Witness Name: Professor
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Statement No: 1
Exhibits: SXR/01-SXR/197
Dated:27th September 2023
Ref: M2/SAGE/02/SXR

UK COVID-19 INQUIRY – MODULE 2

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Witness Statement of Professor Stephen Reicher

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I, **PROFESSOR STEPHEN REICHER**, will say as follows:

Behavioural Science

1. The term 'behavioural science' has always been controversial. It has been around since the start of the 20th century, it was brought into wide circulation by the Ford Foundation in the 1950s and recently has become dominant **[SXR/001 - INQ000273334]**. Sometimes it is used to give credibility to particular disciplines. So, for instance, Psychology becomes Psychological Science or Behavioural Science. Note, equally, the removal of the term 'science' can be used to demote disciplines, as when Sir Keith Joseph insisted on renaming the 'Social Science Research Council' as the 'Economic and Social Research Council' in the early 1980s **[SXR/002 - INQ000273401]** because he doubted the methods that were used by researchers and the credibility of findings.

2. At other times the term denotes a particular approach to data collection and data analysis. Behavioural Science denotes the use of laboratory experimentation, the collection of quantitative data and the application of

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statistical analyses. Because of the status associated with the term 'science' these are then privileged over other approaches: on the one hand the use of case studies, ethnographies, interviews etc.; on the other hand the use of qualitative data analyses.

3. Finally, 'behavioural science' has been associated with particular sub-disciplinary ways of explaining human behaviour, notably behavioural economics which has seen a precipitous growth in recent years and has been particularly effective in influencing Government [**SXR/003 - INQ000273394**].

4. In sum, the term 'behavioural science' is both unclear and highly politicised in the sense of defining the power and status of different disciplinary approaches to human behaviour. For these reasons I generally try to avoid the use of the term (although I don't always succeed!). I therefore define myself as a psychologist and more specifically a social psychologist – a discipline concerned with the social structuration of the psychological field. My work has to do more specifically with group processes: such phenomena as collective behaviour, social influence, leadership and so on. I consider that this is one dimension in the overall explanation of behaviour, that one cannot explain what people think, feel and do by psychology alone but we must ask how psychological processes operate in different social and historical contexts. And as well as arguing for disciplinary diversity, I also argue for methodological diversity. No one approach is better than others. We need to use different methods as a function of the different issues we address and questions we ask.

5. The significance of this is that, rather than speaking in terms of 'behavioural science' (a nebulous single entity), we do better by thinking in terms of the various sciences of human action. Each of these – political science, sociology, anthropology, psychology, economics – addresses a different level of explanation and we need to integrate these (rather than squabble over who explains more or better) in order to understand what people end up doing.

6. My understanding of the role of these sciences during the pandemic came down to the simple fact that, to limit the spread of COVID, we needed to change behaviour – and a fundamental behaviour at that. Human beings are

social creatures. We thrive on contact and separation is profoundly damaging to both our physical and mental health [**SXR/004 - INQ000273332**]. So how can we get people to avoid physical contact which transmits the virus? This was critical before vaccines were developed, but even once they were this did not render behavioural concerns obsolete. It simply introduced new ones – such as how does one persuade people to get vaccinated?

7. If there was one positive to come out of the pandemic it was that, in various advisory groups – especially as we got to know each-other and gained trust in each-other – we moved out of the old academic silos and abandoned our traditional academic hierarchies. Rather, medical scientists, modellers, public health experts, behavioural experts and others began to work together, each learning from and contributing to the others. As the medical scientists learnt more about transmission, they could tell us what behaviours needed to change to limit transmission and we could suggest ways of influencing those behaviours. It was highly productive, both intellectually and practically. Moreover, as a psychologist who, throughout my career, has been frustrated at the way that psychology is seen as relevant at the individual, level but not the systemic or policy level, it was highly rewarding to see an understanding develop that psychological considerations should be integral to policy decisions. My hope is that we will retain that understanding when it comes to other major issues that confront us – be that the climate crisis, immigration or whatever.

8. However, the flipside of relevance is accountability. If behaviour matters, then getting the behavioural analysis right (or wrong) also matters. Indeed, it can literally be a matter of life or death. My contention – which I have written about in various places [**SXR/005 - INQ000273366; SXR/006 - INQ000281416**] – is that by and large, the Government ignored its behavioural advisors and got the behavioural analysis wrong. This was not just a matter of a few errors of detail. It was about an error in their fundamental understanding of public psychology and how to influence it.

9. In broad terms, one can distinguish between two approaches to human behaviour, behaviour in a crisis and behaviour during the COVID pandemic in

particular. The one, which I have termed a 'fragile rationalist' approach, assumes that human understanding is inherently flawed. We have problems with dealing with complexity, probability and uncertainty. Our reasoning is beset by bias. All of these problems are exacerbated in a crisis and therefore the public become part of the problem. Moreover, insofar as the public lack reason, they cannot be reasoned with or trusted to act reasonably. One can only seek to shape behaviour by shaping the environment (the 'choice architecture') such that desirable behaviours become the least costly behaviours and therefore people do the right thing without realising what they are doing.

10. This approach, colloquially known as 'nudge' has had considerable influence within the UK Government over the last decade [**SXR/007 - INQ000273404**]. It was reflected in many things the Government did as part of its response. These include the initial delay in responding to growing levels of infection due to fears of 'behavioural fatigue'; the messaging and the use of punishments in relation to non-compliance with rules and regulations; the response to 'vaccine hesitancy' and the debate over 'vaccine passports' (all of which I will deal with elsewhere in my statement). It was also reflected in many things the Government did not do. These include failure to provide support for self-isolation (for fear that people would abuse the system [**SXR/008 - INQ000273342**]) and failure to engage systematically with different communities around issues such as vaccination [**SXR/009 - INQ000273405**].

11. The other approach, which I term 'collective resilience', replaces an emphasis on the deficiencies of individuals with a focus on social relationships between individuals. Thus, particularly in a crisis, people facing a common threat develop a sense of shared identity (a sense of 'we-ness'). This leads to mutual trust, concern and support which, in turn improves coping. Resilience, then, is a quality that develops between people, not something that resides in (some) people [**SXR/010 - INQ000273351**; **SXR/011 - INQ000213959**; **SXR/012 - INQ000281425**].

12. By the same token, however, trust, concern and support are contingent on seeing others as part of the same group as oneself. In particular, willingness

to listen to authorities, to trust what they say and that what they ask of us is designed for our collective good (and hence our willingness to adhere to the rules and regulations they impose) depends upon us seeing those authorities as being of us and acting for us **[SXR/013 - INQ000273410; SXR/014 - INQ000273375]**. An effective pandemic response therefore depends upon building positive relationships between the public and government, on engaging with people, listening to them, supporting them and respecting them **[SXR/015 - INQ000267975; SXR/016 - INQ000000000]**.

13. This general approach, with an emphasis on building a sense of shared identity, on creating positive relationships with the public and of working with the public ran through the documents produced by SPI-B **[SXR/017 - INQ000273327; SXR/018 - INQ000267970]**. Sadly, however, these principles were generally ignored by Government while interventions rooted in a 'fragile rationalist' approach prevailed. What makes this all then more concerning is that the two approaches are opposed not just conceptually but practically. That is, as I will show in my response to subsequent questions, the notion that the public are untrustworthy leads Government to treat people in ways that undermine trust and hence adherence. In this way the assumption that people are a problem in a crisis became a self-fulfilling prophecy.

Scientific methods applied to understand, predict and influence behaviour

14. All the questions asked here are enormous. A google search using the terms 'COVID behaviour' elicits some two million hits and hence a systematic analysis of methods used during the pandemic will take years to complete. What is more, to ask about the methods that were used in behavioural science depends upon one's definition of behavioural science. As I outlined in response to Q.1, if you define behavioural science in terms of particular methods (laboratory experimentation, quantitative data, statistical analysis) then that, of course, makes the question of what methods were used a matter of tautology.

15. If you are asking a somewhat different question – what were the methods used in studies considered by SPI-B – then it is somewhat easier to answer (and note, SPI-B itself did not do research, although members of SPI-B did so

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in an individual capacity – I myself was involved in a UKRI funded project looking at group processes in the COVID response **[SXR/019 - INQ000273357]**). In short, SPI-B was open to multiple methods. The key question for us was not to fetishize any particular method as good or bad in itself. It was rather when the method was appropriate in an of itself. If you want to discover the factors that impact a given behaviour or to explore how and why a given factor impacts behaviour, then more intensive and exploratory methods (such as interviews and ethnographies) make sense. If you want to determine relationships between predefined variables and to establish causality, then experimentation is necessary.

16. Kurt Danziger has written powerfully of the dangers inherent in viewing some methods as inherently more scientific than others, which he terms 'methodolatry'**[SXR/020 - INQ000267968]**. In this sense SPI-B was 'against 'methodolatry'. Rather we judged the scientific value of any given study on whether it used methods and provided data which was adequate to answer the questions that it posed.

Use of data and the impact of limited data

17. Similar considerations apply to data as they do to method. There has, for instance, been a tendency to polarise not only between qualitative and quantitative research but also to quantitative and qualitative researchers **[SXR/021 - INQ000273386]**. Moreover, this is often accompanied by an implicit hierarchy whereby numbers are treated as better. Again, there was little of this view on show in SPI-B. By contrast, there was an appreciation that coherence was the key criterion – here a coherence between the type of question one was asking and the type of data necessary to address it. If one is asking a quantitative question ('how much', 'more than' types of question) then one needs quantitative data to address them. However, if one is asking qualitative questions ('what sort of' types of question) then qualitative data is necessary. Certainly, I have no recollection of studies being dismissed as irrelevant or as unscientific purely because they were qualitative or quantitative.

18. By contrast, there was considerable concern over the question of whether the data used in behavioural studies supported the claims made of it [**SXR/022 - INQ000273335**]. In particular there was much debate about the use of self-report as opposed to actual behavioural data. In other words, do people do what they say they will do, especially where there are strong social desirability processes at play. People may be inclined to over-estimate their adherence to mask-wearing, distancing, self-isolating etc.. There were relatively few studies using actual behaviour, although the use of big-data (e.g. aggregate GPS data [**SXR/023 - INQ000273395**]) and innovative technologies (e.g. virtual reality simulation studies [**SXR/024 - INQ000273387**]) went some way towards improving the situation.

19. The question of how to advise in contexts of limited data – something that was inevitable insofar as we were dealing with a new virus, learning new things its effects, who it affected and why, and how it spread – raises different issues. First, it is helpful to draw a distinction between descriptive and analytic research: the former mapping out a particular phenomenon (e.g. how much are people leaving their homes; whether particular types of people are more likely to be leaving their homes), the latter seeking to draw general relationships between variables that hold across different contexts (e.g. do perceptions of risk impact mobility behaviours such as leaving one's home).

20. Another way of thinking about this difference is that the former says 'because we found this in our research, this is what people will do in similar situations' whereas the latter says "because we found this relationship between variables, this is how people will behave similarly and differently in different contexts as a function of how these impact on the critical variables. To be more concrete, descriptive research might find high levels of solidarity and mutual support in a previous pandemic and use that to suggest that we will find solidarity in this pandemic (or else lead us to say 'we don't have any information on solidarity and so can't say anything about this pandemic'). Analytic research (such as the work on social identity processes and solidarity in crises) would allow us to say that solidarity depends upon the emergence and maintenance of shared identity and hence whether we get solidarity or

not under COVID depends upon whether we build shared identity in the population.

21. Or else, to draw on the example used in the question, we obviously lacked descriptive data on how people would behave in mass gatherings during COVID prior to re-opening such gatherings. However, we have ample analytic research on behaviour in mass gatherings [**SXR/025 - INQ000273350**] and on distancing behaviour in particular [**SXR/026 - INQ000267967**]. This shows that people tend to stand closer, prefer greater densities and take greater risks when others are ingroup members (e.g. fellow fans at a football match). What is more, particular groups have strong norms (such as football fans who hug each other when their team scores a goal) [**SXR/027 - INQ000273379**]. These have clear implications for understanding the different dangers at different types of mass gatherings which could be – and in indeed was – built into the advisory papers from SPI-B [**SXR/028 - INQ000273391**] and the more general advice given by researchers [**SXR/029 - INQ000273369**].

22. My experience is that, in the past, Government tended to prioritise descriptive over analytic data. For instance, I remember about a decade ago being in a group advising on public behaviour in the aftermath of a terrorist attack – and, more specifically, a 'dirty bomb' which took out Westminster. The issue was whether the public should be informed of the possibility in advance. The policy makers asked if such information would lead people to 'panic'. We researchers were unanimous – drawing on a range of analytic research – in arguing that (a) fears of 'panic' are overblown; (b) telling people about risks does not lead to dysfunctional responses as long as one also explain clearly how to mitigate against those risks; (c) on the whole, it is lack of information rather than the provision of information that leads people to die in crises (all messages that are highly relevant in the COVID pandemic). However, the policy makers did not consider this pertinent.. 'Yes, but do you have specific studies of how people respond to information about a dirty bomb', they asked.

23. One of the great advantages of psychological research is its emphasis on process and hence it's applicability in novel situations where descriptive studies are not yet available. Hitherto, that was not seen as a strength –

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sometimes as a weakness. In the COVID pandemic, that shifted somewhat. My fear, however, is that those lessons will be soon forgotten.

Building of models and theories

24. It is a misunderstanding to suggest that SPI-B as a body (as opposed to the individuals participating in SPI-B) was involved in the building of models and theories. Rather, we drew on existing models and theories in order to predict, understand and intervene in the shaping of behaviour during the pandemic. It is no coincidence that some of the most influential papers on behaviours during COVID to come out of SPI-B **[SXR/018 - INQ000267970]** and more generally **[SXR/012 - INQ000281425]** refer in their titles to 'harnessing' and 'using' existing theory.

25. Of course, in the application of theory, we also were able to test and develop these ideas. For instance, to draw an example from my own work, we were able to integrate insights from social identity theory and risk analysis to show that it was collective risk (i.e. risk to group members as a whole) rather than individual risk (i.e. risk to one's own person) which drove adherence to COVID mitigations **[SXR/024 - INQ000273387]**.

26. Equally, given the wide range of expertise involved in SPI-B (which was far more extensive than that of any single individual in the group), discussions amongst the group as a whole often led to novel connections and integrations that drove forward our collective understanding. Speaking from my own perspective, I found the integration of the social identity tradition in social psychology **[SXR/026 - INQ000267967]** with the COM-B model of public health behaviour change **[SXR/030 - INQ000273326]** particularly fruitful.

27. The latter shows that behaviour is not explicable simply in terms of psychological motivations but also depends upon capabilities and opportunities available to individuals. Thus, if people don't fully distance from others when going out it may be more due to lack of available space than misunderstanding or unwillingness to heed the rules. Correspondingly, the response may be to provide more space rather than hector the individuals involved.

28. The former is concerned with the collective dynamics of behaviour and of motivation in particular. If people don't obey distancing regulations, it may be because they are alienated from and don't trust those setting the regulations rather than that they lack the ability to understand the advice or the resilience to follow it.. Moreover, that alienation may be increased if people are told to do things that are not practically possible and then abused or even punished for failing to comply **[SXR/014 - INQ000273375]**. By contrast, if Government does show an understanding of people's circumstances and provide support to overcome barriers to adherence, then it shows they are on 'our' side and increases motivation as well as capability/opportunity to adhere.

29. There is one further point of critical importance here. That is the role of scientists in general – and of psychologists in particular, is not just to explain how their disciplines are relevant to the explanation of phenomena (behaviour in this instance) but also to be clear when their disciplines are not relevant. This was a point that was explicitly discussed and stressed in SPI-B meetings. In particular, as I have just argued, there were times when we argued that behaviours – such as breaking stay-at-home regulations or failing to self-isolate when ill – were not due to lack of motivation but to the inability of people (and certain marginalised or vulnerable groups in particular) to stay home and put food on the table. Accordingly, improving adherence depended on improving the provision of resources. Here the role of psychologists such as myself was to point out that psychologising the problem got in the way of providing solutions

Development and implementation of behavioural interventions

30. One of the most fraught issues in the advisory process concerned the line between scientific advice and policy. For some, this was an absolute divide with advisors talking about science and leaving policy issues – both in terms of developing policy and commenting on policy – to others. As a consequence of this, there was a definite discouragement from either talking about or working on the ways in which scientific insights should be put into practice. This was not absolute of course. Following the shift in Government advice from 'stay at home' to 'stay alert' at the beginning of May 2020 **[SXR/031 -**

INQ000273353], there was widespread dismay in SPI-B that this violated some of the basic communication principles we had advised on [**SXR/032 - INQ000273388**] – most obviously people have to know what to do with the advice in practical terms and how does one 'stay alert' to a virus one cannot sense? At our next meeting Sir Patrick Vallance advised that it was legitimate to comment on the issues in terms of drawing positive lessons for the future. The irony was that our commentary on how we had been ignored by the decision makers (and at what cost) was also largely ignored.

31. The problem with divorcing scientific from policy advice is that it is a scientific issue as to how, effectively, to translate science into practice. There is a whole discipline devoted to it – Implementation Science – with its own journals [**SXR/033 - INQ000273362**] and conferences [**SXR/034 - INQ000273331; SXR/035 - INQ000273361**] . Hence it is part of scientific advice to address what needs to be done in order to action the insights provided by other scientific research. What is more, in the application of scientific principles, the devil is generally in the details. So simply to enunciate general principles without working with practitioners to create actual interventions, is inadequate.

32. To take a concrete example, one of the core principles advocated by SPI-B on its paper relating to the messaging regarding distancing [**SXR/017-INQ000273327**] was to use 'this is who we are' messaging – that is, draw on core group norms, values and beliefs. This doesn't get you very far unless you are clear about what groups to use, what are core norms etc. and what sort of language conveys this more effectively. In other words, it is little use handing over the SPI-B paper to comms people or an advertising agency and saying 'get on with it'. There is a need to embed the scientists with the 'creatives' so each can learn from the other. Sadly, this rarely if ever happened, despite the fact that we repeatedly suggested it. This can and should be improved for the future.

33. Having said this, while it is important for scientists to advise on policy and implementation, I am certainly not saying that scientists should decide policy. Besides the scientific considerations there may be others. There may be multiple impacts of a particular intervention and while science can help

elucidate what those are, it is a matter of values and politics to balance these against each-other. So it is entirely legitimate for Government to reject scientific advice on the basis of other considerations. But when it does so, it also needs to be transparent about the bases for its decision rather than simply ignoring or undermining the scientific analysis. I address this point in more detail below.

Intervention strategies and policy options (descriptions thereof and key determinants of an effective behavioural response)

34. This is another exceptionally general question – or rather three questions, each of which merits a book length response to do it justice. So I am only able to sketch out some very general points – and, given my area of expertise, I will concentrate a little more on the issue of a behavioural response than on the issues surrounding intervention strategy and policy options.

Intervention strategy and policy response

35. My main concern about the former was just how confused the debate was – sometimes, it seemed, deliberately so. Let me point to two of the most egregious sets of confusions. The first concerned the debate about how much we should rely on 'lockdowns' with some advocating more reliance and some advocating less, some promoting the 'Swedish model' **[SXR/036 - INQ000267965]** or else promoting the 'Great Barrington Declaration' and its strategy of 'focussed protection' **[SXR/037 - INQ000273356]** (in other words, isolating the vulnerable and letting infection spread through the rest of the population) and others, certainly the majority of the scientific community, promoting some degree of infection suppression amongst the populations as a whole.

36. This debate tended to be conducted as a binary – either 'lockdown' or 'no lockdown', whereas in practice no-one implemented either of these extremes (and, in the case of Sweden there were many more restrictions, including school closures, than advocates of the 'Swedish model' generally acknowledged **[SXR/038 - INQ000273411]**.

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37. What is more, the meaning of key terms such as 'lockdown' was unclear. How much restriction, and what forms of restriction, are necessary for the measures to constitute a 'lockdown'? Overall, the usage of 'lockdown' was more rhetorical than analytic. It served to confuse rather than to clarify. Thus, the term served to denote that a policy was punitive and restrictive. It allowed Government to represent the removal of COVID measures as a removal of restrictions and a restoration of 'freedom' even when some of those measures were designed to support people and make it more possible for them (especially if they were vulnerable) to participate fully in society (see also my response to Q.16 below) **[SXR/039 - INQ000273346]**. Indeed, it is precisely because of those connotations that SPI-B advised early on against use of 'lockdown' to denote local measures in Leicester and elsewhere **[SXR/040 - INQ000273390]**.

38. More fully, the point discussed in SPI-B was that higher COVID infection levels are due to greater exposure to the virus and that is greater amongst poorer and more vulnerable groups who live and work in crowded spaces, who are more likely to have public facing jobs and use public transport. The issue, then, is how to address these circumstances and while this might involve some restriction to bring infection levels down, it also requires support both to address those restrictions and their circumstances. The term lockdown gets in the way of such a debate by foregrounding restriction to the exclusion of support when the latter is critical. Indeed, when Northern mayors objected to local measures in their areas, they were no objecting to the need for restrictions but to the lack of support for people, businesses and local authorities to cope with these **[SXR/041 - INQ000273341]**.

39. A further problem with the use of 'lockdown' was that it was portrayed as a preferred strategy for dealing with the pandemic. But the imposition of population restrictions is always the result of the failure to use more targeted means to deal with the spread of infection. Ideally, with good preparation, safe environments and protective equipment, rapid testing and contact tracing, it is possible to have a targeted approach which specifically isolates those who are infected and their contacts and which places minor restrictions on the rest of the population. But if one fails to do this numbers rise and

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outstrip the ability of these targeted systems to cope, you no longer know who is infected and so it becomes necessary to impose more restrictions on everybody. And the longer you leave doing that, the more draconian and the longer lasting those restrictions become. That is why, to quote New Zealand Prime Minister Jacinda Ardern, the key thing is to 'go hard and go early' **[SXR/042 - INQ000273355]**. Her words are supported by evidence that shows that those countries which acted in this way performed better not only in terms of health but also in terms of the economy and civil liberties **[SXR/043 - INQ000273396]**. If there is one lesson about strategy, then , it is that dither and delay are the very worst options.

40. A final problem about the discussion of 'lockdown' was that it was portrayed as sufficient means for dealing with the pandemic. However, if blanket restrictions on mobility may bring down infections in the short term, if nothing else changes in the interim, rates will simply rise again when restrictions are lifted. The period of restriction, then, only makes sense as a device to buy time and do something else. That can be developing vaccines (which was done), improving the track and trace system and support for isolation, making environments safer (all of which were not). For instance, although calls were made to make the school environments safer in the lockdown period **[SXR/044 - INQ000230014]** (by improving ventilation, hiring more teachers, hiring more spaces so classes could be better distanced and so on) little or nothing was done.

41. The other set of confusions that I will deal with here have to do with the core construct of 'social distancing'. The introduction of this term early on in the pandemic was deeply unfortunate. For, while we indeed needed to keep people *physically* apart in order to limit spread of the virus and the harms that caused, we needed to keep people socially connected given the many harms that follow from social isolation. As we put it in a book we wrote early on in the pandemic, the key challenge was how to keep people 'together apart' **[SXR/012 - INQ000281425]**.

42. By conflating these two very different things in the term 'social distancing' it was assumed that measures to keep people far enough away from each-other

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spatially meant that there would also be social disconnection. As a consequence, we never had an open and informed debate about how to maintain connectedness. Moreover, as we consider the future and what we have learnt from the pandemic, we still ignore the core issue of connectedness and how to develop a 'joined up' policy to address it which considers a host of issues from public transport to digital connectedness.

An effective behavioural response

43. I have already touched upon this issue in my answer to Q1. There, I contrasted two different approaches to the psychology of COVID. One, I termed the 'fragile rationalist' approach. This considers that individuals lack the cognitive and moral capabilities to deal with a crisis such as COVID. The other I termed a 'collective resilience' approach. This suggests, the more people that come together as a community - and moreover see governmental and other authorities as being part of that community –the more they will be motivated to adhere to what the authorities ask of them and support each-other in doing so. Furthermore, I argued that the two approaches are opposed not only in theory but also in practice. That is, the notion that people are inherently unreasonable and untrustworthy leads government to act in ways that lose the trust of the population, alienate them from the population and undermine the COVID response. While most attention has been paid to the logistical and medical failings of Government during the pandemic (lack of PPE, an inadequate track and trace system and so on), my argument is that the behavioural failings were just as serious and more systematic. The UK Government started from the premise that the public are part of the problem in a crisis. By doing so they failed to see that the public are potentially one's greatest resource in a crisis and they squandered that resource.

44. Having said that, not all authorities took such an approach and I would point to the policing of the pandemic as providing some important positive lessons. This is not to say that the policing was flawless. In particular there was strong evidence of racial bias, with research commissioned by the National Police Chief's Council showing that black people were some three times as likely as white people to be fined for COVID rule violations (and in some areas, such

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as Cumbria, over eight times more likely) [**SXR/045 - INQ000273338**]. Nonetheless, overall, the use of fines and other punishments for rule violations was much lower in the UK than other countries like France. Thus, in the first two weeks of restrictions in 2020, the French police had issued 359,000 fines compared to less than 10,000 in first month of restrictions in the UK [**SXR/014 - INQ000273375**].

45. Indeed, the College of Policing issued guidance to the UK police which was based on principles of 'procedural justice': that is, how should authorities treat the public in order to gain legitimacy, trust, respect and hence influence [**SXR/046 - INQ000273370**]? The answer is rooted in the simple notion that all of these things flow from seeing police officers as being of the community and as serving the community. To put it more informally, police officers need to be seen as 'one of us'. And, If you want to be seen as 'one of us' don't treat the public as other. Show them respect. Engage with people, listen to them and heed what they say. The College of Policing guidance summed this up neatly in what has come to be known as the '4Es': engage, explain, encourage, and only as a last resort, enforce [**SXR/047 - INQ000273358**]. It is arguable that this approach, even though it may have some downsides [**SXR/048 - INQ000273354**], played a part in ensuring that discontent with COVID regulation did not spill over into public disorder [**SXR/015 - INQ000273375**].

46. What is critical to the 4Es model is less the detail than the general approach. It starts from the perspective that, even if people are breaking the rules, they are not inherently of ill-will but rather can be engaged with, reasoned with and persuaded to 'do the right thing'. Rather than treat the public as a problem, it treats them as a potential partner in dealing with the pandemic. And, insofar as partnership is rooted in reciprocity, it recognises that you cannot expect trust and respect from people unless you extend trust and respect to them.

47. Starting from this approach, it is possible to craft a number of general principles which need to be at the core of any effective behavioural strategy to deal with COVID (and future crises):

- **Partnership**: The public should be regarded as a partner in dealing with a crisis, not as part of the crisis itself. This needs to be partnership

of equals based on reciprocity in which there needs to be mutual respect and trust.

- **Co-Production**: Accordingly, solutions to the crisis must be co-produced with the public, not imposed upon them. Co-production should be a foundational principle at all levels whether it be in terms of policy, practice or communications [**SXR/049 - INQ000273376**].

- **Scaffolding**: These solutions are not simply a matter of Government helping the public, but of Government helping the public to help themselves. For instance mutual aid groups played a vital part in providing services to those in need and were able to perform functions that went beyond what could be provided by the state. Hence, Government should be prepared to support such groups with advice, expertise and resources [**SXR/050 - INQ000273352**].

- **Dialogue**: The reciprocity of a genuine partnership relationship depended on open two-way dialogue. On the one hand, Government must be fully transparent about the challenges faced in a crisis, about their decisions and decision-making process [**SXR/051 - INQ000273365**]. On the other hand, there need to be mechanisms whereby all sections of the community (particularly those most marginalised who characteristically lack voice) are able to communicate their challenges and concerns to Government in a timely manner [**SXR/052 - INQ000273340**].

- **Facilitation**: It is critical that any demands made of the public are matched by the support necessary for all sections of the public to meet those demands [**SXR/053 - INQ000273392**]. This in turn depends upon the process of dialogue outlined above through which barriers to adherence can be identified and addressed. Such facilitation not only enables people to adhere, it also shows that Government is aware of and concerned about the realities of peoples everyday lives and hence helps build positive social relationships and trust.

- **Collectivity**: The psychological basis for both the motivation and the resilience necessary to adhere to COVID measures is a sense of collectivity [**SXR/054 - INQ000273393; SXR/011 - INQ000213959**]. Consequently, it is critical that Government acts to develop and

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maintain such shared social identity amongst the public, both practically (by ensuring that everyone has the means to abide by regulations), rhetorically (by stressing social as well as personal responsibility, and the need to act in ways that protect the most vulnerable in our communities) and in its own actions (by observing the rules it requires others to abide by).To put it slightly differently, the behavioural response to COVID will only be successful if it is constituted as a 'we' thing.

The role of public trust in behavioural science and the evolution of public trust in the UK government throughout the COVID pandemic

48. As should be clear from my answers to questions 1 and 3, the extent to which issues of trust are foregrounded differs between different models of human behaviour. Behavioural economic approaches which have predominated in the influence on the UK Government in recent years pay little attention to trust and to social relationships more generally. By contrast, other approaches (notably the 'collective resilience' model I have sketched out) sees social relationships, and trust in particular, as absolutely critical. Whether we trust a source and will be influenced by it depends upon whether we see it as being ingroup (i.e. coming from 'one of us') or outgroup (coming from 'one of them') **[SXR/055 - INQ000309429 SXR/056 - INQ000281427]**.

49. Correspondingly, whether we believe and respond to a piece of information depends upon our social relationship to the source of that information and whether it is ingroup or outgroup. It follows that building an ingroup relationship with the public is critical to building trust which in turn is critical to influence and the ability to govern effectively.

50. There is ample evidence that trust in authority is relevant to adherence both from previous pandemics **[SXR/057 - INQ000273348; SXR/058 - INQ000300279 SXR/059 - INQ000281417]** and from the COVID pandemic **[SXR/060 - INQ000273333; SXR/061 - INQ000281418]**. However, it is important to avoid over-simplifying the relationship. To start with, there is evidence of circumstances in which people can adhere to COVID regulations

despite or even because of lack of trust in Government. That is, in conditions where people take the pandemic seriously and distrust the Government for not taking it seriously enough, they may adhere more to express their disapproval of the authorities. This occurred in the UK when some of those most angry at the 'Cummings affair' (which I shall come to shortly) increased their observation of COVID regulations [**SXR/062 - INQ000273384**].

51. Next, trust in Government may have more impact on some forms of adherence than others. Specifically, trust is more important where the behaviour involves direct involvement with governmental authority (say giving the names of one's contacts to the track and trace system) than where it does not (say keeping two metres distant from others) [**SXR/063 - INQ000281420**]. Third, trust in other authorities- notably trust in scientists - may be more consequential for adherence than trust in Government [**SXR/064 - INQ000273409; SXR/065 - INQ000281421**]. This is, perhaps, not surprising. As I have already intimated, one can still observe COVID regulations despite lack of trust in government as long as one believes that there is a need to act in order to protect oneself and others from COVID. However, if one does not trust scientists when they tell you that the pandemic is real and serious, then there is no need to do anything.

52. The bottom line, then, is that trust in Government does matter to public behaviour in a pandemic. It is not the only determinant of adherence nor is it the only aspect of trust that matters. Certainly, though, one does not want a government, in the midst of the greatest crisis of a generation, to do anything that undermines its ability to govern. Loss of trust does that and, to shift now to the second part of the question, the UK government did undoubtedly lose the trust of the public during the COVID pandemic. Initial high levels of trust fell from May 2020 and never recovered and loss of trust was particularly high amongst those who initially supported the government (Conservative voters) [**SXR/066 - INQ000273380**].

53. The obvious factor leading to the initial decline in May 2020 was the aforementioned 'Cummings affair' in which the senior government advisor broke existing rules about travel from home. Shortly after this became public

there was a sharp decline in trust (linked to a sense of 'one rule for us, another rule for them) in the UK government – but not in trust in other administrations (Welsh, Scottish, Northern Irish) or in other forms of authority (e.g. medical authority) **[SXR/067 - INQ000273406]**.

54. This sense of 'us' and 'them' was exacerbated by the ongoing 'partygate' revelations about the governments holding social gatherings even as basic forms of socialising were prohibited to the public. It was this contrast that caused most outrage (for instance, the prohibition on seeing or hugging dying relatives at the same time as the parties were going on **[SXR/068 - INQ000273345]**) and which sustained low levels of trust **[SXR/066 - INQ000273380]**.

55. However, there is a danger that, in concentrating on the spectacular, we forget or underplay the impact of the many mundane ways in which the UK government acted that played a role in undermining trust. These include blaming the public for the spread of infection; using fines and other punishments to deal with rule-breaking; failures to engage with the public, to identify and allay their concerns **[SXR/069 - INQ000273363]**. Such practices are at odds with what is necessary to establish trust between the public authority **[SXR/015 - INQ000267975]** and, arguably also decrease the trust of members of the public in each other **[SXR/070 - INQ000273372]** (and hence their mutual support and resilience).

56. So, while the various violations of rules by the government itself are important, the larger point – which I have stressed throughout this section – is that a government which distrusts the public and which treats the public in ways that convey such distrust, cannot expect trust from the public in return. And a government that views the public psyche as inherently deficient cannot be expected to trust the public.

SAGE and its subgroups

The relationship between SPI-B and SAGE and between SPI-B and other SAGE subgroups

57. The relationship between SAGE and SPI-B is defined in the SPI-B terms of reference **[SXR/071 - INQ000273329]**. Like that of SAGE with its other subgroups, it was a structure of a hub and spokes. So, while we had a direct relationship with SAGE we had no such relationship with the other SAGE subgroups. As participants in SPI-B we only learnt of their work indirectly through reports about SAGE meetings. Our relationship with SAGE itself was hierarchical. We were largely reactive to questions and commissions put to us. We responded to an agenda set by others. Indeed ,this is explicit in the description of SPI-B provided on the SAGE website: "SPI-B provides advice aimed at anticipating and helping people adhere to interventions that are recommended by medical or epidemiological experts". That definition severely limits the ability of SPI-B to raise other behavioural issues and put them on the agenda **[SXR/072 - INQ000273368]**.

58. Having said that, a substantial number of members of SPI-B participated in SAGE, including its co-chairs. The larger problem in how behavioural science was taken into account in the COVID response lay beyond SAGE and its sub-structures. That is, there was little involvement of people with direct expertise in human behaviour when it came to interactions with those in government who made the decisions. While there is a Chief Scientific Advisor (Sir Patrick Vallance) and a Chief Medical Officer (Sir Chris Whitty) there is no comparable person to represent the sciences of behaviour even if behaviour was often more critical to key decisions than anything else.

59. The consequences of this can be seen from the use of the notion of 'behavioural fatigue' which contributed to the delay in introducing measures against COVID spread in March 2020. It has been estimated that this delay was highly consequential in terms of the size of the first wave of COVID. Had measures been taken a week earlier some 30,000 lives could have been saved, two weeks earlier and the number could have been over 40,000 **[SXR/073 - INQ000273381]**. So where did the notion of 'behavioural fatigue' come from?

60. The answer is that we don't really know. We certainly know where it didn't come from. It didn't come from the those who study human behaviour, 681 of

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whom signed an open letter to government rejecting the concept [**SXR/074 - INQ000214043**]. It didn't come from SPI-B, two of whose members described behavioural fatigue as "an-ill-defined term that had no basis in behavioural science" [**SXR/075 - INQ000273337**]. Some argue that it came from the Behavioural Insights Team and, more specifically, from David Halpern [**SXR/076 - INQ000273374; SXR/077 - INQ000281261**], although Halpern and his colleagues strongly refute this [**SXR/078 - INQ000273336**] (and I was personally contacted by them to insist that they were not the source). Others suggest that it was a 'common sense' assumption by Sir Chris Whitty (who first articulated the idea in public on March 9th 2020, saying "'There is a risk that if we go too early, people will understandably get fatigued and it will be difficult to sustain this over time.") and that the assumption was based on his experience of patients failing stay out the courses of medicines they had been prescribed [**SXR/079 - INQ000273385**].

61. A third possibility is that, although the BIT did not explicitly advance the notion of behavioural fatigue, their consistent advocacy of a model of human psychological frailty provided a context which gave credibility to this notion and allowed it to gain traction.

62. Whatever the case may be, it is clear that had people with the requisite knowledge of human behaviour in emergencies been in a position to make input directly (rather than their expertise being filtered through non-experts) we may have avoided a serious error. Whether it is a matter of having a 'Chief Behavioural Advisor' or some other mechanism, how to avoid similar such errors in the future is an important matter for consideration.

The relationship between SPI-B and the No. 10 Behavioural Insights Team

63. As can be seen from the list of participants in SPI-B [**SXR/072 - INQ000273368**], a number of members of the Behavioural Insights Team (BIT) participated in SPI-B: David Halpern, Hugo Harper and Mark Egan. My recollection is that Hugo Harper in particular regularly contributed to discussions. I do not recall David Halpern being present or making contributions, but I may be wrong on this.

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64. Otherwise, there may have been contact or coordination between SPI-B and the BIT but I was not aware of it as an ordinary participant. On a personal level, the only contact I had outside of SPI-B meetings was on the occasion that I was rung up to be told that BIT were not responsible for the notion of 'behavioural fatigue' (see above). Equally, I have no knowledge of the inputs (if any) that the BIT made to government during COVID.

65. This set up a clear asymmetry. Whereas BIT, having members participating in SPI-B, was in a position to know and comment on the advice we gave, SPI-B was in no position to do the same for any inputs BIT may have made to government.

Diversity, international perspectives and under-representation of ethnic minorities amongst SPI-B perspectives

66. In disciplinary terms, SPI-B was diverse. Indeed, early on, when SPI-B conducted discussions amongst all participants together, I found them to be some of the best and widest-ranging debates I have had in my entire career. I learnt a huge amount from brilliant individuals in public health, sociology, anthropology and many other disciplines. These have altered my thinking not only about COVID but more generally. It was a privilege to be involved.

67. For sure, in terms of disciplines, one can always point to some omissions and we can always do better. I think it would have been useful to have historians who could have provided lessons from previous pandemics. I think we should have had more involvement from mental health experts and indeed we added such expertise, as I recall, during the pandemic.

68. I do believe that we would have benefitted from more of an international perspective on the behavioural interventions that were used in other countries, their strengths and weaknesses. We had little systematic input of international perspectives (beyond awareness of academic papers using examples from other countries) or discussion with colleagues/behavioural advisory groups from other countries.

69. This raises a real question of exactly how international experiences could and should be collated and applied. Whereas bodies such as the and the ECDC do compile international evidence about medical responses, I am not aware of anything similar in terms of behaviour (though see my response to Q21 below). So this is an issue which does need to be addressed in the future.

70. In terms of ethnic minorities, I do not know the ethnicities of all the participants in SPI-B, but a quick and rough count of those listed as participants suggests that around 20% were members of ethnic minority groups. My recollection is that issues of inequalities - not just of ethnicity but associated with class, gender, disability etc. – were very much at the fore of SPI-B's thinking. Indeed the first conclusion of SPI-B's first paper (on self-isolation and household isolation) dated 9th March 2020 states that there is a need to consider the specific needs of different audiences – including 'vulnerable groups' **[SXR/080 - INQ000273325]**. In terms of our own membership, my recollection is that there was a discussion of the diversity of our participants and a decision to recruit more members from ethnic minorities. The SPI-B directorate will be able to provide concrete details.

SPI-B composition - disciplinary mix for context such as demography, geography, economics and sociology

71. I do not recognise this characterisation of SPI-B and indeed a look at the list of participants suggests it to be inaccurate **[SXR/072 - INQ000273368]**. First of all, there are three people who are clearly identifiable as social psychologists, myself, Professor John Drury and Professor Clifford Stott. That is less than 7% of the 44 participants who are listed. In addition, there are a number of people from other areas (e.g. people in public health, health policy and health psychology) who may adopt social psychological perspectives along with others in their work but they are certainly not primarily social psychologists.

72. Second, there were indeed participants from the disciplines that Professor Mills lists as absent – indeed she herself is a demographer. There were certainly sociologists and, as I have already pointed out, there were three members of the Behavioural Insights Team (equal to the number of social

psychologists) which primarily takes a behavioural economics approach. I would add that, if the mention of disciplines that take context into account and focussed on inequalities and stratification implies that the social psychologists did not, then this ignores the fact that all three social psychologists on SPI-B understand social psychology as a discipline which needs to analyse human action in context and all three of us focus on issues of groups, group inequalities and power imbalances between groups. Professor Mills is simply wrong, not only in her characterisation of SPI-B but also of social psychology.

73. Indeed, it is because social psychology, and the social psychological tradition of social identity research **[SXR/081 - INQ000281426]** which we come from, insists on the importance of groups and group relations in context, that many of the key issues we insisted upon (such as the need to create inclusive groups, draw on group norms, engage with communities and co-produce solutions with them) articulated with those raised by other SPI-B participants in other disciplines: sociology, anthropology etc.. A case in point is the SPI-B paper on harnessing behavioural science to impact social distancing, led by a sociologist (Chris Bonell) which was later adapted as an academic paper with him as first author **[SXR/017 - INQ000273327]**.

74. I think it may be the confusion of this interdisciplinary emphasis on the importance of social groups and social relations in determining COVID behaviour with a specifically social psychological emphasis which is the source of the mischaracterisation of SPI-B evident here.

The top-down nature of the advisory process in SPI-B and the possible alternatives

75. I have already partially addressed this issue in my response to Q.5. I quoted the description of SPI-B on the SAGE website as responding to issues of adherence to interventions recommended by medics and epidemiologists. In effect, SPI-B is a behavioural 'Alexa', reactive to questions posed by others.

76. This is set out more formally in the SPI-B terms of reference **[SXR/071 - INQ000273329]**. Under the section on 'governance, point 11 states that

"SPI-B operates under the SAGE advice structure": point 12 that "SPI-B will provide advice to SAGE, in the form of a consensus view, as and when requested by SAGE or the GCSA. SPI-B will also provide advice direct to other parts of government where advice needs are additional to that provided by existing departmental advice mechanisms, and where this is agreed by the SPI-B Secretariat and GCSA"; point 13 that: "Questions may be posed to the group by SAGE, Cabinet Office or by policy teams across government"; and point 14 that "Questions for consideration by SAGE will be prioritised by the GO-S Science Co-ordination Group".

77. All of these point to a top down process in which SPI-B exists to fulfil commissions set and prioritised by others. This is partly offset by point 15 which allows SPI-B a degree of proactivity: "Participants of SPI-B or SPI-B subgroups should consult the SPI-B chair(s) and Secretariat to suggest any additional issues or questions to be discussed, which can be prioritised accordingly". Even here, however, it is not SPI-B itself which determines whether their own questions deserve to be prioritised. And, in practice, it was very rare for SPI-B to put its own issues on the agenda.

78. The one clear example of this that I recall occurred after the Prime Minister, Boris Johnson, announced a shift in the government's core message from 'stay at home' to 'stay alert' [**SXR/082 - INQ000273382**]. This shift violated one of the core messaging principles that SPI-B had repeatedly stressed in previous papers. That is, messages must be clear about exactly what people should do. Thus, a paper of 22nd March 2020 emphasised (in the original bold) that: "**Guidance needs to be behaviourally specific and structured: who needs to do what (precisely), where (e.g. in what rooms) and why (explain the rationale)**" [**SXR/083 - INQ000273330**] . In another paper of 20th April, it was stated: "Guidance should be reformulated to be behaviourally specific: who needs to do what (precisely) and why (explain the rationale) and communicated through channels that provide personalised advice and account for individual circumstances" [**SXR/084 - INQ000273389**]. The problem was that, as YouGov polling showed, whereas 91% of people understood what 'stay at home' meant in practice, only 30% were clear about what 'stay alert' means [**SXR/085 - INQ000273367**].

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79. The announcement was on May 10th 2020 and, at the SPI-B meeting the following day, there was considerable dismay and a tangible sense of 'what's the point' when our advice was so clearly ignored and such basic errors made with the messaging. Sir Patrick Vallance made a rare appearance at SPI-B. In response to strongly voiced concerns, he suggested that we could provide advice on messaging that was more about providing positive lessons for the future ('be specific'!) than focus on criticisms of the past. This was done and the unpublished note of the meeting states "Comms cell to work with SPI-B participants to draft a note outlining how and why behavioural science principles should be used to inform public communication strategies, and ways to improve government communications at key messaging junctures."

80. I am not sure who was involved in drafting this note nor what happened to the note. There was a subsequent SPI-B paper dated 3rd June about messaging which was very explicit about the need for clarity and precision. The first 'key message' at the top of the paper was "For each phase of the UK's Covid-19 response, messaging needs to tell people precisely what to do (i.e. the intended behavioural outcome), when to do it and why they should do it". The second read "Slogans cannot provide as much information on the specifics of 'when' , 'what' and 'why' as can more detailed messaging; if slogans cannot be worded in a way that indicates what behaviour to enact (e.g. 'stay at home') then they should be avoided and more nuanced information communicated in other ways".

81. The paper also contained a table which went through key government messages, assessed if they lived up to these criteria and suggested alternatives. In the case of 'stay alert' it noted "This does not meet the principle of a specific behavioural outcome.1,2 It is not clear what to be alert about, what to do if alertness identifies a threat, or how to control the virus" **[SXR/086 - INQ000273328]**.

82. I would note that this paper is hard to find. It is not included amongst the SPI-B papers on the Government website providing 'scientific evidence supporting the government response to coronavirus (COVID-19)' **[SXR/087 - INQ000273398]**, but rather amongst a collection hosted by the Health

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Protection Research Unit in Emergency Preparedness and Response at King's College London [**SXR/088 - INQ000273399**]. Nor am I aware of any evidence that the paper had any impact. So, on the one occasion where SPI-B was proactive, there is little evidence of any concrete outcomes or that SPI-B, even when it tried, was able to influence the agenda on behaviour issues.

83. This, I believe, meant that the potential contribution of SPI-B and of behavioural advice was greatly under-utilised. An alternative model would to have a much more equal balance between 'top down' and 'bottom up' setting of issues and definition of briefs – allowing SPI-B participants to identify behavioural issues and act as a 'critical friend' in providing feedback on government performance. I will provide more concrete examples in my response to the following questions.

Were the questions posed to SPI-B the correct ones and did those who formulated the questions understand the issues and the options sufficiently?

84. I think there were major issues to do with the questions that were asked and also the assumptions held by those who asked them. But I don't think they are quite those implied in the question.

85. So, I think it would be an overstatement to say that SPI-B was asked the wrong questions. Many of these questions were perfectly sensible and allowed us to make important points about human behaviour that might otherwise be overlooked. These (as suggested by the definition of SPI-B's remit on the SAGE website which I cited in my response above) were generally concrete and specific questions about the behavioural considerations involved in a particular intervention – say promoting distancing or reopening large events. We were able to draw on multiple strands of research to address, say, (in the case of large events) how people watch football, gather in pubs beforehand, travel to the match in groups and hence how limiting intervention to what happens in the stadium would be problematic [**SXR/089 - INQ000273402**]. We were also able to consider the different norms shaping behaviour in different types of event involving different groups.

Further, we were also able to raise non-obvious points that relate to the importance of social relations - such as how people tend to stand physically closer and adopt riskier behaviours when with members of their own group (fellow fans) and that this too needs addressing. Such, sensible questions enabled SPI-B to make useful contributions.

86. However, at the same time, this top-down focus on specific interventions limited the questions we were able to ask. It also limited the extent to which general lessons could be learnt that applied to other aspects of the COVID response. So, for instance, we may have emphasised the importance of social norms in relation to behaviour at mass events and communicating around social distancing. However, we were unable to address the importance of norms – and how to communicate norms – more generally. This was particularly important because much of the messaging of senior government figures focussed on pointing out rule violations by the public and urging them to desist **[SXR/090 - INQ000273324]**. Such messages can have the paradoxical effect of saying to people that rule-breaking is normative and hence make it more rather than less likely. A more effective alternative is to start by praising the public for following the rules, stressing how this reflected group values and beliefs, and that doing otherwise would be clearly counter-normative **[SXR/091 - INQ000273400]** (see also my response to Q.14, below). What is more, given the reactive nature of the commissioning process, we were not able to produce advice about the dangers of such 'blame' messaging.

87. But perhaps the most serious consequence was our inability to address the core underlying assumptions which shaped the Government response – the notion that the public are psychologically frail, that they cannot be trusted and hence support measures would be abused… and so on. My sense was that these assumptions were not addressed, and alternatives not considered, because they were taken for granted as self-evident truths. As a consequence we were not able to contribute to the framework within which decisions about how to address and treat the public were made. The core debates that would shape behavioural strategy were never had and the key questions - are the

public a problem or an asset?; should they be treated as an opponent or as a partner?; should they be engaged with or controlled? – were never asked.

Professor Susan Michie's observation that some of the commissions to SPI-B were "hard to understand and seemed quite restrictive"

88. It is hard for me to be sure exactly what Professor Michie is referring to here. In terms of being 'hard to understand' I do recall times where we sought to clarify the remit of a particular commission – although I cannot recall precise examples. I am not sure that this was a problem particular to SPI-B however. When any question is asked, it is important to clarify it's precise remit, what is to be addressed and what is deemed irrelevant. The more important part of the comment is about the commissions being restrictive. This, I think, is akin to what I addressed in my response to Q10. That is, we were generally unable to raise broader principles and assumptions, to comment on things that had been done, where they were problematic, and how the government could be more effective. The process was not one which seemed to invite criticism, however constructive and however necessary.

Professor Robert West's suggestion that, by September 2021, SPI-B was 'no longer functioning' and there was 'just no interest in evidence or science on the behavioural side' and also on whether the recruitment of in-house behavioural experts affect its engagement with advice from SPI-B

89. In its early days, my experience of SPI-B was extremely positive. In particular we had open discussions amongst all participants which were highly productive, where people from different areas contributed their expertise, sparked off each-other and produced a whole that was much more than the sum of the parts. For me personally, this was very rewarding. I learnt a great deal from disciplines I know little about and gained new perspectives. I hope I was able to contribute likewise to other people's understandings. Even if there were areas that were under-represented (see my answer to Q.8) the fact that

SPI-B was *not* dominated by any particular discipline or area of expertise contributed to this creative meeting of disciplines.

90. The experience was also transformative. That is, if we had doubts and concerns about aspects of the Covid response that we would otherwise have been nervous of expressing in an official setting, we were given confidence by the fact that they were mentioned by others, and our consequent interventions then gave further confidence to others. It was a classic example of group empowerment **[SXR/092 - INQ000267971]**. Two recurrent examples, which I recall well, were ongoing informal discussions about the problems of 'blame' messaging and the failure of the government to give adequate support, especially for people to self-isolate when infected. We simply couldn't understand why so little was being done when it seemed so evident that this was a core measure that was needed in order to limit infection spread.

91. In other words, SPI-B operated initially in a way that empowered us to be critical. There was nothing political or anti-government about this. It was entirely about using our insights to identify issues with the COVID response and with a view to improving them.

92. When our arguments were ignored internally, some of us voiced them in the media – something we were told we had every right to do as long as we made clear that we were speaking personally. In my own case, the tipping point was the 24th May Press Conference in which the Prime Minister defended Dominic Cummings – an act which I feared would (and, as subsequently proven did) critically undermine trust in the UK government **[SXR/093 - INQ000267966]** (see also my response below).

93. While it is difficult to prove causality, as participants in SPI-B began to be more critical in private and in public (and note again, that the point of this criticism was to improve the COVID response and to increase trust in government) so gradually the operation of the group changed. It didn't happen immediately and I cannot recall the exact point when it changed. By December 2020 a 'ccordination group' was created, we stopped having plenary discussions and more and more commissions were dealt with by selected small groups – to which other individuals could make inputs but

which avoided the plenary discussions. Later, it was made clear to us that our public criticisms of the government undermined their willingness to come to SPI-B with commissions. Moreover, in informal conversations, it became clear that the government was increasingly reluctant to listen to academics who criticised them.

94. Again, I cannot put exact dates on it, but I agree with the general tenor of Professor West's comments, SPI-B became increasingly sidelined over time. In late June 2021 (according to the minutes of the 28th) we were told that GO-Science would be relying more on in-house advice and we would no longer be holding regular meetings. I cannot say exactly what work was taken over by 'in-house' experts because we were never told – just as we never know about the interventions made by the Behavioural Insights Team (see my response to Q6). Equally, talking to the behavioural experts in PHE/UKHASA and across government, it became clear that they too had little interaction with BIT or knowledge of their inputs.

95. I can say that our interactions with behavioural experts in UKHASA and across Government were very positive. I, and several of my colleagues on SPI-B gave seminars to a joint PHE/NHS TT/JBC audience. As I was told in the invitation email , this was "an opportunity for people in our public health side of the UK Govt 'house' to hear directly from SPI-B participants". It was a highly enjoyable and productive exchange of views.

96. What is more, partly arising out of this, I, along with my colleague Professor John Drury, organised a seminar series for behavioural scientists from across Government which looked at various aspects of group process in the COVID response. This had sessions on 'Crisis behaviour', 'Normative change', 'Sustaining solidarity', "Leadership' and 'Consensus and conflict'. It allowed us to address the broader assumptions and principles of crisis behaviour that I have referred to in my answers to previous questions in this document. I found it highly constructive and certainly the audience was very willing to consider the points we made. To repeat, then, the relationship between those of us on SPI-B and those behavioural experts in government was highly collegial and constructive.

To what extent was fear a driver of compliance during the Covid-19 outbreak and who was responsible for using fear to influence people's behaviour?

97. A number of sources (including ones cited by the Inquiry team) suggest that fear was used to try and terrify people into compliance and that this was based on advice from SPI-B. Certainly, the first part of the claim is valid. As part of Matt Hancock's leaked WhatsApp messages was one from December 2020 where the then Health Secretary wrote ""we must frighten the pants off everyone with the new strain." **[SXR/094 - INQ000273371]**. The next month, January 2021, Hancock was expressing worry about the ineffectiveness of minor measures to promote mask wearing. The Cabinet Secretary, Simon Case, agreed, saying: "I think that is exactly right. Small stuff looks ridiculous. Ramping up messaging—the fear/guilt factor vital" **[SXR/094 - INQ000273371]**.

98. But, if the government was sold on using fear, was this because of or despite the advice of SPI-B? The evidence for arguing that it was because of SPI-B is based on one sentence from one SPI-B paper. The sentence reads: ""the perceived level of personal threat needs to be increased among those who are complacent, using hard-hitting emotional messaging [m] **[SXR/083 - INQ000273330]**". At first glance this might seem persuasive. But that depends upon taking the quote out of context and misunderstanding the argument as a whole.

99. The next sentence in the SPI-B document reads: *"To be effective this must also empower people by making clear the actions they can take to reduce the threat."* In other words, if you want people to act, you must first of all confront them with the real risks. Unless you accept that COVID is potentially dangerous there is no reason to do anything about it – distance from others, wear masks, get vaccinated, self-isolate or whatever. This much is clear, both from studies of previous pandemics **[SXR/095 - INQ000267973; SXR/096 - INQ000267972]** and from the COVID pandemic **[SXR/097 - INQ000273349; SXR/098 - INQ000281413; SXR/099 - INQ000281412]** - although our own

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studies suggest that it may be risk to one's community more than risk to one's personal self that is critical in shaping adherence [**SXR/100 -** INQ000273408]

100.   However, and this is critical, just to tell people about risks and to leave it there is useless or even worse than useless. Often it simply leads people to ignore the dangers and carry on regardless. As has been shown in multiple contexts, it is only the combination of risk information and information/support about mitigations that allows people to act safely [**SXR/024 - INQ000273408; SXR/101 - INQ000197145; SXR/102 -** INQ000281414]. What is more, the combination of risk and mitigation information which allows people to act in ways that reduce danger actually serves to reduce fear and anxiety [**SXR/103 - INQ000267974**].

101.   To use an analogy that will be familiar to many, I don't tell my children that the world outside the home is a terrifying place liable to bring death and destruction at any moment. Nor do I say to them to go out and not bother about anything because they will be fine. Rather, I alert them to specific risks (like crossing busy roads) and teach them how to cross the road safely – in that way giving them a sense of how to keep themselves safe.

102.   To put it slightly differently, what SPI-B was advocating was not a strategy of fear but of empowerment [**SXR/104 - INQ000273407**]. In a pandemic, you disempower people either by not giving them the information about risks or by just giving them information about risks with information about mitigations. You empower them to keep themselves safe by giving them both – and you thereby reduce their fears.

103.   Underlying this position is an assumption that people can be given realistic information about risks, and that they can be trusted to act reasonably as long as they have the means to do so. As I have argued elsewhere, this fits with the general SPI-B approach "to engage with the public and focus on supporting them in doing the right thing rather than assume they need frightening and coercing in order to stop them from doing the wrong thing" [**SXR/104 - INQ000273407**]. Whether the government adopted a strategy of fear because it simply ignored SPI-B advice and the assumptions on which it

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was based, or whether they misread our advice in the light of their own 'irrationalist' assumptions about the public, I don't know.

104.   However, I think it is clear that, to the extent that fear was employed as a strategy, it was rooted again in the government's erroneous assumptions about human behaviour and went against the advice of SPI-B.

The 'widespread culture of blame' and 'assumptions of human frailty' in the government response to COVID

105.   There are many examples of a culture of blame from the very start of the pandemic and continuing all the way through. Less than a week after the initial 'lockdown', the media was full of stories of 'covidiots' visiting parks and beaches (even though, a few days earlier, Boris Johnson had said: ""I want, of course I do, people to be able to go to the parks, open spaces and enjoy themselves. It is crucial for health, physical and mental wellbeing [**SXR/105 - INQ000273360**]"). They were echoed by Matt Hancock who called them 'selfish' [**SXR/106 - INQ000273403**].

106.   As infections began to spike again as school, college and university students returned to their classes in the early autumn of 2020, Hancock returned to this theme, implying that the problems were to do with young people socialising without regard to the consequences for others. He asked them "how much are you willing to risk the lives of yourself and others by breaking the social distancing rules?" and warned: "Don't kill your gran by catching coronavirus and then passing it on" [**SXR/107 - INQ000267969**]. In mid-May 2021, Hancock yet again provoked a furore by claiming that those who were hospitalised for COVID in Bolton were to blame for having 'chosen' not to be vaccinated [**SXR/108 - INQ000273339**], though this time it was his cabinet colleague Michael Gove who used the word 'selfish' to describe the unvaccinated [**SXR/109 - INQ000273347**]. It would be possible to extend this list indefinitely, but the general culture of blame is perhaps best summarised in two incidents, one at the height of the pandemic in 2020, the other as the government announced the end of (nearly) all its COVID measures in 2022.

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107. The first incident relates again to the rise of infections after the end of the 2020 summer holidays. In a televised address to the nation on 22nd September [**SXR/110 - INQ000273383**], Prime Minister Boris Johnson set out a series of measures (including early closing for pubs, closing businesses that were not COVID secure, new fines for violations). He emphasised that adherence to 'social distancing' was vital to containing the virus and continued "But we have to acknowledge this this is a great and freedom-loving country; and while the vast majority have complied with the rules there have been too many breaches – too many opportunities for our invisible enemy to slip through undetected". In other words, the explanation for increasing infections lay firmly on the (mis)behaviour of the public.

108. Likewise, in his statement to Parliament on the same day [**SXR/111 - INQ000273377**], the Prime Minister identified the threat as people 'brazenly defying the rules'. To give the full quotation, he stated: "Mr Speaker, these rules measures will only work if people comply. There is nothing more frustrating for the vast majority, the law-abiding majority that do comply than the sight of a few brazenly defying the rules". He went on: "So these rules will be enforced by tighter penalties" and announced fines of up to £10,000 for those who fail to self-isolate, a doubling of the initial fine for failing to wear a mask to £200; funding for a greater police presence on the streets and "the option to draw on military support where required to free up the police". In this way a narrative of public ill-will and blame led to the threat of punishment as the first-resort means of securing compliance.

109. It is useful, as a counterpoint which highlights the distinctiveness of the UK government response, to contrast the Prime Minister's approach to that of the Scottish First Minister, Nicola Sturgeon. In her speech, outlining the new measures to the Scottish Parliament on 22nd September [**SXR/112 - INQ000273373**], the First Minister explicitly repudiated the discourse of blame. She acknowledged how hard it is for people to comply with demands such as self-isolation and invoked systemic reasons for this: "It asks a lot of people, and, for some, the financial implications make it even more difficult". She also rejected the growing narrative that 'selfish' young people were the root of the problem: "let me say to teenagers in particular – I know how

miserable this is for you and you have been so patient. We are trying to give you as much flexibility as we can. In return, please work with us and do your best to stick to the rules, for everyone's sake". And when she was explicitly asked whether there would be punishments for those who broke the rules, she replied: ""Our judgment at this stage – particularly given the spirit of solidarity that is so essential in our fight against this virus – is that supporting people to do the right thing is more effective than threatening harsh punishment if they can't." In this case a narrative of public goodwill and structural constraint led to the promise of support as the first-resort means of securing compliance.

110. The second incident occurred during Johnson's Press Briefing of 21st February 2022, specifically when he was responding to a question from Robert Peston about how people could be expected to self-isolate once the existing support was withdrawn [**SXR/113 -** INQ000281415]. As part of a long response Johnson concluded that "I've often heard it said over the last couple of years that we have a habit of going back to work, or going into work, when we're.. and, if people are not well. And people contrast that with Germany for instance where, I'm told, they're much more disciplined about not going to work if you're sick.".

111. The implication is that going to work is an individual choice and, accordingly, British people are blameworthy for not doing so. What this ignores, again, are the structural constraints on action. In Germany, sick pay is about the best in the OECD and provides 100% of wages for six weeks. By contrast, sick pay in the UK is just about the worst in the OECD amounting to 19% of average pay [**SXR/114 -** INQ000273364]. So many people go to work when sick not because they choose to but precisely because they have no choice but to do so. Individualised blame ignores such considerations and obscures the need to address them.

112. What these various examples show is not just how deeply and consistently the government subscribed to a culture of blame from the first day of their COVID response to the last (and, indeed, beyond) but also how the various elements of their response (the assumption of frailty, the culture of blame, the

punitive response) are intertwined. The notion of frailty underpins the notion that people are individually culpable for their violations and also that they cannot be reasoned with to desist. It underpins both the culture of blame and the emphasis on punishment.

113.   It is important to make one final clarification here. That is my argument against a culture of blame and reliance on punishment is rooted in its ineffectiveness. I have already pointed to two problems:

- A culture of blame can serve to strengthen a norm of non-adherence (by highlighting the violations of others) and hence undermine the behaviours it aims to enhance;
- The emphasis on blame and punishment focuses exclusively on the actor and ignores the way context impacts on their actions – thereby obscuring the barriers to adherence and the role of support in promoting adherence.

To these, we can add another three:

- blame and punishment serve to alienate the public from authorities (especially where people feel they are struggling hard to abide by rules and regulations that ask a lot of them [**SXR/115 - INQ000273343**]), they undermine trust and undermine adherence **[SXR/013 - INQ000273410]**.
- by blaming particular groups in society (such as young people) for 'brazen' violations (such as raves and house parties) others can underplay and legitimise their own violations. As the moral panic about such events peaked in the autumn of 2020, I was told by senior figures in the Scottish police that many of their officers who went to check on households that were breaking the 'rule of six' would be met by angry people who insisted – even if they were violating the rules – they weren't the real problem and the police would be better employed looking for raves;
- by blaming certain groups in society – and even , at the extreme, encouraging members of the public to check on each-other for violations [**SXR/116 - INQ000273344**] - there is a danger of setting

people against each-other, undermining the shared identity, cohesion and solidarity which, as I have shown above is so critical to the COVID response.

"Policies which ask the public… to do things they are incapable of doing will be ineffective, alienating and divisive"

114. In general terms, this statement is based on two arguments. The first Is very simple and relates to the ineffectiveness of policies which fail to take the circumstances, capabilities and resources of different sections of the public into account when formulating policy. That is, if you ask people to do things which are beyond their means, then, however much they may want to, they won't do them. This was vividly illustrated early on in the pandemic by a study which showed that poorer people and ethnic minorities were between three and six times more likely to violate COVID regulations, not because of any psychological issues (they were just as motivated as anyone else to comply) but because of practical difficulties **[SXR/117 - INQ000280347]**. If you are poor, it is much harder to stay at home and put food on the table. It is also illustrated by the fact that adherence to self isolation when infected was markedly lower than to other COVID regulations (regarding mask wearing, observing 2m distancing etc.) because, in the absence of adequate support, it is a much harder thing to do **[SXR/118 - INQ000280348]**.

115. The second argument relates to the way in which policies which don't take circumstances and experiences into account may be alienating and divisive. In general terms, it derives from a research literature on 'felt understanding' which shows that, where members of a group feel that their concerns, experiences, values are not appreciated by others, it undermines relationships between groups **[SXR/119 - INQ000280349]**. Amongst other things, greater feelings of being misunderstood undermines trust **[SXR/120 - INQ000280349]**, increases prejudice and discrimination **[SXR/121 - INQ000280350]** and promotes separatism **[SXR/120 - INQ000280349]**.

116. Applying this work to COVID, it follows that where government asks people to do things which are impractical, it reveals their lack of

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understanding of those people's lives and hence has the various negative effects I have outlined. That is why the OECD, for instance, argued that adequate COVID responses need to be rooted in an understanding of the demography and the experiences of groups hit hardest by the pandemic **[SXR/122 - INQ000280352]**.

117. To be more concrete, there are many possible examples of how the imposition of COVID policies without addressing the difficulties they caused for different groups led to the various problems associated with felt misunderstanding. To give just one, the initial 'stay at home' policies impacted very differently on somebody leaving with children in a high rise flat compared to someone with a garden or even a balcony – a contrast that was highly racialised given that white people are four times more likely than black people to have private access to outdoor space **[SXR/123 - INQ000280353]**. To cite one tower block resident "you feel trapped. It is quite horrendous" **[SXR/124 - INQ000280354]** or, as another (living in a second floor flat) put it "The current lockdown has created two classes of people: those with outdoor space and those that haven't. If I had a garden over Easter I'd have been out there all day, having a BBQ, sunbathing, or gardening. For a lot of people living in cities, we don't even have balconies. Once you're inside your property, there's nowhere else to go". The result was a sense of unfairness, reluctant rule violation (another quote from a flat dweller without garden access: "I know we shouldn't, but we have to go out twice a day, in the morning and afternoon. My son wouldn't manage with no outdoor space. On the days we didn't go out twice, it's been tantrums and screaming fits, and he doesn't sleep properly" and a sense of alienation both from more privileged sections of the public and from Government: "I don't think people with gardens know how hard it can be … The government keep saying we're all in this together, but we aren't."

118. These problems were made all the worse by the fact that, if people did go out (even within the rules) there was – in urban areas – little green space for them to use. The resultant crowding led people to be branded as 'covidiots' and as selfish (see above). This compounded the sense of being misunderstood and unfairly treated. A simple alternative would have been to open more private spaces to the public – gardens, playing fields, golf courses

and so on [**SXR/125 - INQ000281410**]. But, as I argued repeatedly in The Guardian [**SXR/126 - INQ000281409**; **SXR/127 - INQ000281641; SXR/128 -** **INQ000281411**], such understanding and such support never came and so INQ0 the spiral of alienation was left unchecked.

Professor John Drury's statement that the 'Freedom Day' slogan "prompted reductions in public adherence in advance of the day in question." And his other statement that the slogan reflected a "political need to be popular" which was "trumping public health needs"

119. In order to keep the length manageable I am writing my response principally in regard to the changes in COVID regulations announced for July 19th 2021. It should, however, be noted that the term 'freedom day' was also used for 24th February 2022 [**SXR/129 - INQ000280355**]. However, many of the points I make, especially with regard to the use of 'freedom rhetoric' apply more generally and indeed the argument I raise gain extra force given the repeated use of the term 'freedom' in the pandemic.

120. I think Professor Drury's claim is plausible, although, to quote an article written by the British Psychological Society (BPS) Behavioural Science and Disease Prevention taskforce (which includes Professor Drury) on the psychology of 'freedom day', "it's complicated" [**SXR/130-INQ000280356**].

121. There are a number of reasons to think that the announcement of 'Freedom Day' undermined public adherence, none of which are conclusive on their own, but which, in combination, constitute a reasonable case.

122. To begin with, as I have shown a number of times above, public adherence is related to perceptions of risk and the Prime Minister's statements about the July 19th removal of COVID measures repeatedly used language that suggested that COVID – and hence the risks associated with it – was over. On June 14th he referred to July 19th as a 'terminus date [**SXR/131 - INQ000280357**]'. On the 28th June he repeated and expanded on this statement: "we're very likely to be in a position on July 19 to say that really is

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the terminus and we can go back to life as it was before Covid as far as possible" **[SXR/132 - INQ000280387]**.

123. It is true that, on July 5th, when he formally announced the changes for the 19th, Johnson changed tone somewhat, probably because of growing alarm at the lack of caution and growing number of infections his earlier statements may have contributed to **[SXR/133 - INQ000281407]**. Johnson said "I want to stress from the outset that this pandemic is far from over" **[SXR/134 - INQ000280358]**. At another press conference on July 12th he reinforced this position: "But it is absolutely vital that we proceed now with caution. And I cannot say this powerfully or emphatically enough. This pandemic is not over. This disease coronavirus continues to carry risks for you and for your family. We cannot simply revert instantly from Monday 19th July to life as it was before Covid" **[SXR/135 - INQ000280359]**. And when he spoke on the 19th itself, the Prime Minister again mentioned caution: "Let me stress - we want people to be able to take back their freedoms as they can today. We want this country to be able to enjoy the fruits of our massive vaccination campaign. But to do that we must remain cautious and we must continue to get vaccinated"**[SXR/136 - INQ000280360]**.

124. In many ways, this final statement is emblematic. It mixes talk of freedoms with a caveat about caution. At the most optimistic this is mixed messaging which is unlikely to be effective in restraining behaviour once formal measures have been removed. But it isn't just that the messaging is mixed. It is asymmetrical it its emphasis. The great majority of Johnson's speech is detailed and specific about what people can do, the passage on caution is brief, vague and seems largely limited to getting vaccinated. It goes against the repeated advice from SPI-B that, if you want to change what people do, you have to be very clear and specific about why, when and how they need to do so". Indeed SPI-B wrote a paper about precisely this. It detailed what needed to be done to help people keep themselves safe after formal measures were removed on the 19th **[SXR/137 - INQ000280361]**. However, as a retrospective a year after 'Freedom day' concluded, it was largely ignored **[SXR/138 - INQ000280362**.

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125.   If there is good reason to think that the language of 'freedom day' (and the lack of adequate emphasis on 'caution') would lower perceptions of risk and hence lower public adherence, then there is data to show that adherence did indeed fall in the period leading up to July 19th [**SXR/139 - INQ000280363**] and that vaccination uptake stalled, [**SXR/140 - INQ000280364**] especially amongst 18-25 year olds, less than 60% of whom had received a jab. There is also strong observational evidence that adherence to behaviours like distancing and mask wearing fell after July 19th [**SXR/141 - INQ000280365**].

126.   However ,again, it is important not to simplify or over-state the case. It may well be true that adherence fell in the period leading up to (and following) 'freedom day'. But it had been falling for a period anyway. So, for instance, while distancing fell from 66% to 62% in the last week of counting before the 19th, it had been falling fairly steadily from 85% in April [**SXR/139 - INQ000280363**]. So, although these data are consistent with the argument that the announcement of 'Freedom day' undermined adherence, they are not definitive.

127.   Additionally, there is some data which goes in the opposite direction and suggests people exercising more caution around the relaxation of measures. For instance, following the 19th people in London travelled less than in the weeks before [**SXR/142 - INQ000280367**] and customer confidence in visiting restaurants pubs and barsactually fell to 53% in July (compared to 56% in May). This was moderated by age. Whereas confidence in 18-34 year olds rose 1% to 66%, amongst 35-54 year olds it fell 7% to 53% and amongst the over 55s, by 9% to 39% [**SXR/143 - INQ000280368**].

128.   What this suggests is a more nuanced picture in which the announcement and implementation of 'Freedom day' changes had a different impact on different groups. Just as with the 'Cummings affair' (see my response to Q4) it may have had an overall negative effect on adherence and infection, leading many to feel justified in abandoning precautions themselves. But amongst those most concerned about the pandemic it may have had the opposite effect. There is a range of anecdotal evidence to support this conclusion.

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129. On the one hand, there are multiple accounts of people abandoning restraint on freedom day [**SXR/144 - INQ000280369**] and before. To take one set of examples of particular significance, there is evidence that the 2021 European Football Championships (the 'Euros') had a strong impact on COVID cases [**SXR/145 - INQ000280370**]. This was not simply to do with the numbers who attended. A similar number of people (albeit of a different demographic) attended the Wimbledon championships, but this generated only about a tenth of the number of infections. It was much more to do with the unrestrained behaviour of fans both at the match but also watching together in fanzones pubs and at home – shouting, chanting, hugging each other in crowded poorly ventilated spaces [**SXR/146 - INQ000280371**]. Moreover, to cite Baroness Casey's review into the events at the final game, between England and Italy on July 11th: "the fact that England men's first final in 55 years coincided with the imminent lifting of social distancing restrictions (so-called 'freedom day'). This contributed to a sense of national euphoria, and it is easy to see why so many agencies described this as the 'perfect storm'" [**SXR/147 - INQ000280372**].

130. On the other hand, this euphoria and loss of restraint around 'freedom day' amongst a largely young and male population can be contrasted to the response of many vulnerable groups. They expressed considerable anxiety about the lifting of COVID measures and how the behaviour of others would put them at risk, making them less willing to go out in public [**SXR/148 - INQ000280374**; **SXR/149 - INQ000281267**; **SXR/150 - INQ000280373**].

131. Taking all this evidence in combination – the general impact of lowered risk perceptions on adherence; the evidence of falling adherence prior to and post July 19th, at least amongst some groups; the case studies of particular events in which people dropped their guard in anticipation of 'freedom' - I would agree with the conclusion of the BPS taskforce cited above (and hence with the statement by Professor Drury): "Most likely, the advance publicity for 'Freedom day' suggested that it was already safe or permitted to drop the protective behaviours, at least among some people".

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132. As for Professor Drury's other comment – that 'Freedom day' was more about political popularity than public health – I think this also is reasonable, but again it is something that is hard to prove definitively. Certainly, there were many voices, both nationally [**SXR/151 - INQ000280375**; [**SXR/152 - INQ000280376**] and internationally [**SXR/153 - INQ000280377**] arguing that it was premature and indeed reckless to end COVID measures on July 19th at a time of very high infection levels. So it is fair to say that both the decision to remove measures and to celebrate it as 'Freedom day' were not based on public health considerations.

133. Whether or not the decision to lift COVID measures was an attempt to gain political popularity, I certainly think that the use of freedom rhetoric to describe the changes was particularly pernicious on a number of grounds, beyond the issue of encouraging unrealistic estimates of risk as discussed above. First of all, it ignores the position of those vulnerable groups, their families and their carers for whom, as I showed above, the July 19th changes put them at greater risk and hence placed further constraints on their lives – the same being true of their families and carers. Given that there are some 3.7 Clinically Extremely Vulnerable people on the UK (the figure based on the 2021 census), [**SXR/154 - INQ000280378**] this amounts to 10 million people or more, a considerable proportion of the total UK population.

134. Given that the early response to COVID and the high levels of adherence were driven by a concern to keep the entire community safe, especially those most at risk, this is a particularly retrograde step. In effect, the unqualified use of the term 'freedom' writes the vulnerable out of the picture. It obscures the fact that my own freedom to act must be balanced against the way my actions remove freedoms from others and hence distorts the very meaning of the term 'freedom' [**SXR/155 -** **INQ000280379**]

135. The use of the term 'freedom' here is distorting in another way. That is, it equates all COVID measures with loss of freedom and the removal of these measures with the restoration of freedom. The government thereby becomes a liberator and the COVID response a tyranny. Or, to put it another way COVID measures become COVID restrictions and indeed the word

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'restriction' is used repeatedly to characterise these measures in general. In his 19th July statement Johnson refers to 'all the restrictions we have been placing on our lives' and that 'there comes a time when restrictions no longer prevent hospitalisations and deaths' [**SXR/156 - INQ000280380**]. As I argued in The Guardian [**SXR/039 - INQ000273346**] it is certainly true that some measures do restrict activity (most obviously the stay at home order and the limits on socialising) many do not. So, for instance, making safer environments through ventilation and air filtration is a crucial COVID measure but not a restriction. Providing financial support through the furlough scheme and through the (limited) funds for self-isolation are also crucial measures, but hardly restrictions. And even measures like masks and distancing restrict in one sense but actually increase the ability of others to use public spaces with less fear of infection.

136. The reality, then, is that many COVID measures are about increasing choice – our choice to stay at home, to be off work when ill and so on. To take them away is therefore to reduce our freedoms. That is why the rhetoric of 'freedom day' distorts our understanding of the nature and effect of the protective measures introduced to deal with COVID and how such rhetoric serves as a subterfuge to justify taking them away.

137. Overall, then, the use of the term 'freedom' around July 19th (and its more general use by the government throughout the pandemic) has all the hallmarks of classic propaganda [**SXR/158 - INQ000280381**]. It is used loosely and vaguely – never saying what is meant by freedom and how any proposals impact freedom. Rather, it simply serves to denote that the proposals are a good thing and that anyone who opposes them is bad, for who but a bad person could be against freedom? It is all about winning an argument rather than clarifying an argument. It closes down debate rather than advances it. And the irony here is that this propagandistic use of freedom takes away our freedom to choose. In this specific sense, I strongly agree that the use of 'freedom day' rhetoric was about political advantage more than public health.

Communication to the public of the boundaries between scientific advice and decision-making and whether the phrase 'following the science' blurred the line between scientific advice and policy decisions.

138. The role of science is to describe, explain and predict what happens; to identify the key factors which determine outcomes and thereby to specify what needs to be done in order to achieve (or else alter) those outcomes. Thus, as a psychologist during the pandemic, my task was to describe how people were behaving (and more specifically, whether or not they were adhering to COVID measures), the psychological processes underpinning adherence and hence to identify the interventions that would be effective in increasing increase adherence.

139. As I argued in my response above, it is part of the scientific enterprise to consider how to implement these interventions in practice. If you want to increase adherence, what are the key things you need to do (and, equally critically, not do)? A strict line between science and policy is therefore not possible or even desirable. However, that is not to say that there is no difference between scientists and policy makers nor that there are no limits on what scientists should do.

140. The key point, for me, is that whatever we say about outcomes and about how to impact them, we are not in a position, as scientists, to put a value on them or, where there are multiple outcomes from an action, to value them against each-other. Which is more or less important and hence what should one do? During the pandemic how do we value reducing infections against economic performance or civil liberties. Of course we might, as scientists, argue that these are false dichotomies, that reducing infections will be good for economic performance and civil liberties. Indeed scientists have done precisely that **[SXR/043 - INQ000273396]**. But there will be times where there are genuine dilemmas, where different goods (and harms) are pitted against each-other and where a decision needs to be made. This will not be a scientific decision but a political decision: a matter of deciding what 'we', as a society, value most. There were many such times during the pandemic. How does one weigh the different harms of COVID against each-other? In such

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instances it is important that clear political decisions are made and that they are owned as such by the politicians involved. In such circumstances it would be wrong for them to claim they were 'following the science' and try to pass the accountability to others.

141.   But it would be equally wrong for politicians to make decisions by ignoring what the science says about the different outcomes. So, they have a right to prioritise other things above public health (and then, as I have said, own doing so and take the consequences). They don't have the right to make a decision by simply ignoring or distorting certain outcomes (e.g. deny the impact on public health).

142.   In short, I don't think politicians should 'follow the science' because that hides the politics in political decisions. Equally, I don't think politicians should ignore the science because that involves prioritising some outcomes over others in ignorance of their respective weights. The slogan I would prefer is 'informed by the science'.

143.   So, I certainly do think there was confusion about the respective roles of science and of government during COVID. I certainly feared that there was an attempt to politicise the science (as happened in BREXIT) so as to ignore inconvenient truths [**SXR/159 - INQ000280383**]. And I do think the term 'following the science' was problematic in terms of both. These issues are particularly important since, as I outlined in responding to Q4, there is evidence that trust in scientists may be more important than trust in politicians in terms of securing adherence. The good news is that, whatever the dangers, trust in science increased during the pandemic and this was particularly true of sciences involved in the pandemic response (e.g. genetics) but not of those that were not (e.g. geology) [**SXR/160 - INQ000280384**].

How did the approach of the devolved nations to messaging compare to that of the UK Government?

144.   I cannot say anything about the devolved countries as a whole, however I can speak about the Scottish approach since I was on the Advisory group to

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the Chief Medical Officer as well as a number of other Scottish government groups including the compliance group.

145.   The first thing to be said concerns process. As I have explained, at the UK level I was in SPI-B which reported the SAGE. But I was several steps away from ever interacting directly with those who made the decisions. Perhaps because Scotland is smaller, there were not so many layers in the process. I was, for a while, the only behavioural scientist on the advisory group and we had a number of meetings with the First Minister and other senior ministers. Hence it was possible, at first hand, to explain some of the key behavioural principles of adherence. At one point, for instance, I remember talking explicitly about the problems of blame and the dangers of reinforcing a non-compliance norm by condemning non-compliers (see my response to Q. 10).

146.   I was subsequently told that one of the things the First Minister took care to do in her public statements was to praise people for complying (rather than telling them off for not complying) and acknowledging the difficulties in doing so. To use just one of many possible examples, in her public statement of 16th October 2020, just as many schools were returning from the October break, Sturgeon stated: "And I don't want to stand here today and give any sense that I am under-estimating how difficult it will have been so far, not least for teachers. However, I just wanted to put on record my thanks to all of you for the really important work that you've done and, so that you know, that in spite of all of the difficulties it is hugely appreciated, and it is very important for, not just the wellbeing of our children and young people now, but I think, for their future prospects as well. So thank-you to everybody for that."

147.   Linked to this, in my response to Q. 14 I contrasted the statements made by Johnson and Sturgeon on the 22nd September in terms of using a rhetoric of blame and punishment versus praise and support. Whereas Johnson individualised the explanation of rising cases (especially amongst young people), Sturgeon emphasised contextual constraints. Whereas Johnson blamed (young) people, Sturgeon acknowledged their achievements in

surmounting these constraints. Whereas Johnson threatened punishment for non-compliance, Sturgeon promised support.

148.   Sturgeon's statement the next day, 23rd September - set against the talk of young people holding large parties and warnings not to kill your grandmother – makes the contrast all the more stark. She said: "But - and this is in no way, shape or form the fault of students and I want to be very clear about that - we do know that student life, the characteristics of student life, present risks of transmitting the virus" [**SXR/161 - INQ000280385**]. In other words, blaming students and young people is pointless when the high rates of infection at colleges and universities comes from the fact that students are more likely than most to live in multi-occupancy flats, travel on public transport and have public facing jobs (such as bar work). High rates of infection come from a life-world which creates high levels of exposure.

149.   More generally, the messaging from the Scottish Government, and the First Minister in particular, did take on board many of the principles advocated by SPI-B and by its own advisory structures. It treated the public as a responsible partner [**SXR/162 - INQ000280386**] who should be talked to, and listened to, with respect. Or, as Sturgeon herself put it, she wanted to have an 'adult conversation' [**SXR/163 - INQ000280388**] with the public.

150.   As we have just seen, Sturgeon also used a language of understanding and empathy, acknowledging the barriers to complying with COVID measures and the difficulties involved in doing so. I have already discussed the importance of 'felt understanding' – or the lack of it – in maintaining positive relations with the public.

151.   Additionally, Sturgeon attended to the importance of normative processes (and the need to avoid, inadvertently, strengthening norms of non-compliance), of creating a sense of shared identity and of acting for others, and of using that identity to characterise compliance as 'who and what we are'. Many of these characteristics are demonstrated in the conclusion to the 22nd September speech I have already quoted from extensively: "So though we are all struggling with this – and believe me, we are all struggling – let's pull together. Let's keep going, try to keep smiling, keep hoping and keep

looking out for each other. Be strong, be kind and let's continue to act out of love and solidarity. I will never find the words to thank all of you enough for the enormous sacrifices you have made so far. And I am sorry to be asking for more. But a belief I hold on to – and one I am asking you to keep faith with in those moments when it all feels too hard – is this. If we stick with it – and, above all, if we stick together – we will get through it".

152. In the light of my discussion of the dangers of 'freedom day' (Q. 16) it is worth adding that Sturgeon eschewed talk of 'freedom day', consistently urged caution and avoided taking of COVID measures as restrictions (for instance in her 13th July 2021 speech, she referred to lifting all 'restrictions and mitigations' and she talked about specific measures, such as mask-wearing, as a mitigation [**SXR/164 - INQ000280389**]).

153. As ever, it is hard to draw simple causal connections between messaging, behaviour and health outcomes. Thus, for instance, while there is fairly clear evidence that compliance to measures such as mask wearing, working from home and avoiding large gatherings was greater in Scotland than England, especially after July 19th 2021 [**SXR/165 - INQ000280390**], it is hard to disentangle the effects of polices and messaging (the mask mandate stayed longer in Scotland than England [**SXR/166 -** **INQ000281265**]). Moreover, during some of the times when Scotland mandated masks while England didn't, the health outcomes were worse in Scotland (although overall, death rates per capita were significantly lower in Scotland than England [**SXR/167 - INQ000280391**]). Yet this may be down to other factors (like an older population in Scotland and areas of extremely high deprivation and poor health) and, to cite Linda Bauld (Scotland's Chief Social Policy Officer) 'we would have fared even worse... had we not imposed stronger protective measures [**SXR/165 - INQ000280390**].'

154. I think that is a reasonable conclusion for the messaging as well. Scotland's messaging was better than that of the UK Government along multiple dimensions and, while Scotland did not fare particularly well in terms of overall pandemic performance [**SXR/168 - INQ000280392**], without that messaging it may well have done even worse.

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In what ways was the experience of SPI-B 'highly frustrating'?

155. My experience of SPI-B itself, at least at the outset, was not at all frustrating. Quite the opposite. For many years I have been a traditional academic, seeking to understand group and collective behaviour in its various forms and guises. I always felt that there was a misunderstanding of psychology as being relevant to individual and perhaps community issues but being largely irrelevant when it came to systemic issues and policy decisions (unless, of course, they were policy decisions about psychological issues such as mental health). So I was delighted to be asked to participate in SPI-B. I was excited to be able to show the relevance of my discipline to the greatest crisis of my generation. But more than that, I was delighted to have an opportunity to give something back – to contribute to the public good after having been supported by public money all my career.

156. As I have described previously (see above) I found our early open discussions amongst all members of SPI-B to meet all my hopes and expectations. I felt that the whole was very much more than the sum of the parts and that the integration of diverse approaches and knowledge bases led to some highly creative work. I believe that many of the SPI-B papers were of excellent quality, not only as summaries of pre-existing research but as syntheses that will make a substantial contribution to the literature beyond as well as during COVID. I believed, as we worked on these papers, that they would help the government COVID response, help build an inclusive and resilient community and thereby help preserve public health. It was precisely because I had such high hopes of (collectively) doing something worthwhile that I felt so frustrated when the government starting making mistakes that undermined the COVID response and which could so easily have been avoided had they paid any heed to what we had said and written.

157. I have already given a substantial number of examples of this throughout my answers to previous questions and I will give a fuller list in my response to the next heading below.

158.   For now, let me illustrate my experience through two examples of the two major ways in which the contribution of SPI-B was wasted – one of omission and one of commission. They are both examples I have used (more than once) before. But perhaps here I can give a better sense of what might have been had SPI-B been used properly and hence of my frustration.

159.   The first example takes us back to 'behavioural fatigue' *see above) and the taken for granted assumption that people would quickly tire of meaningful COVID measures which therefore had to be used sparingly lest they lose their potency. I have already stressed that this idea did not come from SPI-B. We were not consulted on this and had we been we could have pointed to a generation of research which debunks the popular notion that people fall apart in a crisis – the so called 'panic-myth' which suggests that they ignore advice, react unthinkingly and excessively and thereby turn a crisis into a tragedy. In reality, such reactions are extremely rare **[SXR/169 - INQ000280394]**.

160.   In emergencies, people characteristically look after each-other even when others are strangers to them, and often take extreme risks to ensure that everyone emerges safely. The root of such resilience is a sense of shared identity, a sense that other people are part of 'our group' and a sense that their fate is our own fate. Characteristically, a crisis creates a common experience ('we are all in this together') which in turn leads to that sense of shared identity and mutual help which then in turns creates resilience.

161.   Government can certainly play a key role in strengthening and preserving that sense of shared identity over time **[SXR/170 - INQ000280395]**. At the start of the pandemic, Bonnie Henry, Chief Medical Officer for British Columbia famously said 'we are all in the same storm, but we are not all in the same boat **[SXR/171 - INQ000280396]**'. In other words, people with different levels of resource experience the pandemic in very different ways which, over time, undermines that sense of 'being in it together'. Government can provide resources which equalize the experience – for instance instituting a furlough scheme which, to some extent, allows everyone to stay home to limit virus spread.

162. But Government can also play a role in undermining shared identity, either by failing to provide the resources that equalize experience (for instance ensuring adequate green spaces so that everyone can be outdoors safely - cf. my response to Q. 15) or by intervening in ways that favour certain groups over others [**SXR/172 - INQ000280397**].

163. Had the decision makers consulted with SPI-B over 'behavioural fatigue', then, we could not only have told them that it is a mistaken concept but also explained the key importance of government acting to build rather than undermine shared identity in a crisis. Had that happened, the trajectory of the pandemic in the UK may have been very different.

164. Over the ensuing months we had the opportunity to stress the importance of shared identity, of building shared identity (and hence antecedents like showing trust and respect) in a number of outputs. In a paper of 9th March on self-isolation we wrote: "There was agreement on the importance of community organisations in providing support and of instilling a necessary sense of community spirit [**SXR/080 - INQ000273325**]". In a paper of 14th March on the role of behavioural science in the coronavirus outbreak we wrote: "The group's overarching recommendation was a need for Government to provide clear advice that takes account of public concerns and suggests behaviours that reduce risk. Transparency will help people understand the risk and build trust. People should be treated with respect, capable of taking decisions for themselves and managing personal risk" [**SXR/173 - INQ000280399**]. And, in a paper of 3rd April on harnessing behavioural science to maintain social distancing we began: "'Protect yourself' messages will have limited impact because many consider themselves low risk... 'Protect each other' messages are more promising, particularly when building on 'stand together' and 'this is who we are' messages. These are rooted in the psychology of social identity, social influence and moral behaviour, with evidence of benefits in the COVID-19 and other health contexts". We then elaborated on what this meant in practice: "messages should build on how our sense of self is rooted in our proud membership of families, neighbourhoods, communities and nation, linked to sense of duty, solidarity and inclusion"; "Messages should come from voices representative of and trusted by the

group rather than those perceived as partisan or self-interested"; messages must draw upon the norms of the group invoked to influence behaviour. "messages must be presented as reflecting and affirming group culture (injunctive norms: 'this is who we really are'), and group behaviour (descriptive norms: 'this is what we are doing'); "messages which imply people are doing undesirable things ('don't panic'; don't cheat) may backfire"; and "messages should stress how desired behaviours benefit the group and protect its most vulnerable members including those we love" [**SXR/017 - INQ000280400**].

165.   Even a cursory glance at the SPI-B output would convey the message that creating a sense of community was critical to cohesion, trust and influence and that the inclusion of government as part of the community -being seen as a part of the wider 'us' and working for 'us' - was critical to their ability to generate trust and to communicate so effectively.

166.   That is why I watched the Prime Minister's press briefing of 24th May 2020 with such anticipation and then with growing dismay (see above). Cummings trip to the north was almost universally seen as a blatant breach of the rules. But this breach, even though by a key Government figure, was not the main issue. Senior advisors had broken the rules before elsewhere in the UK, notably in Scotland, where the Chief Medical Officer Catherine Calderwood travelled to visit her second home. However, this did not impact trust in the administration since Calderwood was criticised by the First Minister and forced to resign [**SXR/174 - INQ000280401**]. Significantly, Sturgeon's criticism was rooted in the insistence that 'there isn't one rule for her and another for everyone else" [**SXR/175 - INQ000280402**].

167.   What was crucial, then was not the action of the official but the response of the Government. It was this which determined whether or not an individual act turned into something systemic and created an intergroup divide. And whereas Sturgeon's reaction in distancing the Government from Calderwood kept the issue at an individual level and minimised the harm, Johnson (despite the clear lessons of the Calderwood affair and in violation of all the advice given by SPI-B) did precisely the opposite.

168.   Johnson defended Cummings in a nationally televised press conference on May 24th 2020. He stated that Cummings 'had no alternative' and indeed praised his actions. His advisor, said the Prime Minister, "followed the instincts of every father and every parent'. He acted 'responsibly, and legally, and with integrity' [**SXR/176 - INQ000280403**]. As I listened it was abundantly clear that this defence would create a sense that the rules apply differently to the Government and the public, that it would create a clear sense of 'us' and 'them' [**SXR/177 - INQ000281408**], that it would therefore undermine the basis for trust in and influence by the government, and that (much more parochially) it rendered meaningless all the good hard work done by SPI-B and many others.

169.   I hope that conveys a sense of why I found it so frustrating on many levels – as an individual, as an advisor, as a psychologist, as a citizen. It is why, after hearing the press conference, I tweeted "I can say that in a few short minutes tonight, Boris Johnson has trashed all the advice we have given on how to build trust and secure adherence to the measures necessary to control Covid-19.". In follow ups, I added: "Be open and honest, we said. Trashed. Respect the public, we said. Trashed. Ensure equity, so everyone is treated the same, we said. Trashed. Be consistent we said. Trashed. Make clear 'we are all in it together'. Trashed" [**SXR/178 - INQ000280404**]. I fully acknowledge that this was an intemperate (and undiplomatic) response – the result of such strong frustration. But I would defend it as fully accurate and that subsequent evidence proved it to be so.

Influence and transparency of SPI-B advice on policy making, as well as implementation of SPI-B advice and how can this be improved upon in the future

170.   My answer to this question is in two parts, since the question itself is in two parts. In the first part I provide examples of where SPI-B advice was 'not only ignored but systematically contradicted'. I have provided such examples throughout my responses, so this will be in summary form, listing the advice, and how it was contradicted with sources for both. This list is not meant to be

comprehensive (that would be an enormous task) but hopefully is sufficient to underpin my general argument. In the second part I address the causes of this contradiction between scientific advice and government actions, the extent to which transparency was a factor and how things can be improved for the future.

Examples of contradictions between SPI-B advice and government action

171.   As outlined above, here I provide a number of examples, grouped into larger themes, of contradictions between advice in published SPI-B papers and government actions.

172.   I evidence my claims as follows. In the case of the advice, I provide verbatim quotes from SPI-B papers. I provide numbers to indicate which SPI-B paper (or papers) was the source of the advice. The numbers refer to the following papers:

   1. SPI-B 9th March 2020. *Insights on self-isolation and household isolation* [**SXR/080 - INQ000273325**].
   2. SPI-B 14th March 2020. *The role of behavioural science in the coronavirus outbreak* [**SXR/179 - INQ000137603**].
   3. SPI-B April 2020 .*Theory and evidence base for initial SPI-B recommendations for phased changes in activity restrictions* [**SXR/180 - INQ000273768**].
   4. SPI-*B* April 3rd 2020. *Implementation and communications: harnessing behavioural science to maintain social distancing* [**SXR/017 - INQ000273327**].
   5. SPI-B 20th April 2020 .*Behavioural principles for updating guidance to minimise population transmission* [**SXR/084 - INQ000273769**].
   6. SPI-B June 3rd 2020. *Suggestions for messaging about preventive behaviours in the next phases of the UK's response to the Covid-19 pandemic* [**SXR/181 - INQ000273770**].

7. SPI-B Policing and security sub-group. 21st September 2020. *COVID-19: Assessing the value of an Enforcement based approach to Covid* [**SXR/182 - INQ000273771**].

8. SPI-*B* 22nd April 2021. Sustaining behaviours to reduce SARS-COV-2 transmission [**SXR/137 - INQ000192117**].

9. SPI-*B* 8th July 2020. *Principles for co-production of guidance relating to the control of COVID-19* [**SXR/049 - INQ000273376**].

173. In terms of evidencing the Government action, where I have already provided sources I refer to the relevant question. Where I have not already provided sources, I use footnotes.

Theme A. The importance of building a sense of community and drawing on group norms

174. **Advice/source:** SPI-B consistently argued for the need to build a sense of community and to stress communal responsibility. The Government should *"promote collective action throughout the country"* (2); Government was advised: *"'Protect each other' messages are more promising [than 'protect yourself' messages] particularly when building on 'stand together' and 'this is who we are' messages"* (4). SPI-B also stressed the importance of developing group norms that foreground compliance. We advised: *"Messages must be presented as reflecting and affirming group culture (injunctive norms: 'this is who we really are'), and group behaviour (descriptive norms: 'this is what we are doing'). Messages which imply people are doing undesirable things ('don't panic'; don't cheat) may backfire"* (4); We pointed to the importance of *"emphasizing high levels of adherence in the wider population"* (1). More specifically: *"Emphasise what people are doing well rather than focus on a minority of people not adhering. Don't show or imply that people are doing undesirable things."* (6).

175. **Government action**: At the start of the pandemic, the government did largely heed this advice, but as time went on it abandoned a community perspective for a stress on personal responsibility and keeping yourself safe [**SXR/183 - INQ000273378; SXR/184 - INQ000280405; SXR/185 - INQ000281263**]. The UK government repeatedly stressed rule violations and

provided dramatic examples of rule violation (see above) – thus running the risk of reinforcing anti-compliance norms.

Theme B. The use of support as a means of promoting compliance

176. **Advice/source**: From the start of the pandemic SPI-B stressed that support was critical to adherence. In a paper written before the first measures were introduced we advised: "*SPI-B identified potential factors that might reduce adherence, including the economic and other practical problems that might derive from prolonged isolation. SPI-B also identified factors that might help to promote adherence, including increasing risk perceptions, good Government communication, remote support for those in isolation and encouraging support from the community*" (2). In April 2020 we advised that the way to deal with the problem of people congregating in outdoor spaces was to provide more space: "*As much outdoor space as possible should be made publicly available to reduce the risk of overcrowding – for example, golf courses, school grounds, temporary closures of roads in residential areas to provide safe play areas*" (3). In another paper that month we argued more generally for the importance of support: "*Adherence is more likely to be improved by messaging about/actual support to 'make it possible' embodying progressive universal principles than by punishment or castigation. Messaging will be more persuasive and more effective if there is a clearly communicated offer of timely and generous support in terms of income, employment rights, food, social networks/communication (e.g. lower prices for phone calls/data), entertainment (e.g. improved BBC iPlayer offer, deals to provide free computer games), education (e.g. national online not piecemeal provision), and parenting and mental health (e.g. effective online tools made freely available). Such support needs to embrace progressive universalism – open to all but aiming to maximise benefits for the most disadvantaged*" (4).

177. **Government action**: The Government did institute the furlough scheme which supported people who could not work from home. That was a necessary intervention but far from sufficient. In other ways support was either absent (no extra spaces were opened up, rather there were threats to close

parks and people were blamed as 'selfish') or inadequate (see Q. 15). This was particularly important in terms of support for self-isolation where the amount given was minimal, eligible for only one in eight workers and of those who applied some two thirds were refused [**SXR/186 - INQ000280407**].

Theme C: The use of punishment as a means of promoting compliance

178. **Advice/source**: SPI-B was not opposed to the use of punishment against rule violators but counselled strongly against excessive sanctions, against using punishment as a primary strategy or as a first resort. A paper by the Policing & Security sub-group of SPI-B on the use of an enforcement based approach stated that: *"there is little if any evidence that enforcement improves health outcomes in relation to Covid-19"* (7) and that: *"A punitive enforcement-centred approach to controlling Covid-19 could be counterproductive, particularly when it is targeted at some communities and not others, because it risks aggravating already negative relationships between the police and the public"* (7). This echoed an earlier statement in a more general paper on adherence from the main SPI-B group: *"Adherence is more likely to be improved by messaging about/actual support to 'make it possible' embodying progressive universal principles than by punishment or castigation"*(4).

179. **Government action**: The government increased it's reliance on punishment through the pandemic. As the SPI-B Policing and Security sub-group notes: *"On Sunday 20th September the U.K. Government announced it was introducing a more powerful framework of punishment for those breaching coronavirus regulations. The new legal duty requires people to self-isolate if they test positive for coronavirus or are traced as a close contact. Fines will initially start at £1,000 rising to £10,000 for repeat offenders, and for the most egregious breaches. This signals a significant shift toward enforcement on the part of Government and police"* (7). What is more, in his statement two days later (22nd September), the Prime Minister stressed these punishments as a means of securing compliance: "we will enforce those rules with tougher penalties and fines of up to £10,000. We will put more

police out on the streets and use the army to backfill if necessary" [**SXR/110 - INQ000273383**].

Theme D: Transparency and specificity

180. **Advice/source**: SPI-B emphasised the need for transparent information about the nature of the risks that people faced and precisely what they needed to do to reduce those risks. In mid-March 2020 we said that: *"The group's overarching recommendation was a need for Government to provide clear advice that takes account of public concerns and suggests behaviours that reduce risk. Transparency will help people understand the risk and build trust"* (2). We reiterated this message in both April 2020 (*"Guidance should be reformulated to be behaviourally specific: who needs to do what (precisely) and why (explain the rationale'* (5)) and June 2020 (*"For each phase of the UK's Covid-19 response, messaging needs to tell people precisely what to do (i.e. the intended behavioural outcome), when to do it and why they should do it"* (6)). As the lifting of most remaining measures on July 19th 2021 approached, SPI-B wrote another paper, stressing that the need for transparent and specific information about risks is even more critical in the absence of regulations. The paper emphasised the role of effective communication of risk and uncertainty which: *"can help characterise current risks, frame and implement practical safety measures, ensure effective uptake of behavioural measures, and identify remaining gaps in risk-reducing and safety-enhancing measures"* (8). The paper also advised that communications *"need to be fully pre-tested for understanding and acceptability before implementation* (8)"

181. **Government action**: The government either ignored or misconstrued the argument about transparency in all matters, including risk – the latter being distorted into the notion of scaring people into compliance (see Q. 13). Later they distorted the public judgement of risk by using the language of 'freedom' which suggested that risks had disappeared (see Q. 16) . As for the issue of specificity, that too was systematically ignored, notably with the use of messaging that was vague in terms of exactly what people were supposed to

do (see Q.2 and Q.9) and, in particular, a failure to explain to people how precisely to identify and mitigate risks once formal COVID measures were removed (see Q. 16).

Theme E. Respect and coproduction

182. **Advice/source**: Many of the contrasts between SPI-B advice and government action under the previous themes are premised on a foundational contrast in how the public is viewed. An over-emphasis on punishment and an under-emphasis on support, failures of transparency and of providing full information, stem from what I have termed a 'frailty' perspective which is distrustful of the ability of people in a crisis to comprehend and commit to the behaviours necessary to reduce infection and which therefore resorts to blunter means in order to manage them. SPI-B counselled against such a negative and pessimistic view from the start. Before the first 'lockdown' measures, we predicted (accurately) that *"Acts of altruism will likely predominate and the Government could promote and guide these"* (2). We stressed that *"People should be treated with respect, capable of taking decisions for themselves and managing personal risk"* (2). More concretely, on multiple occasions we stressed that the public should not be seen as a 'problem' which needs managing but as a partner in overcoming the crisis. Thus we advised that: *"Members of different sectors and the community can help identify opportunities, challenges and solutions to resuming activity safely and should be involved from an early stage. Community stakeholders and representatives (for example, workplace, school and religious communities, councils, and charities) can play an active role in anticipating, reporting, and managing potential barriers to implementing activity changes or infection control"* (5) On communications, we advised that these should be: *"co-designed and piloted with relevant audience groups using online engagement and focus groups"* (4) and indeed we produced a specific paper on mechanisms of co-production, saying: *"in this rapidly changing environment, a little bit of well-planned, well-prepared co-production can go a*

long way towards preventing implementation failures, either due to irrelevance or unacceptability, later on" (9).

183. **Government action**: As I have already intimated, the government took a 'frailty' approach to the psychology of the public and, in consequence viewed them as a problem (see Q.1, Q.5, Q.14) – this from before the first measures were introduced in March 2020 (the unscientific notion of 'behavioural fatigue – see Q.5, Q.19) to when they were removed in February 2022 (the notion that working when sick is a matter of choice). If often implicit, it was sometimes explicitly invoked, as when Matt Hancock explained lack of support as rooted in a belief that people would 'game the system' (see Q.1).

Reasons for contradictions between SPI-B advice and government action

184. I think transparency was an issue. At the start of the process very little was in the public domain: the names of those involved in SPI-B, minutes of the meetings, the papers themselves. That improved, but it is still true, as I found in working on this statement, that the papers are not all posted on a single site and are hard to find (see Q.14). I was able to do so only because I recalled us writing them and so could search accordingly. For someone not involved in the process it would have been even harder.

185. There are certainly things that could be done in the future to improve this situation: transparency about the members, papers and discussions; transparency about who in government saw the papers; transparency about what was and wasn't acted upon; transparency about why, if the government ignored or contradicted our advice, they did so. As I discuss in relation to Q. 17, it is perfectly reasonable for government to reject scientific advice on the grounds that there are other considerations they value more highly. But they shouldn't simply ignore the advice and they should be transparent about their reasons for not following it.

186. However, I am not convinced that transparency is the major issue here. My sense was that the major reason for the rejection of SPI-B advice was ideology – and more specifically, paternalistic ideology. My experience of

governments of various political stripes over a number of years is that there is a strong seam of belief that the public are incapable of looking after themselves. They therefore need to be looked after. More specifically, there is a belief that, in emergencies people cannot cope and need to be managed by political authorities and emergency services. This is not only true of COVID but of other crises – 9/11, the 2005 London bombings and more [**SXR/187 - INQ000280409**]. The assumption is that people will be in chaos and there is constant surprise when the evidence reveals organisation and mutual support amongst the victims – indeed whereas we used to talk of 'first responders' (meaning the emergency services) there is now talk of 'zero responders' [**SXR/188 - INQ000280410**] meaning those affected themselves.

187. These paternalistic beliefs (and again, I would stress that I am not making a party political point here) provide a very strong framework which government bring to any new crisis – and which was brought to the COVID pandemic. In the SPI-B paper on sustaining behaviours to reduce transmission after July 19th 2021, we note: "Individuals rarely come to their understandings alone or through private contemplation and calculation. Rather, they draw on socially shared understandings that are current in their communities and society [**SXR/137 - INQ000280411**]". That is as true of politicians as of everyone else.

188. This, in itself, provides a template against which the SPI-B advice (that people are reasonable, can self-organize and that government needs to work with them and support their self-organization) may seem strange and discrepant. It goes against their 'common sense'. Added to that, politicians may often consider themselves (and be considered to be) experts in human nature and human behaviour – perhaps even more knowledgeable than the 'experts' (after all they are in office because of their ability to understand what people need and want). As a result, they feel more able to discard behavioural advice which challenges their understandings than other areas (epidemiology, vaccinology etc.) where they know themselves to be less expert.

189. What this suggests is the need for a much more open, evidence based and public debate about public behaviour and an open systematic challenge

to the dominant and taken for granted models which support paternalism. In other words, we need to challenge the 'socially shared understandings' of crisis which shape the responses of politicians.

Lessons learned from the different international approaches to the incorporation of behavioural science into epidemiological modelling over the course of the pandemic

190.   I understand this question to refer specifically to *the process* whereby behavioural advice was brought into scientific advisory structures during the pandemic and not to address international comparisons regarding behavioural policies and practices themselves. Before I address that, I want to make a number of brief preparatory remarks.

191.   First of all, I do not know of any systematic and comprehensive international comparative analysis of behavioural policies and practices. There is the global panel database of pandemic policies which is an extremely valuable tools for many purposes. It lists closure and containment policies in different nations but it is just a list rather than doing comparative analysis and it does not address issues such as communication and use of punishments (and even issues that are addressed, such as support, are conceptualised fairly narrowly) **[SXR/189 - INQ000280412]**.

192.   Second, there are some international comparisons on very specific issues. For instance we did a comparative analysis of leadership effectiveness during the pandemic **[SXR/190 - INQ000280413]**. However it is meant to be illustrative of the general processes of effective leadership in a crisis rather than being a systematic comparison.

193.   Third, I also am unaware of any systematic international comparison of the inclusion and use of behavioural advice in the pandemic response. Accordingly, what I have to say will be impressionistic and anecdotal and should be read with that in mind.

194. This summer I helped organise a meeting at the Conference of the European Association of Social Psychology concerning the use of behavioural advice in the pandemic. The idea was precisely to compare the involvement of social psychologists and other behavioural researchers in the advisory processes of different countries. We had a panel with speakers from the UK (myself), France, Spain, Belgium, the Netherlands and Australia (despite its name, the European Association conference is global. The audience (which was large – I would guess in the region of 200 or so people) was from a much wider selection of countries.

195. Certainly, there were some interesting examples. In Belgium, for instance, an expert group of psychologists came together to create a 'motivation barometer' which surveyed key behavioural indicators on a regular basis and this was fed into the policy process **[SXR/191 - INQ000281264]** – and now there are plans to incorporate such data in relation to other issues. In quite a few countries, individuals were involved in advising the governments. But no-one mentioned an advisory system which had a specific behavioural dimension – as with SPI-B in the UK.

196. In many ways, this makes the behavioural failings in the UK response yet more frustrating. While far from perfect, the UK was way ahead of the curve in terms of having a process for harnessing and applying behavioural expertise. It is just that we squandered that resource.

How can issues of diversity and equality be addressed, so that any barriers to adherence within certain groups of society can be overcome?

197. This is a critical issue on which to end. Moreover, it allows me to make a critical qualification to my previous responses. In response to many of the questions, I have referred to 'the public' in the singular. But 'the public' is an abstraction. Rather we have many different publics for whom the experience of the pandemic was extremely different. To adapt Bonnie Henry's quote (see Q. 19) we may well have been in the same storm but we were in a whole flotilla of boats, from luxury yachts for a few to sinking rubber inflatables for far too many. Inequality was a crucial input into the pandemic and an equally

crucial output from it in terms of radically different levels of physical and mental ill-health, financial impact, educational loss and much much more **[SXR/192 - INQ000280416; SXR/193 - INQ000280415; SXR/194 - INQ000280414]**. So any talk of preparedness for next time will be utterly meaningless without addressing these issues as a matter of priority.

198. Apart from the obvious and general point that this is yet more evidence for the overall societal cost of inequality and hence the need to adopt general policies to reduce inequality **[SXR/195 - INQ000281406]** (amongst which adequate sick pay so that people can afford to stay home and stop spreading infection when unwell must be a high priority), there are a number of other things which need to be done. I will list some of the most important.

- In order to understand the impact of the pandemic on different communities we need to create a system of citizen engagement which is fully inclusive and includes the voices of those who are generally unheard. It needs to be a system that is flexible and rapidly responsive so as to be capable of feeding into policy and practice in a fast moving crisis like COVID. This is a real challenge, since one of the dangers of citizen engagement is that the 'usual suspects' come to predominate **[SXR/196 - INQ000280417**

- **]** and those who engage are gradually seen as 'part of the system' and lose support in their own communities. Nonetheless, creating such a system should be a matter of high priority. In July 2020 SPI-B produced a detailed paper addressing this issue and providing different examples of citizen engagement, of policy input and of the challenges involved in creating an effective system **[SXR/049 - INQ000273376]**. It would provide an excellent starting point for action.

- Any policy or practice put forward during the crisis should be subject to an 'equalities analysis' asking precisely how it differently impacts different communities: what are the barriers to adherence in different communities? How could such barriers be mitigated? What forms of support are necessary to ensure that vulnerable, marginal and deprived communities are equally able to adhere. This should be a statutory requirement, without which the policy/practice would be

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invalid. The development/use of a citizen engagement mechanism would be one mechanism for carrying out such an 'equalities analysis'.

- As part of – or in parallel with – the engagement body, there is a need to build up relationships with respected members of different communities who can then help communicate core messages (and who, as 'ingroup members' are more likely to be trusted and to be influential). This can build on existing structures and networks. It is particularly important in terms of dealing with misinformation and with concerns which are of specific relevance to particular communities (such as whether vaccines are halal) **[SXR/197 - INQ000281268]**.

- Last, but certainly not least, there needs to be a fundamental shift of perspective away from a fragility/blame perspective on the crisis and towards a resilience/support perspective. This takes me almost full circle to my response to Q. 1 and the contrast between 'fragile rationalist' and 'collective resilience' perspectives – the former rooting non-compliance in the weakness of the individual, that latter seeing a cohesive community as resilient and psychologically able to adhere if given the means to do so. The dangers of the fragility/blame account are particularly clear in the context of inequalities. If you argue that the failure to comply or to get vaccinated is rooted in stupidity ('covidiots') or immorality ('selfishness'), then lower rates of compliance and higher rates of infection in ethnic minorities can only be explained in terms of their lower intelligence or higher immorality – a deeply dangerous step. If, however, you recognise that the problem is not primarily psychological (people are resilient when they come together) but one of opportunity, then the emphasis turns to analysing differential opportunities and addressing them. (say, through the mechanisms proposed here). In sum, in addressing the issue of inequalities as in everything else, government need to shift their approach to behaviour in order to develop policies that will be effective.

Statement of Truth

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I believe that the facts stated in this witness statement are true.

Signed:
> **Personal Data**

Dated: 27th September 2023