

Questionnaire

UK COVID-19 Inquiry: Module 2 - Rule 9 Request to Professor John Drury - Reference:

M2/SAGE/01/JD

Please provide the following information:

1. A brief overview of your qualifications, career history, professional expertise and major publications.

I am professor of social psychology at the University of Sussex. I have degrees in social psychology (BA honors) and psychological research methods (MSc). I have a PhD on the topic of crowd psychology.

I gained my PhD in 1996 and have been working at the University of Sussex most of the time since then.

My professional expertise is in crowd and collective behaviour, which includes public behaviour in emergencies and disasters, as well as behaviour in civil unrest and at live events. I have published over 100 peer-reviewed papers on these and related topics, including on events such as the 2011 English riots, the London bombings of July 7th 2005, the Hillsborough disaster, and the 2010 Chile earthquake. Since 2020 I have also been researching and publishing on public behaviour in relation to the pandemic.

Major publications include the following:

Drury, J., & Reicher, S. (2000). Collective action and psychological change: The emergence of new social identities. *British Journal of Social Psychology*, 39, 579-604.

Drury, J. (2018). The role of social identity processes in mass emergency behaviour: An integrative review. *European Review of Social Psychology*, 29(1), 38-81.
<https://doi.org/10.1080/10463283.2018.1471948>

Drury, J., Carter, H., Cocking, C., Ntontis, E., Tekin Guven, S., & Amlôt, R. (2019). Facilitating collective psychosocial resilience in the public in emergencies: Twelve recommendations based on the social identity approach. *Frontiers in Public Health*, 7 (141) doi: 10.3389/fpubh.2019.00141

Other publications can be found here: <https://profiles.sussex.ac.uk/p92858-john-drury/publications>

On the basis of my expertise, I have served on a number of government panels and expert groups, including:

UK Health Security Agency Behavioural Science and Insights Unit External Advisory Group (2021-)

Public Health England Behavioural Science Advisory Group (2019-2020)

London Resilience Academic Partnership (2015-)

Cabinet Office Civil Contingencies Secretariat National Risk Assessment Behavioural Science Expert Group (2013-)

Cabinet Office Civil Contingencies Secretariat, Scientific Advisory Group on Behaviour, CBRN Contingency Planning (2010-12)

I provide training on crowd psychology to the UK Fire and Rescue Service and to crowd safety managers around the world. My research on collective behaviour in crowd events and mass emergencies has informed the training of stewards across the UK and European football clubs and informs the Civil Contingencies Secretariat's National Risk Assessments.

2. A list of the groups (i.e. SAGE and/or any of its sub-groups) in which you have been a participant, and the relevant time periods.

SPI-B from 9th March 2020 to March 2022 when we were stood down.

3. An overview of your involvement with those groups between January 2020 and February 2022, including:

a. When and how you came to be a participant;

b. The number of meetings you attended, and your contributions to those meetings;

c. Your role in providing research, information and advice.

a. I received an email from SAGE secretariat on 22nd February inviting me to participate in SPI-B. I didn't start attending until March because my union was on strike. The chair James Rubin had suggested my participation.

b. I attended nearly all meetings (which were weekly) from March 9th 2020 to some time in 2021 (I can't find the exact date), when the chairs/ secretariat changed the format so that there was a core team meeting weekly and others in SPI-B were less involved. After that change, I kept in touch with main group activity through email and was asked to participate in a small number of specific reports/ responses.

My contributions, like those of others, was at two levels. At the regular meetings, we were essentially responding to questions from SAGE but also (particularly later) from the Cabinet Office, Department of Health & Social Care, and the Department of Digital, Culture, Media & Sport. There was some free discussion, but essentially the discussion was focused on responding to very specific questions given (such as what are the behavioural science considerations of school closures, self-isolation, household quarantine, and social

distancing?) In the discussion, we could express our expert opinion, and the chair or others would ask us for supportive evidence.

The next level of involvement was to be part of a subgroup producing a written report in response to the question set. These would have to be produced very quickly and circulated and subject to discussion in the meetings and then re-drafted.

In all of these discussions, I restricted my contribution to those topics I had expertise or where I could reasonably draw upon my expertise to make inferences if the topic was one I hadn't considered before.

c. I was involved in two rapid reviews and also provided new and previous research evidence for a number of reports. We were not really asked for advice as such. Sometime reports were worded this way, but we were generally dissuaded from giving advice by the chairs and the secretariat and were restricted to evidence and confidence-weighted predictions.

4. A summary of any documents to which you contributed for the purpose of advising SAGE and/or its related subgroups on the Covid-19 pandemic. Please include links to those documents where possible.

SPI-B insights on public gatherings Date: 12 March 2020

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/874289/13-spi-b-insights-on-public-gatherings-1.pdf

Easing restrictions on activity and social distancing: comments and suggestions from SPI-B - 1 April 2020.

<https://www.gov.uk/government/publications/spi-b-easing-restrictions-on-activity-and-social-distancing-comments-and-suggestions-1-april-2020>

SPI-B: Consensus statement on the reopening of large events and venues, 19 August 2020

Consensus statement prepared by the Scientific Pandemic Influenza Group on Behaviours (SPI-B) for the Scientific Advisory Group for Emergencies (SAGE).

Updated: 13 May 2022

<https://www.gov.uk/government/publications/spi-b-consensus-statement-on-the-reopening-of-large-events-and-venues-19-august-2020>

SPI-B - Well-being and Household Connection: the behavioural considerations of 'Bubbles', 14 May 2020

Paper prepared by SPI-B on the behavioural considerations of 'Bubbles'.

Updated: 12 June 2020

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892048/S0356_SPI-B_Well-being_and_Household_Connection.pdf

SPI-B: Extended paper on behavioural evidence on the reopening of large events and venues, 21 August 2020

11 September 2020 Research and analysis

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/916546/S0703a_SPI-B_Extended_Paper_Behavioural_evidence_on_reopening_of_large_events_and_venues.pdf

SPI-B (Scientific Pandemic Insights Group on Behaviours) (2020). Role of Community Champions networks to increase engagement in context of COVID-19: evidence and best practice.

22nd October 2020

I provided a rapid review of the evidence on public volunteering for this document, including extensive analysis of the activities and nature of mutual aid groups.

SPI-B: Health status certification in relation to COVID-19, behavioural and social considerations. (9 December 2020). <https://www.gov.uk/government/publications/spi-b-health-status-certification-in-relation-to-covid-19-behavioural-and-social-considerations-9-december-2020>

EMG/SPI-B/TWEG: Mitigations to reduce transmission of the new variant SARS-CoV-2 virus, 22 December 2020

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/948607/s0995-mitigations-to-reduce-transmission-of-the-new-variant.pdf

EMG, SPI-B and SPI-M. Reducing within- and between-household transmission in light of new variant SARS-CoV-2

January 2021

This document draws upon my work on mutual aid groups to analyse what is needed to help support self-isolation – see Annex B.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/952799/s1020-Reducing-within-between-household-transmission.pdf

EMG Transmission Subgroup: Consensus statement on SARS-CoV-2 transmission risk at festivals, 23 December 2021

<https://www.gov.uk/government/publications/emg-transmission-subgroup-consensus-statement-on-sars-cov-2-transmission-risk-at-festivals-23-december-2021--2>

There are probably more, but I can't find these.

5. A summary of any articles you have written, interviews and/or evidence you have

given regarding the work of the above-mentioned groups and/or the UK's response to the Covid-19 pandemic. Please include links to those documents where possible.

These articles are mostly about the UK's response rather than 'the work of the above groups', which we were advised by the secretariat not to talk about outside the groups. The last one in the following list does refer to the operation of SPI-B, however.

Why collective behaviour will get us through the Covid-19 pandemic

<https://www.sussex.ac.uk/research/explore-our-research/coronavirus-covid-19/collective-behaviour-covid-19-pandemic>

Drury, J. (2021, April). Health certificates for COVID-19: What our review of research evidence implies for UK 'vaccine passport' policies. *IPPO*.

Drury, J. (2021, July). We need support from the government, says Sussex professor. *The Argus*.

Don't blame public for Covid-19 spread, says UK scientist. Exclusive: Prof John Drury says cooperation more prevalent than selfish behaviour

<https://www.theguardian.com/world/2020/jun/16/dont-blame-public-for-covid-19-spread-says-uk-scientist>

Science of Covid review of the year

<https://www.theguardian.com/science/audio/2020/dec/29/review-of-the-year-uncovering-the-science-of-covid-19-part-one>

Mitigating the new variant SARS-CoV-2 virus: How to support public adherence to physical distancing

<https://blogs.sussex.ac.uk/crowdsidentities/2020/12/27/mitigating-the-new-variant-sars-cov-2-virus-how-to-support-public-adherence-to-physical-distancing/>

This document I led examines the relevant research to critically examine the evidence for and against the use of punishment in adherence to the Covid behavioural regulations. Alternatives to an emphasis on punishment are suggested. <https://www.independentsage.org/independent-sage-briefing-note-on-use-of-punishments-in-the-covid-response/>

This document I led reviews some of the literature showing that the rollout vaccination could adversely affect adherence to the health protective behaviours that are still necessary.

Communication strategies, based on what we know about engaging the public, are recommended. <https://www.independentsage.org/wp-content/uploads/2021/01/Adverse-behavioural-effects-of-vaccines-7.1.pdf>

Reicher, S., Drury, J., & Michie, S. (2021, April). Contrasting figures on adherence to self-isolation show that support is even more important than ever. *The BMJ Opinion*.

Reicher, S. & Drury, J. (2021, January). Pandemic fatigue? How adherence to covid-19 regulations has been misrepresented and why it matters. *The BMJ Opinion*.

BEHAVIOUR CHANGE: REPORT TO INFORM THE COVID-19 INQUIRY

8 Apr 2022

I led the section on 'support' in this document, which describes what the UK government were advised to do (by SPI-B and others), what they actually did/ failed to do, and what needs to be done.

<https://www.independentsage.org/wp-content/uploads/2022/04/Behavioural-report-for-Inquiry-FINAL-for-uploading.pdf>

No 10 accused of sidelining behaviour experts on latest Covid measures, Guardian 17th September 2021

<https://www.theguardian.com/politics/2021/sep/17/no-10-accused-of-sidelining-behaviour-experts-on-latest-covid-measures>

6. Your views as to whether the work of the above-mentioned groups in responding to the Covid-19 pandemic (or the UK's response more generally) succeeded in its aims.

This may include, but is not limited to, your views on:

- a. The composition of the groups and/or their diversity of expertise;**
- b. The way in which the groups were commissioned to work on the relevant issues;**
- c. The resources and support that were available;**
- d. The advice given and/or recommendations that were made;**
- e. The extent to which the groups worked effectively together;**
- f. The extent to which applicable structures and policies were utilised and/or complied with and their effectiveness.**

a. The composition of SPI-B seemed broadly suitable, as it comprised social and health psychologists, anthropologists and others. However, composition was based on who the chairs and others knew of, so may have been a bit restricted. Maybe an open application process would have been preferable. The (unnecessary) secrecy at the beginning of the process (I was not allowed even to tell my line manager/ Head of School that I was participating in SPI-B) might have prevented this. In relation to the SAGE subgroups as a whole, my impression was that public health experts and emergency/disaster response experts were under-represented.

c. The SAGE/ SPI-B secretariat were extremely helpful in responding to queries. However, in order to address some of the questions set to us, some of us often wanted to be able to immediately commission postdoc researchers. The response to this was the UKRI Covid scheme, which partly met this need but not for the very tight SAGE deadlines, and later some ad hoc funds for this purpose (which were used in my case for the covid certificates rapid

review). The group working under James Rubin provided most of the rapid reviews, and a BPS subgroup also provided one.

d. It wasn't always clear whether the information and recommendations made were read by the relevant politicians let alone acted upon. There were certain areas in particular where I felt we put a lot of work into providing the evidence (and which therefore suggested clear recommendations) but it seemed the government ignored us (or at least it wasn't clear why they had done something different than recommended) or it wasn't clear why they hadn't consulted us. Here I highlight four areas: support for the public in the mitigation measures (particularly self-isolation), communication, punishment, and the idea of public 'fatigue'.

Support

The SPI-B document 'Insights on self-isolation and household isolation' (9th March 2020) (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/896721/10-spi-b-insights-on-self-isolation-and-household-isolation.pdf) recommended, among other things that:

- the needs of different demographic groups be considered;
- it is important for people to receive support during self-isolation;
- personalised advice and support, potentially via SMS, should be considered;
- rapid research should be conducted to explore barriers and facilitators to adherence, particularly for people in different economic and at-risk groups

The SPI-B document 'Impact of financial and other targeted support on rates of self-isolation or quarantine' (16 September 2020)

(https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/925133/S0759_SPI-

[B_The_impact_of_financial_and_other_targeted_support_on_rates_of_self-isolation_or_quarantine.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/925133/S0759_SPI-B_The_impact_of_financial_and_other_targeted_support_on_rates_of_self-isolation_or_quarantine.pdf)) stated that:

Self-isolation rates would likely be improved with the addition of different forms of support. These include:

- a. Financial support: Ensuring that those required to self-isolate would not experience financial hardship in doing so.
 - b. Tangible, non-financial support: Proactive outreach is needed, to identify and resolve any practical needs that people have (e.g. access to food, care for elderly relatives).
 - c. Information: Improved communication to the general public explaining how and when to self-isolate, and why it helps, would be useful, in addition to more detailed advice for those self-isolating (e.g. a help-line or SMS service).
 - d. Emotional support: For those who need it, access to social support or more formal clinical interventions delivered remotely if possible.
4. Provision of a support package that encompasses these four components – but particularly the first - should be rolled-out and evaluated as a matter of urgency

The same recommendations were repeated in the following SPI-B/EMG/SPI-M document: *Reducing within- and between-household transmission in light of new variant SARS-CoV-2* (15 Jan 2021)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/952799/s1020-Reducing-within-between-household-transmission.pdf

Government action: In relation to support for self-isolation, the UK Government introduced a £500 self-isolation payment for those on low incomes. But £500 over 10 days is less than the minimum wage. And two thirds of people applying for self-isolation funds have been turned down. So it didn't meet people's needs or encourage self-isolation. In the same month as they introduced the £500 payment, the UK government also introduced a 'stick' in the form of a fine of up to £10,000 for failure to self-isolate (in England). Though other countries also have some kind of fine for failure to self-isolate, the UK's maximum fine was larger than that of most other countries. A significant problem here is that such fines create a clear risk of deterring people from testing or reporting results. Other comparable countries offered more financial support than the UK did. Germany for example offers sick pay of 100% of the wage, and France basically offers 90% of the wage for self-isolation.

When health secretary Matt Hancock was asked why people told to self-isolate by NHS Test & Trace were not offered financial support matching their lost salaries, he told a joint inquiry by the House of Commons health and science committees that it was because of the government's fear that the system would be "gamed" – revealing a paternalism and fundamental lack of trust in the public.

There's now a good deal of evidence now to suggest the effect of this shortfall of support. Thus we know that rates of full adherence to self-isolation remained consistently low throughout the pandemic (<50%), especially when compared to other mitigation behaviours, such as handwashing, distancing, and mask-wearing. Research evidence from multiple sources shows that financial reasons were among the more important for failure of full adherence to self-isolation. A second important reason for lack of full adherence that comes across in the research is lack of practical support (for example getting to the shops).

Properly supported self-isolation leads to greater adherence and can significantly reduce infections. Given the centrality of self-isolation to the UK's pandemic response, this failure of support represents perhaps the biggest hole there was in the system.

Communication

This was an area where I and others wanted to provide more evidence and advice. There were a small number of SPI-B documents on this topic, but we were usually told by the secretariat and chairs that it was not our brief. When the government slogan 'stay alert' appeared in 2020, this did not come from consultation with us and I assume came from the government's own political advisors. Unlike 'stay at home', it was vague and didn't specify a concrete action. It was not surprising then that adherence rates went down afterwards, correlating with a reduction in public understanding/ knowledge of what the rules actually were. Another problematic slogan was 'freedom day', which prompted reductions in public adherence in advance of the day(s) in question. Here it seemed to me that the political need to be popular in the UK government was trumping public health needs.

Punishment

One of the occasions when I remember that SPI-B were told our advice was listened to and impacted policy was in April 2020, when the government asked us if punishment was a good idea to maintain public adherence to social distancing, and we said it would be unfair and ineffective -- as summarised in the following:

5 May 2020 — Easing restrictions on activity and social distancing: comments and suggestions from SPI-B - 1 April 2020.

<https://www.gov.uk/government/publications/spi-b-easing-restrictions-on-activity-and-social-distancing-comments-and-suggestions-1-april-2020>

However, later that year (as I describe above in relation to Support), the government did introduce fines for self-isolation, without consulting us. As we said in the April 2020 document, the idea of punishment assumes motivation (bad intentions) is the problem when in most cases it is not. Practical factors are more predictive of adherence than attitudes. Indeed in the case of self-isolation, the threat of punishment could backfire by putting people off reporting their infectious status. (This was evidenced by some of the modellers on one of the SAGE subgroups: <https://royalsocietypublishing.org/doi/10.1098/rstb.2020.0270>). More generally, a focus on punishments damages the relationship between the authorities and the public, and so makes subsequent attempts to engage the public more difficult. This topic is one I have investigated in other public health emergencies prior to Covid, and I have summarized some of the research here: <https://www.independentsage.org/wp-content/uploads/2021/02/Crime-and-punishment-John-4.1-1-1.pdf>

'Fatigue'

Before 'lockdown', some commentators and authorities doubted whether the public had the mental strength to endure these and other privations over time. This was expressed in early March 2020 by the Chief Medical Officer, who stated 'There is a risk if we go too early people will understandably get fatigued and it will be difficult to sustain this over time'. Contrary to some claims (for example by Dominic Cummings), the notion of 'behavioural fatigue' was not suggested by SPI-B. Rather, we criticised the concept as early as 12th March 2020:

'While there may be concerns about the sustainability of adherence for difficult behaviours such as entering isolation for weeks or months, it is not clear that these concerns apply to the specific context of making day-to-day adjustments to reduce social contact. We are concerned that our comments about the difficulty of maintaining behaviours should not be used as a reason for not communicating with the public about the efficacy of the behaviours.'

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/874289/13-spi-b-insights-on-public-gatherings-1.pdf

I was involved in drafting this document.

Given that modellers have estimated that the delay in introducing measures costs thousands of lives in the UK, the use by the leadership of an unevidenced folk-psychological concept of 'fatigue' as part of the rationale is extremely serious. It seems as if those in power think they know psychology well enough that they can make such life and death decisions on this basis. The alternatives would be (1) to properly consult SPI-B (2) to appoint a senior psychologist at a similar level to the CMO and CSA – a chief psychologist.

7. Your views as to any lessons that can be learned from the UK's response to the Covid-19 pandemic, in particular relating to the work of the above-mentioned groups. Please describe any changes that have already been made, and set out any recommendations for further changes that you think the Inquiry should consider making.

On the general question of the role and functioning of SPI-B or similar bodies, there needs to be away of enabling rather than suppressing independence. The SPI-B model is very passive,

and scientists were allowed input only as responses to very specific questions. An alternative would be for scientists themselves to propose issues/ topics/ concerns. This might allow for a more strategic, less ad hoc driven approach than we have seen.

Some evidence that our independence was restricted came after this Guardian article in September 2021 <https://www.theguardian.com/politics/2021/sep/17/no-10-accused-of-sidelining-behaviour-experts-on-latest-covid-measures> quoted me as saying the expansion of government behavioural science was a good thing but senior externals (like me and others in SPI-B) would feel more free to be critical if necessary than government scientists (because we were not bound by the civil service code). After this, the then SPI-B co-chairs requested a meeting with me in which they explained that, understandable though my concerns were, these and other critical comments by me and others about the UK government would lead the UK government not to listen to any of SPI-B's advice in future. Pragmatically, I could understand this, but it reflects very poorly on the government's attitude to scientific advice and evidence.

On the specifics of support, the lessons for the future are as follows:

1. The government should provide appropriate support means understanding people's needs and challenges; in a pandemic, the government should listen to and consult with communities on their support needs.
2. Providing support has the additional benefit of building trust and a more positive relationship with communities.
3. Insufficient support has other consequences. It means that mitigation measures – particularly restrictive ones, such as 'stay at home' orders – become divisive because some people can't carry them out.
4. Support needs to operate at multiple levels: not only to individuals but also to communities, local groups (such as mutual aid groups), local authorities, and businesses that support individuals

8. A brief description of documentation relating to these matters that you hold (including soft copy material held electronically). Please retain all such material. I am not asking for you to provide us with this material at this stage, but I may request that you do so in due course.

Most of the documentation is listed above. I have kept most emails and notes on meetings (hard copy).