0.31713	-0.73494	0.22685	0.09074
Comprehension	0.43681	-0.43639	0.77177	0.07015	-0.99998	0.20630
Experience with COVID	0.51948	0.04172	-0.13388	-0.44025	0.16737	0.08766
Proximity to COVID	0.15568	-0.04037	-0.33250	-0.43353	-0.21732	1.42243
Vulnerability	0.02570	0.06131	-0.19727	-0.36829	-0.17418	1.00725
Risk aversion	-1.02602	-0.14099	0.23732	0.09015	0.14950	0.53593
Evaluation	-0.38634	0.58055	0.83113	-0.29399	-0.89503	-0.26932

Profiling

Having settled on a solution with a high level of predictability, we can then begin to look at how other variables interplay with the clusters. This is done by creating indexing. Indexing is calculated as follows:

	1	2	3	4	5	6	Totals
Female	207	368	308	319	304	217	1,723
Male	178	239	324	273	203	163	1,380
Counts	385	607	632	592	507	380	3,103

	1	2	3	4	5	6
Index	12%	20%	20%	19%	16%	12%
Female	97	109	88	97	108	103
Male	104	89	115	104	90	96

If we are calculating the index for Females in cluster 1 (highlighted in orange) we take the number of females in cluster 1 (207) and divide it by the total number of females (1723) which equals 0.1201. We then take the total number of respondents in cluster 1 (385) and divide this by the total base (3103) which equals 0.1241. We then do $0.1201/0.1241$ and multiply by 100. This gives us 97.

By doing this, 100 becomes our midpoint. If a value is below 100 then it is under-indexing. A score is considered well below on indexing would be less than 80, whereas it is well above indexing if it is above 120 and these are highlighted in red and green respectively. However, just because something is not highlighted doesn't mean it is not relevant.

Appendix III: Relationship to COVID-19 tables

Table XXVII: Do you live with someone who is of high risk of severe illness from COVID-19 due to their health status or condition?

	Individualist risk-takers	Non-information-seeking sceptics	Information-seeking rule-followers	The complacently confident	Information-seeking critics	The experientially risk-averse	Total
Unweighted base	384	613	632	592	509	381	3,111
Yes	29%	19%	10%	4%	13%	82%	22%
No	69%	74%	88%	94%	83%	15%	74%
Don't know	3%	6%	2%	2%	4%	3%	3%

Table XXVIII: Have you personally had the coronavirus (i.e. COVID-19)?

	Individualist risk-takers	Non-information-seeking sceptics	Information-seeking rule-followers	The complacently confident	Information-seeking critics	The experientially risk-averse	Total
Unweighted base	384	613	632	592	509	381	3111
Yes, and I tested positive for coronavirus	5%	2%	<1%	<1%	1%	2%	1%
Yes, but I have not been tested	10%	6%	1%	3%	1%	1%	3%
Possibly, but I have not received my results from the test yet	9%	12%	<1%	1%	<1%	1%	4%
Possibly, but I have not been tested	12%	14%	8%	9%	15%	11%	11%
No, I have not	63%	63%	90%	87%	81%	85%	79%
Prefer not to say	1%	4%	<1%	1%	1%	1%	1%
SUM: Yes	14%	7%	1%	3%	2%	3%	5%
SUM: Possibly	21%	26%	8%	10%	15%	12%	15%

Table XXIX: How likely or not do you think it is that you will be infected with COVID-19 at some point in the future?

	Individualist risk-takers	Non-information-seeking sceptics	Information-seeking rule-followers	The complacently confident	Information-seeking critics	The experientially risk-averse	Total
Unweighted base	384	613	632	592	509	381	3111
SUM: Likely	65%	44%	32%	25%	55%	51%	43%
SUM: Unlikely	35%	56%	68%	75%	45%	49%	57%

Table XXX: Do you personally know one or more people who...

	Individualist risk-takers	Non-information-seeking sceptics	Information-seeking rule-followers	The complacently confident	Information-seeking critics	The experientially risk-averse	Total
Unweighted base	384	613	632	592	509	381	3111
Passed away from COVID-19	23%	13%	10%	5%	16%	20%	13%
Is/are seriously ill with COVID-19	12%	8%	1%	1%	2%	4%	4%
Still has/have symptoms of COVID-19	14%	9%	3%	1%	4%	5%	6%
Had COVID-19 but recovered	41%	22%	27%	15%	39%	30%	28%
None of the above	35%	55%	67%	80%	50%	55%	59%
Prefer not to say	1%	2%	1%	1%	1%	1%	1%

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