Public Administration and Constitutional Affairs Committee

Oral evidence: Data Transparency and Accountability: Covid-19, HC 803

Tuesday 19 January 2021

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Members present: Mr William Wragg (Chair); Ronnie Cowan; Jackie Doyle-Price; Rachel Hopkins; Mr David Jones; Tom Randall; Lloyd Russell-Moyle; Karin Smyth; John Stevenson.

Questions 235-294

Witnesses

I: Professor David Halpern FAcSS, Head, Behavioural Insights Team; and Professor Stephen Reicher FBA FRSE, Professor of Social Psychology, University of St Andrews.

II: Ed Conway, Economics Editor and Head of Data, Sky News; Richard Earley, Public Policy Manager, Facebook; and Dr Richard Fletcher, Senior Research Fellow, Reuters Institute for the Study of Journalism.

Examination of witnesses

Witnesses: Professor David Halpern and Professor Stephen Reicher.

Q235 **Chair:** Good morning and welcome to this hybrid public meeting of the Public Administration and Constitutional Affairs Committee. I am in a Committee Room in Portcullis House with the small number of staff required to facilitate the meeting—suitably socially distanced from one another, of course—and the witnesses and my colleagues are in their homes and offices across the country.

This evidence session is part of the Committee's inquiry into data transparency and accountability in relation to the covid-19 pandemic. I am grateful to all the witnesses who have given up their time today to come and give evidence. We have two panels. The first is of behavioural scientists and the second will cover media and social media. Will the members of our first panel introduce themselves, starting with Professor David Halpern?

Dr Halpern: I am David Halpern. I run the Behavioural Insights Team, as its chief executive. I am also the Government's national adviser on What Works, which essentially tries to use better evidence across many domains.

Chair: Our second witness on the first panel is Professor Stephen Reicher.

Professor Reicher: I am a professor of psychology at the University of St Andrews. I sit on the behavioural science advisory group to SAGE, SPI-B. I also sit on the advisory group to the Scottish Government, the Scottish chief medical officer, and for my sins I also participate in Independent SAGE.

Q236 **Chair:** Thank you both very much indeed. I will direct my first question to Dr Halpern, but please, Professor Reicher, be prepared to come in afterwards. Dr Halpern, how effective have the Government been in encouraging people to change their behaviour in response to the pandemic?

Dr Halpern: The short answer is that it has been very dramatic, although to some extent the public anticipated what the Government were asking them to do. You saw that back in March with very dramatic movement—a pretty close to 50% reduction in movements and mobility even by mid-March, before the lockdown.

Has it been reinforced? We will talk about this in some detail, but in general—Stephen will have the same view as me—the public have actually been extraordinary in their efforts and the extent to which they have adjusted their behaviour. We think across multiple measures, the vast majority—I have heard this phrase many times before—of the public have made very significant changes in many domains, from washing their hands to social distancing, wearing masks and so on. Typically, we would say that about 75% of the public have done a particularly good job of being close to completely compliant.

Professor Reicher: In many ways, the story of this pandemic has been the expectation that the weak link would be the public. Perpetually, before the first lockdown, the second lockdown and still now, we ask, "Will the public comply?", the assumption being that people might not be able to stick to harsh restrictions. Time and again, the compliance has actually been quite remarkable. In fact, a study came out last week from Daisy Fancourt at University College London showing that, if anything, compliance is higher than ever. So, in many ways the public have been the strong link, not the weak link.

Whether that is because of the Government is a very different question indeed. It is interesting to note that after the infamous trip of Dominic Cummings to Durham's Barnard Castle, trust in the Government fell. However, many people started complying in many ways despite the Government, saying, "We don't want to be like Dominic Cummings." So, while I completely agree with David that levels of compliance have been

extremely high, whether that is due to the Government or despite the Government is a very different question indeed.

Q237 **Chair:** We shall explore that theme throughout the session. I wonder, reflecting on your own roles in this, what role have behavioural scientists played in the pandemic response?

Dr Halpern: A number, really. When you think about it, each level is highly behavioural, and maybe this has really driven home for people. The first line of defence—that people should maintain distance, wash hands and so on—is heavily behavioural, so there is a lot of work to be done thinking about how to reinforce that or the design of messages. As we go along, if you like, I can share some illustrations of that. A very simple one is the early hand-washing campaigns, which you might remember from right at the beginning of the whole covid episode. We tested in quite large numbers alternative posters and messages. We randomly tested different groups of people—literally thousands—with alternatives and then basically we ask, "Do you remember the message?" We can then test and refine it to see which one is most effective. It can be at that level.

The second line of defence is, for example, whether people will comply. Self-isolation is a good example. We worked on effective techniques. Again, in speaking for my own team, we have worked with Test and Trace elsewhere, but where possible we have been running actual trials. How effective is it to text people to remind them, versus actually calling them up? We get a pretty clear result—in that case, calling them up is pretty effective at boosting compliance, whereas texting is not at all effective, we found.

Finally, we get to vaccination, and it becomes things like vaccine hesitancy and understanding the psychology of that and how we would respond to it.

Chair: Thank you. Professor Reicher, please.

Professor Reicher: I will be 65 on Friday, so I am coming to the end of my career. I have been doing this for 40 years now, and in 40 years I have never seen as much interest in and concern with behavioural science, within the academic world, the political world and the media.

I used to say that, until we get a vaccine, virtually all the things that we could do to contain the pandemic are behavioural—we need to change behaviour. We need people to interact less, because it is through proximate interaction that the infection spreads. I was completely wrong because, as David has already intimated, the vaccine raises many behavioural questions. The vaccine solves nothing; it is people getting vaccinated that solves something. Then, if people get vaccinated, will they become complacent and less observant of other important behaviours?

Behavioural science is at the very core. I have never before seen the tabloids, as well as the broadsheets, discussing issues of legitimacy, trust and behaviour, so at one level it has been very important. What is more, I think it has begun to change our understanding of human behaviour.

Again, going back to the issue about concerns, the notion is very often that people are frail, that psychologically they cannot cope with complexity and that, especially in a crisis, they will panic. Therefore, in a crisis, people will not be able to look after themselves; they will need Government to look after them.

What we have found is remarkable resilience, principally because people have come together in communities. They have started to think in terms of "we", rather than in terms of "I", and we have begun to see the power and resilience when people act collectively. In terms of behavioural science, therefore, I think, first, it is on the agenda and, secondly, we are beginning to change our understanding of the nature of human behaviour, the nature of the public and the power of community.

Q238 **Chair:** Thank you very much indeed. May I ask both of you—Professor Reicher first, to be fair with this one—have the Government taken your advice on board, or do you have any examples of where the Government have not followed the behavioural science, to coin a phrase?

Professor Reicher: Hmm. I must admit that I do not like the term, "follow the science", because what we can do as scientists is to point out outcomes and risks, but it is a political question as to how you weigh those risks, and how you weigh those risks against each other.

I want decisions to be informed by the science—*[Inaudible.]*—on the behavioural science, where the Government have acted in ways that contradict some of the principles that we put forward very clearly. Let me give you just a couple of examples.

The first example is on the importance of the clarity of messaging. When we had the message, "Stay at home", 96% of people understood it; when it changed to, "Stay alert", 31% of people understood it. It was very unclear—it was not clear what it meant or what people were supposed to do with it. It violated core principles of messaging.

The second and larger example, for me, is that at times there has been a tendency to blame the public and to point to the public as a problem. The problem about blaming the public for the difficulties we are having and for the rise in infections is that, again, it violates a number of core principles, which SPI-B and others put to the Government. In a sense, this is the ABC of messaging. First, if you say to people, "Everyone is doing this. Stop it," what people hear is that everybody is doing it. That begins to suggest there is a norm of behaviour in that way, and people begin to think, "Well, if everybody else is doing it, why shouldn't I do it?" So, it is unhelpful.

Secondly—this is fundamental—compliance with Government, and authority in general, is very much a matter of the social relationship between the public and Government and whether we think of the authorities as "others" and acting "for" us. If you begin to treat the public as the problem and as "other" and start blaming them, you break that relationship—you break that relationship of trust, undermine common cause and undermine compliance. I think there have been a number of

times when, in fairly fundamental ways, some of the principles that we have put forward have been violated, and I don't think that has helped in bringing together the public with the Government or helped the response to the pandemic.

Chair: Thank you. Dr Halpern, please.

Dr Halpern: There are a number. You will be aware that in the policy world you definitely don't win every argument. That has been true in this case. There has definitely been an issue with a lot of people having lay theories around human behaviour. It is a bit like everyone being an expert on education because they went to school. We all feel that we must be experts on human behaviour because we are people.

Stephen's example is a very famous one in the literature around social norms. It is often the temptation, particularly in the policy world, to say, "This is a terrible problem. All these people are doing it. We've got to do something about it." That very often backfires, particularly when it is not true. We tend to already systematically overestimate bad behaviour in other people and then, driving it even further forward, that is actually often counterproductive. So, you will see a recalibration over time, I think, in how Ministers and others talk about that—to emphasise that most people are in fact complying. You do still need to emphasise egregious cases and to enforce, by the way, and maybe we'll get on to that in detail.

Are there examples of where you try to fight a battle and it takes a long time to get through? "Stay Alert", which Stephen has talked about, is a good example of something we would generally say not to do, because it is not clear about a call to action. Over time, that was eventually—we helped to shape it with colleagues. We had "Hands. Face. Space." That is a pretty clear call to action. Are there other things you could put on the list? Of course, but that would be better.

It took a long time to get through to people about masks. Our view quite early on was that masks were effective, not least because of the signal they create, but also because of the underlying evidence. And I gave you the example of hand washing, where we did a number of trials and we found this was more effective. The evidence was suggesting that it was more effective, and it wasn't taken up.

If you want, I will give you a real example, a concrete one, of where we tested variations. Remember that one of the key issues in the first lockdown especially was that people with other conditions weren't going in to seek help. This was really a major issue. So, we tested different things to see what would be more effective. I will just say one thing on this before I give you the result. When people hear the answers to different trials, they say, "Of course. That would make sense." But if I showed you the images before and said, "Which of these do you think would be more effective?", it would be really hard to say.

An example is having a confident doctor or nurse saying, "It's really important, if you feel ill, to come in." Will that be more effective than

having a picture of someone in pain? Most people think that the doctor would be more effective, but it turned out that seeing the face of someone in pain was more effective. But that was not then adopted, particularly, as a campaign. There may be other arguments, counter-arguments, but we had found that to be more effective, and it was not the one that was used.

Q239 **Chair:** Thank you. Before I pass on to another member of the Committee, may I ask you to state, in as few words as possible and starting with Professor Reicher, what your view is on lockdown fatigue?

Professor Reicher: Everyone is tired. Nobody likes this. Everyone wants it to stop. So, we are all fatigued. But fatigue in the sense that people won't be able to cope with it has been, I think, one of the most dangerous and misleading concepts we have had throughout. It has led us to delay action, such that by the time we have to take action, the situation is even worse, and we have to do more, and we have to do it for longer. As I say, on the whole, the public have not been the weak link in this pandemic: they have been the strong link, and a bit more confidence in the public is extremely important and might lead to some better decisions.

Chair: Thank you. Dr Halpern?

Dr Halpern: Yes, I very much agree with that. We think it is quite a mischaracterisation. Of course, you see it in wartime and so on. People endure quite significant challenges. It is also misleading, because it does not characterise correctly what happens, so again, we will get into that. We find that for many people over time, the behaviour becomes stronger; it becomes reinforced. Will there be some people for whom there is a decay? Yes, and the obvious follow-up question is, "Well, where does it come from?" In medicine, you often see examples of fatigue where people do not follow their treatment at an individual level. Tuberculosis is a good example: people do not carry on, so you get this idea there. It is very different when everyone is making a shift or an effort together, because the world around you changes and it reinforces your behaviour.

Chair: Thank you very much. We will now go to my colleague Karin Smyth.

Q240 **Karin Smyth:** Thank you, Chair. I will start with Professor Reicher, and then Dr Halpern. Is the actual sharing of data a good way of encouraging behaviour change?

Professor Reicher: Let me start answering that with what many of you will know to be the motto of the Royal Society, which is "Nullius in verba"—"Take nobody's word for it". The point it is trying to make is that the whole point of science is that science is not based on authority. If anybody says to you, "I'm a doctor, trust me", don't trust them. You believe a scientist because a scientist gives you data; a scientist gives you the evidence on which their argument is based. Merely to tell people things without giving the evidence is simply not science. The notion of using the science but not giving people the data is a contradiction in terms, so to me it is fundamental.

The second thing is that the way in which people absorb information is not simply a matter of the information itself. A lot of the time, we are telling people about things in which they are not experts. It is fundamentally a matter of your relationship to the source of the information: do we trust those people, or do we not? That issue of the relationship to the source is absolutely key. On many issues, we will have different people telling us different things. We will have the Government and scientists telling us, "The vaccine is not dangerous. It is good for you." We will have anti-vaxxers telling us, "It is a conspiracy. It is against you." How do you decide between those different sources? You decide sometimes because you have some expertise, but a lot of the time because of your social relationship to that source.

How do we build the trust that leads people to accept the information? Well, there is a whole literature on that—it is called procedural justice literature—but a lot of it is about treating people as if they are one of us: treating them with respect, listening to them, being transparent with them. Therefore, providing information is not only the basis of science, but the basis of building up the relationship of trust that is going to be critical to people accepting the information they are given, so the answer is that not only is it important to be transparent with information; it is absolutely foundational.

Q241 **Karin Smyth:** Thank you. That is very clear. Dr Halpern?

Dr Halpern: As a little aside, I am actually a professor too. It is an interesting question: if you knew I was a professor—actually, from three institutions—would you trust me more?

Does it matter? Of course. We spend our lives building up the evidence base for it, but that does not mean it is an effective communication form in everyday language. There is a very famous example from Paul Slovic, where the use of data to say, "Will you give money to this charity because of Syria, or whatever?"—giving the number of kids who are starving or being harmed—not only does not increase people's likelihood of giving money, but actually decreases it. You are half as likely to give money than if you just saw a picture of one child who is in difficulty. It turns out, interestingly, that if you put them both together—the child and the statistic—it is less effective than just the image. It does not mean it is effective as a communications strategy, but of course for what we are doing, day in and day out, it is incredibly important.

That said, giving people data that bears on their own behaviour in a consequential way is highly effective. Again, we ran a trial in which we tested giving people different levels of information and feedback. This was in the context of the app, as to what we thought the app might be capable of doing. People were given more information about whether the level of cases in their area was high or low, as well as information about their own personal risk—if it was high or low—and would that change what they did?

The answer is that it would, really quite significantly, and in particular on social contact. It did not make that much difference with keeping to the

two-metre rule and so on, but it made a very big difference on social contact—15 to 20 percentage points, which is very large—if people could see the risk in their own area and have a sense of their own personal risk.

There is clearly a case for giving people enough information that is consequential for them, and they can do something about it, but throwing stats at people just because you want to get them worried or something is not particularly effective.

Q242 **Karin Smyth:** Thank you. You have both touched on this, but we want to explore a bit more the principles that the Government should bear in mind when they are encouraging compliance with the rules and regulations. You talked about the relationship and some of that openness, but are there other principles that the Government should be bearing in mind, including how the data is presented, in a positive or negative way? Will you talk us through some of those principles and the framing? Professor Reicher.

Professor Reicher: It depends how long you want.

Karin Smyth: I appreciate that it is 40 years of work—and happy birthday for Friday, by the way.

Professor Reicher: Thank you. Of course, there are a number of issues, and how we present data is clearly critical. I am not as sceptical about the importance of figures as David is. I think it is very important how you present them, what you present and what is relevant.

There is a whole literature of something called social representations, which is how to take a new phenomenon and make it understandable to people. In many ways, this pandemic is something new. Two principles are important, and one is anchoring—we make something unfamiliar familiar by linking it to something we know. The problem is, if we anchor something in the wrong way, that leads to a misunderstanding, and one of the great tragedies of this pandemic was anchoring covid as flu and treating it as if it were flu. That led to a lot of harm.

The second is what is called concretisation. It relates to a very famous quote from Stalin, which you will know: "One death is a tragedy, a million deaths a statistic." So, concretisation is taking an abstract idea, a statistic, and making it concrete—providing an image, letting us see what the reality is so that we can relate to it and identify with it.

For example, we show empathy and support others when we see them as like us, as in-group, and we relate to their suffering. That has a huge impact. But there are ways of doing that with figures as well. Figures tell us about the generality of a phenomenon, which we can relate to. We have to relate to it—that is what the image does—but we have to see its generality.

Various points of generality are really important in this pandemic, and affect compliance. One is the notion of risk. When we look at compliance,

for example during the SARS epidemics, and during this one, if people do not think that there is a risk to them, they are less likely to comply.

The second point is effectiveness. People are not stupid. We have seen that people can take the pain, and have been prepared to put up with huge suffering and difficulty during the pandemic, but they will not do it for nothing—they will not take the pain with no gain—so we need to show people that the measures that we are implementing are effective. Many of the international studies show that effectiveness is absolutely critical. If we look at many of the debates about lockdown, for example, they have not been debates about whether we should have measures; they have been debates about whether they are effective or not.

We need to understand the key drivers of behaviour, and we need figures that speak to those specifically. When we do that, we can have effect—and on the whole, if we do that, if we also present the data in a way that makes it concrete, that people can relate to it.

I will finish with this. For a long time, there was a lot of concern about migrants, and about migrants suffering and dying while trying to come to this country. Just think of the power of that picture of Alan Kurdi lying on a beach, a three-year-old boy dead, and of his father looking at him. All of us—and I am a father—could look at that child who is no longer an abstraction, no longer a migrant. That child could have been my child or your child. I wept when I saw it. It transforms your understanding. Yes, let's present data, let's understand the drivers, and let's get people to understand the reality of the phenomenon through concretisation, but also the generality of the phenomenon to understand how important it is.

Q243 **Karin Smyth:** Can I come back to you, before I go to Dr Halpern, on effectiveness? Do you want to say something about the view of the effectiveness of lockdown and the measures now?

Professor Reicher: A large number of large international studies have shown that one of the key factors in people abiding with measures is effectiveness. Again, people are sensible. They are not going to do things if they think they are useless. The other aspect of effectiveness, incidentally, is people's sense of self-efficacy—do I think that I can put up with these restrictions? Again, human beings are reflexive beings. We do not just behave with stimulus and response. We think about our own capacities, and we will do things if we think we have the capacity to do them.

Giving people a sense of empowerment is really important in terms of giving them efficacy. There is that double dimension. You have to think that you can effectively deal with this and cope with it. You have to believe that the measures are strong enough, which in part, I think, is why, ironically, there are times when people would be much happier with stronger measures than with half measures. Some of the concern that we cannot have firm and effective measures because people will not put up with them can be precisely the wrong way around.

Q244 **Karin Smyth:** Thank you. Dr Halpern, what about the principles and the framing of the data?

Dr Halpern: Very briefly, a pretty good trilogy would be: are they true? Would people rapidly draw the right conclusion? Then, behaviourally, is there a clear implication for what you should do about it? In some ways, maybe I should give you some negative examples, and make them concrete.

I would say that the stat from the King's study that only 18% of people are complying, which is incredibly widely quoted, is incredibly misleading because it is based on a measure of anybody who has made any breach whatsoever. If, for example, you were on your 11th day of isolation and you were perfectly fine and you went out at midnight to take the dog for a walk around the block, you would immediately be a non-complier. It is just very misleading when you aggregate it. Going to the points that we both made earlier, it is also counterproductive because it gives a false impression about non-compliance.

We sometimes use a very simple thing: a core principle of behavioural science is are things easy, attractive, social, and timely? You can use these as principles. Is this easy to understand? You had a session with David Spiegelhalter about work on how you can translate data more effectively. How do you cut through? Sometimes you want to catch attention, but often a dramatic stat catches attention but does not really inform people. If, again, you want me to be slightly controversial, the ONS stats on death, which went out last week, were pretty misleading in making a comparison with the second world war, for various reasons that we can get into. Social—what is everybody else doing? Also, timely—when is the right moment?

We find that people have adjusted their behaviour pretty well on things like washing their hands and so on, in terms of the risk, and about keeping distance and so on. There are some areas where people are miscalibrated, though. People have not got the idea about duration very well—how long it matters; 10 minutes versus half an hour—and they have not really got the scale of the effect of ventilation very well. Those would be areas where I would say that people are slightly miscalibrated, and we want to try to make sure that the stats and the analysis is coming through, so people can use them to adjust their own behaviour more than perhaps they have until now.

Q245 **Karin Smyth:** To be clear, do you mean duration in terms of how close somebody is or people are to each other?

Dr Halpern: How long you are together. Being together for 10 minutes is very different from half an hour. It is a significant increase in your risk, as is a couple of minutes versus a longer period. People know it is sort of there, but if you try to get them to work out how big the effect is, they are off the mark by some degree, I would say. Maybe it is because it has not been emphasised enough in what we have communicated.

Karin Smyth: We might come back to that. Thank you both very much.

Q246 **Jackie Doyle-Price:** A brief follow-up to that, Professor Halpern: you explained that perhaps less is more when it comes to data and the issue is the quality of the data rather than its quantity, particularly in terms of driving the right behaviours. How do we get that right in a liberal democracy where there is such a focus on transparency?

Dr Halpern: I believe, in principle, that as much data as possible is to be put out there and that there is literature and there are arguments in technical space. That is not the same as running a campaign for busy people. The way I think about it is that most people do not spend their lives in Westminster or Whitehall, and they have other things going on in their lives. The message needs to be explained in a succinct and effective way, and there need to be mechanisms—like this Committee—to make sure that data is being used correctly and that there is a scientific process of arguing backwards and forwards about the correct interpretation. In the end, though, it needs to be boiled down in as simple a way as possible.

I can give an analogy: one of my other roles is as a What Works National Advisor, the idea of which is to put better evidence into the hands of public service professionals. One of the best examples of that is the Education Endowment Foundation, which puts evidence into the hands of teachers. It summarises tens of thousands of studies and large numbers of randomised control trials into a simple toolkit that contains a few things: the aspiration or intervention, such as tuition; the question of how effective it is. That is expressed in terms of the number of months, for example; how expensive it is and also the level of confidence. All of those are expressed as a series of little padlocks. Some people would say, "That sounds like *Which?* magazine for how you buy your car." But teachers and head teachers have a lot on their minds, and then they have to go to the extra trouble of explaining—as concisely as possible—a piece of complex literature so that someone in a hurry can interpret it correctly. I am okay about that. It is an appropriate balance.

Professor Reicher: When I mark my undergraduate projects, a bad project is one that gives me 101 analyses, so I cannot work out which of them answer the questions I am interested in. A good project gives me the core analyses I need to answer those questions. The point about there being too much data relates to when that data distracts people from the important information to answer the questions they want to ask. It is the data's relevance that is critical: understanding what are the questions that people want answered, and making sure that the questions and the data are matched.

Q247 **Jackie Doyle-Price:** At the moment, the Government are trying to drive the public's behaviour by relying on some simple data measures—number of deaths and number of cases—which re-emphasise the fact that we still have a battle to fight and that we need to stay safe. Bearing in mind what we said before about how numbers start to fog, are they effective? To what extent are people switching off from them?

Professor Reicher: It is going to be a matter of combining quantitative and qualitative data. Qualitative data—examples—bring things to life and

allow people to relate to them. Hearing a nurse's voice is important: a nurse crying with stress in the first wave was immensely important in getting us to understand the realities on the frontline. The voices we hear at the moment are extremely important. I have been arguing for the need for more of these stories, including stories of compliance.

The difficulty is the basic effect in psychology called the availability effect, which says that we judge things not on how often they happen but on how easily they come to mind. More dramatic things are more memorable, so we think that more dramatic things happen more often. If we see 100 people going about their business perfectly properly and obeying the rules, we do not notice that. If we see one person breaking the rules or one altercation, we notice that. What is more, a house party of 100 people will be on the front pages, and we will read about that. It is not headline news if 100 or 1,000 or 1 million—or 10 million—people sit at home quietly watching rubbish on the TV. We over-estimate and over-dramatise the extent of non-compliance.

I argued that point on the "Today" programme and, to be fair to the programme, they ran stories of everyday heroic compliance over the next few days. Those dramatic examples make an absolutely huge difference. We need those, and we need examples to tell us the realities of what is happening in our NHS. But again, if you give just one story, people can begin to say, "Well, that's one story. I know that a lot of the hospitals are empty." That might be false, but they are not having those problems. To me, it is about combining those forms of information in a way that speaks to the core message you are trying to get over, and we know that "Save the NHS" is a very powerful message. It is about finding ways of concretising and dramatising, but I think combining that with information about the generality of the phenomenon is a really powerful way forward.

Jackie Doyle-Price: Thank you very much

Q248 **Mr Jones:** Professor Reicher, you have already touched heavily on the question of the perception of risk and the communication of risk. We have seen evidence from the response to the 2011 pandemic survey. It was found that higher rates of anxiety and more trust in authorities were associated with behaviour. To what extent is it necessary for people to feel anxious—in other words, to feel positively scared—in order to comply with regulations?

Professor Reicher: I probably should not look at Twitter too much, but I find a lot telling me that I am a demon who is trying to scare people witless. Actually, that is not what I am trying to do. There is quite a lot of literature that shows that simply inducing fear leads people to turn away and to turn off. What is effective—it is a subtle distinction—is to get people to understand risk and to understand what they can do to mitigate that risk. Just saying, "We're all doomed, and there's nothing we can do about it," is not very effective. What is powerful, however, is to say, "There's a very real risk out there, and these are the steps that we can take to deal with it." In the same way, you would not want to say to your child, "If you go outside, you can die because a car might hit you." That could lead to

very counterproductive behaviours. Being able to say, "Roads are dangerous. This is the risk, and this is what you do. This is the Green Cross Code"—I'm betraying my age—is quite effective. If you do not tell people there is a risk—again, this is one of the most basic findings throughout a whole series of pandemics—and they do not think there is a risk, they are not going to adopt the behaviours that are necessary to mitigate it. You have to navigate between indicating to people that there is not a risk, and inducing a sense of inchoate dread. The way to do that is to be clear and open about the risks but explain the measures that people can take to mitigate those risks.

Q249 **Mr Jones:** Are there other things that the Government should be doing, apart from communicating risk?

Professor Reicher: That is a very broad question indeed. In behavioural terms, I want to make two points that I think have been implicit in a lot of what we are saying. I say this as a psychologist. A lot of my role as a psychologist is to say, "That is not a psychological issue." We often assume that if people are out and about, or if they are not obeying the rules, it is because of motivation; that they are people of ill will, who should be castigated and punished. In the first lockdown, there was evidence showing that three to six times more poor people—people from vulnerable backgrounds—were breaking lockdown than the more affluent, but it had nothing to do with motivation. The motivation to comply was exactly the same. The main problem was that of practicality—staying in and putting food on the table. A lot of the time, I find myself as a psychologist saying, "The reason why people are breaking the rules is not motivation. It's not psychological; it's practicality." Again, rather than castigating people, we should be thinking how we can support them. How can we make it possible?

Although I completely agree with David about the statistics on self-isolation—the 18% figure is problematic—whatever figures you look at, they are still dramatically lower when it comes to self-isolation than compliance in other areas. The reason for that is that, practically, it is a difficult thing to do. Not only is there the issue of finance and losing your job; there is the issue of accommodation and how you self-isolate if you live in a house with a lot of people. What about food and medicines? What about caring responsibilities? What about walking the dog? You find, in places where you put that in place—New York, for all its errors, is doing that and it will give you all those things, including a dog-walking service—that the compliance is far higher. If we start from the question of how we can support people, it will enable them to do it.

There is another benefit. If people see the Government as the agency that is not wagging a finger at them and telling them off but is actually looking to support them, they will begin to see the Government as in-group—as of us and for us—and that, in turn, increases the compliance, so you have a virtuous circle, which works its way out. If I had one simple message, it would be: don't conflate behaviour with psychology, look at the practicalities and ask questions about support. If you start from the premise of how you support people, you fundamentally transform the

relationship between Government and the public, in a way that aids the response to the pandemic.

Dr Halpern: Your specific question is such a key one. You will notice through this whole session, that there are a number of popular views that are sometimes misconceptions. Anxiety is one of those. It makes sense to say something frightening, because you will catch people's attention, but, behaviourally, it is not very effective.

There are some good reviews on that. There is a good meta review from 2013 by Peters et al. It basically shows that driving anxiety, per se, is not effective overall. It only works when you have what psychologists call— Stephen referred to this—efficacy, which means you can do something about it. When you combine those things and say, "There is a reason to be afraid. Here is something you can do about it," and you believe it can make a difference, then it becomes effective. If anything, in conditions where you don't think you can do much about it, it is even counterproductive. The classic example is smoking. A big issue is whether we should have more and more big warnings. That is quite effective for people who are early on in the habit or thinking about smoking, but for people who are very regular smokers, it does not work very well. In brain terms, it starts firing off your amygdala and you say, "Oh my God. Panic, panic, panic." That is not great. What you really want is your pre-frontal cortex, as it were, to step in and say, "There is something I can do about it, which is the following." That is why "Stay alert" is not a great campaign, because it suggests, "Oh my God, I should be afraid of something, but what do I do about it?" as opposed to "Hands, face, space".

You mentioned the issue of trust. I hope we will come back to that. There is a particular sub-group, which you were talking about, of people with lower compliance. What are their characteristics? One of their characteristics is that they do not trust the Government or anything they say.

Q250 **Ronnie Cowan:** I have been busy writing copious notes this morning. It has been absolutely fascination, I must say. Dr Halpern, at this stage in the pandemic, when we have seen behaviour change as circumstances and death rates have changed, I am concerned that as we roll out the vaccine, there will be complacency and people may let their guard down. Am I right in feeling that?

Dr Halpern: Absolutely right. We put out some data about that a few weeks ago. Again, for obvious reasons we cannot go out and do the experiments live, but we can simulate it in some ways. We take a few thousand people, and we say, "Imagine the vaccine is coming into place. When you have the jab, what will you do?" We ask them then about different kinds of behaviours. We also ask, "When you think other people around you are starting to get the vaccine, what will you do?" Again, if I ask you what you would predict—you alluded to it—it is obvious in retrospect. We found that people maintain a lot of things. They will carry on washing their hands and maintaining 2 metres. The thing that moves

quite dramatically is how often they will go to see other people. As soon as they have that vaccination, people think, "Fantastic. I will be able to go out." You can hear that from people on vox pops. We definitely worry that people feel that the second they have that vaccination, they are good to go, whereas we know it is at least 12 days to two weeks. I worry a lot that you will get a phenomenon like a day or two before the armistice, when people will be overconfident too fast on the vaccine.

Q251 **Ronnie Cowan:** Is it two weeks? As I understand it, the vaccine does not make me immune to catching and transmitting the disease. I heard the BBC last night describe this as an immunisation programme. Technically, there might be a boost to my immune system, but that doesn't make me immune from catching the virus, having it and transmitting it.

Dr Halpern: That's right. I am primarily an experimental psychologist, but you are right. There is a lot of discussion and some evidence—early days—that some proportion of people could also be carrying it in their mouth and so on. So, we need to carry on taking the other kinds of measures for quite a period.

There is another reason, which has been much discussed, and that is concerns around escape. We need to carry on supressing the virus through every means that we can, so that the overall prevalence and levels of virus are low, so there is less opportunity for mutation. There are lots of reasons that we need to carry on doing those things. You have to go that extra mile. So, yes, there is an issue there and it is important that people understand that that has to carry on. We have to carry on with the other available measures for a period.

There is a separate issue around vaccine hesitancy, but in the UK generally we have relatively low levels of so-called vaccine hesitancy, interestingly, compared to a number of countries.

Q252 **Ronnie Cowan:** You said earlier that 75% of the general public were particularly good at heeding the advice. Do you think that number is dropping or that there is a danger of it dropping?

Dr Halpern: I think Stephen wants to come in here. Generally, we have seen that hold up. It is a very particular thing where you feel, "That's fantastic. I'm sorted. I feel a relief. The vaccines are there." When we have simulated that, we describe that scenario to people and say, "What will you do?" and we see people drop their guard, specifically on social contacts. That is the one thing you can imagine that people are really craving, and they think, "Thank goodness. I will go and see a few more friends. I will go and see some other people." That is a particular risk that we are going to have to all keep an eye on, I think.

Professor Reicher: In terms of the general behaviours, the data from last week showed, if anything, that people are complying more. I am part of the Scottish compliance group and we saw the Scottish compliance data yesterday. Again, that shows very good figures on compliance. So, compliance in general is not dropping. Fatigue might be increasing. However, compliance is not dropping.

In terms of vaccine complacency, there is a very good paper just published by SPI-B on precisely this issue, which involves use of data. Yes, there are dangers, for two reasons. The first is information and misunderstanding. For instance, some people think that the effect of the vaccine is absolutely immediate. Some people think that it means that you can't transmit the disease, and there is a lack of clarity about that from the medical community. One of the dangers is that, quite rightly, we want to roll out the vaccination programme as fast as possible, but we need two or three minutes explaining to people what the implications are. We need a public information campaign about it.

The second thing is this, and I think it is of core importance. If I had to give just one quote from the whole pandemic, it would come from Governor Andrew Cuomo of New York, who early on said that this wasn't an "I" thing, but a "we" thing: "Get your head around the we concept." My work is precisely around understanding the "we" concept.

For many people—say, younger people—there is a sense that, "Well, personally, I am not going to suffer that much; therefore, if I think about my individual risks, I might as well go out." That is if you think of consequences in terms of "I". If you think of them in terms of "we", you are going to say, "If I go out, I might infect somebody, and somebody might die." Thinking in terms of "we" fundamentally changes your calculation of interests and risk.

The same goes for the vaccination. If you think, "Oh well, I'm going to be okay," you stop thinking in terms of the consequences of your behaviours for others and that you can still infect others, and therefore you are going to take more risks. So, I think both an information campaign and that collective communal framing, which a lot of evidence shows is important in terms of adherence, are absolutely key.

What David said about the final point is key. Vaccination is wonderful—vaccination is a game changer—but if we think that anything is the only game in town, if we think it is the magic bullet, if we think we just do this and everything is okay, we store up massive problems. Vaccination has to be part of a broader strategy in which we still have to think about test and trace, about keeping spaces safe and about people's keeping on their guard. That is an absolutely critical message that we must get over.

Q253 **Tom Randall:** Professor Reicher, you have covered most of the questions I was going to ask you, but on behaviour, SPI-B papers talk about reinforcing guidelines through stressing the positive impact of behaviour changes. Do you think there is any risk of confusing messages if the data shows, for example, worsening death rates, but the Government need to stress that behavioural changes are working?

Professor Reicher: This is a difficult message and it is a balance. The other balance that is important is to get over the notion that, actually, most people are complying, and the norm is to comply, but still everybody has to take their social responsibilities seriously, and everybody must comply. Getting that balance is really important.

I go back to the fact that, to me, the weak link is not the public. A lot of the time, the problem has been not that people are not following the rules, but the nature of the rules themselves. For instance, before Christmas, when there was the "three households meeting over five days" and people were being urged to follow the rules, if people had followed the rules and kept within the rules, the R rate would have gone up to over 3. Even half the public's meeting with one other household probably increased the R rate by about 0.5, so sometimes the problem is not that people are breaking or flexing the rules; it is rules that are too flexible.

That goes back again to this notion that the problem lies with the public and the public are breaking the rules, and often that is not the issue. Very often, the issue is that what we are allowed to do—sometimes what we are even encouraged to do—is not sufficient to contain the virus. In a very simple message, I would say, "Stop blaming the public—in many ways, praise the public. Let's have more stories of their compliance and let's understand where the problems really lie."

Q254 **Tom Randall:** To the extent that we can define what the rules are, subject to what you have just said, do you think good data exists on the extent of compliance or non-compliance?

Professor Reicher: All data—this is a really important point—is not absolute. Data always happens within particular assumptions. For instance, if we look at deaths, we can use different measures that come out in different ways. If we use death within 28 days, we probably underestimate; if we have all deaths with covid on the death certificate, that depends on the practices that doctors use when they are in doubt.

All data is problematic, and behavioural data is particularly problematic. Self-report data, of course, is open to all sorts of bias as people say the things that they think people want to hear. The behavioural data that is just poll data is difficult. There is some systematic observational data, whereby people sit around in stations and watch how many people are wearing masks and so on. There is data, for instance, on the amount of traffic on the roads, and there is GPS data. But it is really important that we acknowledge the limitations of our data.

Sometimes, there is a sense that people cannot cope with uncertainty and people cannot cope with risk, so we have to phrase things in very simple and absolute ways. Actually, there is an emergent body of literature that says that that is a rather problematic view, and that actually acknowledging uncertainty in our data, if it is uncertainty of particular types, either does not undermine confidence or increases it. What really undermines confidence is where you say something such as, "This is absolutely the case," and then it proves not to be the case. Then, people stop believing anything you say.

I think we have to be more open and sanguine about the nature of the data we have. None the less, I would say that, yes, there is different data on compliance that is stronger or weaker, but overall the data tells of a

pretty similar pattern, which is that in most areas—self-isolation being an exception—compliance is pretty good.

Q255 **Rachel Hopkins:** I would like to build on the question of trust that Professor Halpern raised. What are your views on how important trust is in Government and institutions in influencing behaviour? How does the way in which the Government share data change the level of trust people have in them?

Dr Halpern: That clearly matters. Stephen and I have both emphasised the remarkable achievement of the British public and the levels of compliance. We have had a number of goes to work out why some people are not going along with the other 75%. Back in the summer, we estimated about 8% of people were not complying. We segmented the different ways, for example, and we looked at people in different tiers. People in higher tiers were still going out to meet lots of people. That gave us an estimate of about 8% of people who were significantly less compliant. Interestingly, they were not rich or poor—it was quite spread— and it was not particularly men or women, but they had two characteristics. First, they did not really believe in covid. You might say, "Well, that's because they don't believe the data." Secondly, they had low trust in Government. The causality of that could go in lots of different ways, but we thought that that was very striking in the data.

Why is that important? There has been a lot of discussion about R this last year, but much less discussion about K, the dispersion rate. There is an issue about over-dispersion, which SPI-B has also thought about. One of the Behavioural Insights Team is on SPI-B. The 8% are arguably disproportionately important. When we try to marry on to their behaviour and estimate the risk, they may account for as much as 60% of the behavioural risk, which fits in with data from the big India study of half a million people, and so on. There is an issue there.

To make it a causal claim that the Government are doing things that make them not trusted, or there is something about the lives of those individuals—there is certainly something in it. In some ways, even more important, to reinforce Stephen's point about "I" versus "we", is that it is less about, "Do you trust the Government?" It is, "Do you trust your fellow citizens?" That is what really matters.

When I was a respectable academic at Harvard and Cambridge for many years, I worked a lot with Bob Putnam on social capital. There is a fantastic body of work that you might know, "Making Democracy Work", which basically shows that what drives Government performance, often more than anything, is essentially the social capital of your public—it is the "we". Why would I pay my taxes if nobody else was going to pay their taxes? It is as much about trust in your fellow citizen, which is why these feedback loops about the data and this problematic aspect—for example, the 8%—which implies that people are not complying, are really problematic, because they undermine your trust in your fellow citizen, which in many ways is even more important than trust in Government. Of

course, trust in Government matters, but you are on to an incredibly important issue. Is that an adequate answer?

Professor Reicher: I agree; that is a core issue. In my day job, which I have not had much time for recently, it is one of the core areas into which I do research. I do research on group processes. In many ways, trust is a function of believing that others are part of that common "we"—they are of us and for us. We will trust people if we believe they belong to the same group or social category of us. There is a wealth of experimental material and field material that shows how important it is. Anything that undermines that sense of "we", which includes us in the public, but also the Government, is going to atrophy trust. For instance, if you want to look at the figures—again, Daisy Fancourt did some lovely analysis on this—after the Cummings affair, trust in Government fell by over 20%. It fell specifically in England, not in Scotland and elsewhere. If you asked people what was going on, the saying that everybody would use would be, "One law for them and another for us." Such phrases, "Them and us," and, "we and they"—anything that undermines that sense of common categorisation and that creates a sense of "we and they" will undermine trust. So, one rule for them, one for us. What do authorities do? Whether they abide by the rules that they tell us to abide by is really important.

Things such as listening matter. There is a lot of research that shows how listening is important, how respect is important, and how heeding what people say is really important. So, all those issues are absolutely critical.

In many ways, trust depends upon "we and they", and I think that the relationship between Government and the public, and the Government's relationship with each other, is interdependent. In that sense, if the Government, for instance, start treating the public as "they" and start blaming the public, people start blaming each other and that breaks down the sense of community. So, those two elements are interdependent.

The relationship between trust and compliance is more complex. If you look in England, for instance, you see that trust in the UK Government is down, at around 30%, and if you ask people, "Is the right thing to do whatever the Government says?" similarly the figures are low. In Scotland, the figure for trust is about 70% or 80%. However, the compliance figures are not that different, which shows you that trust is a factor, but it is not the only factor at all.

First, there are different types of behaviour. So, with many of the behaviours that we can do independently of Government, such as socially distancing, washing our hands and so on, trust in Government will not be that critical. However, when it comes to things such as vaccines, trust will be critical, because there you have got to believe the Government telling you that the vaccine is safe, and you are actually interacting with the Government. So, there are some areas where trust is critical.

Going back to vaccines, David is quite right that the overall data is pretty positive—few people are vaccine-hesitant—but for groups that historically have had a problematic relationship with Government, black people for

instance, the figures are very different. A study came out last week suggesting that 72% of black people are not anti-vaxxers but vaccine-hesitant, because they have questions and there are issues of trust.

So, I think trust is critical, as is that issue of "we" and "they". Trust does impact on compliance, but in a complex way, not just simplistically, and it is different for different behaviours.

Chair: Thank you, Rachel. We will now have two brief questions from two more members of the Committee, with John Stevenson going first, please.

Q256 **John Stevenson:** Thank you, Chair. Professor Reicher, I have two very simple questions. First, what role does the media play in helping people to understand the pandemic and what they need to do as individuals? Going back to what we have just been discussing about trust, do people trust the information that is being provided to them by the media?

Professor Reicher: Very good questions. Personally, I have been surprised that there has not been more of a dialogue with the media about the representation of the pandemic, because one of the things that has concerned me very much has been the way in which the media has sensationalised and blown up fairly scarce examples of egregious violations and set up the picture that other people are not complying. That is across the media and it is quite interesting.

I do not think it is wilful; I think it is just a matter of media values. You know the old saying, "If it bleeds, it leads." So, a good story about a huge house party or rave makes a good front page. Twice I have had conversations with *The Guardian*, when I have pointed out that its headline is contradictory to its story. At new year, for instance, it had a story about crowds gathering on new year's eve, but then you read through and you discovered that, actually, the police were amazed by how few people were out on the streets.

All these stories, as I was saying earlier, set a negative norm. They say to people that other people are violating the rules. They say to you, "Well, that's fine", and what is more, that there is no point in your abiding by the rules: "Why should I sit at home alone when everybody else is going to the party?" There is an agreement with newspapers that they don't report suicide, because we know that if you report it too much, it can lead to more suicides—so in the same way, I am not suggesting an attack on press freedom but a conversation with the media about their responsibilities and the consequences of their actions would be very useful indeed.

When some of the media started reporting tales of compliance last week, the consequences were amazing. Many people were very positive about it, and many people said that they felt inspired. It gave them that sense of efficacy that David and I have talked about as so important in dealing with a pandemic. A conversation with the media is really important. As for whether people trust the media or not, we are not as polarised as they are in the United States, but again there is a fundamental difference. In many

ways it is a political question: what media and who believes it? Not everybody believes in the media, but if you get a steady diet across the media, day after day after day, of covidiots and raves and so on, I think it is quite a toxic influence on the pandemic response.

John Stevenson: Very quickly, Dr Halpern.

Dr Halpern: I would echo that. There can be more subtle forms of it. One simple example: you might remember when there was a lot of discussion about social distancing, when we saw endless images of people queuing and being outside, and the famous beach shot. They were generally pictures taken with a long lens, and anyone who has done photography knows that means it compresses the field of view. If you see the shot from somewhere else, you actually see that people were in fact maintaining a distance, but the overwhelming impression of those images was that people were not. Forget your statistics, people will believe their own eyes. That does reinforce my earlier point.

It is not a unique thing to the UK; as it is, we are prone as human beings to overestimate bad behaviour in others. Sadly, we don't seem to overestimate good behaviour. That is why it does matter if you get the corrections in place. The one tiny tweak that is very tricky for everyone is that it does matter that people feel that egregious examples are subject to enforcement. Most of the heavy lifting is done when we look at each other and think "Why aren't you wearing a mask?" and frown. The British are particularly good at doing this with subtle cues. If you think no one is enforcing, however, and you see ticket inspectors not wearing a mask, or whatever it would be, you will think "Well, what's the point?" It does matter that you also believe that examples of egregious behaviour are subject to enforcement, without that turning into what Stephen noted about over-inflating such occurrences.

Professor Reicher: May I come back on that, because I think it is a fundamental point about enforcement? I completely agree with David about egregious examples; when it is self-evident that people have organised a street party, of course something should happen in response. But I think one of the most positive aspects of the pandemic has been the policing. If you go to the College of Policing website, that policing is based on what they call the four Es, which in turn is based on procedural justice literature—the best way to police is with consent and for people to see that the police are acting for us and in our interests. The four Es say that you first of all engage with people, you explain and encourage, and you only enforce long afterwards, as a last resort. If you use enforcement as a first resort, especially in mild cases, the danger is that you create an "us and them" with the police, and you create tension and even social disorder, which we have seen in other countries. If you start from the premise of good will, and you have small words with people, that is very effective, it gets people to believe that the police are on their side, and it makes compliance much better. So, yes, for extreme and egregious cases, enforcement is a really important tool, but if you generalise that to say that we should be being far tougher as soon as people do the slightest

thing and police officers should be leaping on them, that would be highly counterproductive. Yes, there have been problems with some of the policing in some places, but by and large, actually it has been one of the great strengths of the British response.

Chair: Thank you. Final question to this panel from Lloyd Russell-Moyle.

Q257 **Lloyd Russell-Moyle:** Finally, are there any lessons that the Government should bear in mind when communicating this pandemic to the public. You have outlined a lot, but are there any last things that you think need to be put on record?

Professor Reicher: Very basically, I would say treat the public as the solution not the problem. Treat them as a partner, not as naughty schoolchildren to be castigated and threatened.

Dr Halpern: My two lessons are, first, we need to apply the same rigour to these behavioural—including communications—issues as we would to anything else. We would not roll out a vaccine that has not been tested. As we have gone through, and as your questions have laid bare, there are lots of popular misconceptions about behaviour, or some. One of the things you learn by doing stuff empirically is humility—just because you think this would be effective, like cranking up the anxiety or whatever, does not mean that it will be—so apply the same rigour and testing.

Secondly, to reinforce Stephen's point, one concept that has not come through in the discussion so far, is the difference between authoritarian versus authoritative. It applies similarly in the literature on parenting, for those who know it. A quick win is just to say, "This is the answer, these are the rules, we never break them", but in the end, particularly over a long period, we want to move from that so-called authoritarian position into an authoritative one, where the public actually understand the underlying vectors of the risk, the disease and so on, so that they actually do the heavy lifting, as Stephen said. They will make the appropriate judgments.

A couple of questions early on were about the differences between the first, second and third waves. One key difference, it seems to me, is that the public are being sensible. For example, public transport use is down quite dramatically this time, whereas car use is up somewhat. People calibrate, which makes sense when they understand the nature of the disease.

I feel that we should use data in sophisticated ways to enable the public to understand the underlying aetiology, if you like, and then to calibrate and adjust their own risk in intelligent ways. A big literature in psychology is that people will make errors and so on—they are stupid—but I tend to err on the side of, "Actually, people generally try to do the right thing", as Stephen said. It is about trying to give them the right tools to do so.

Professor Reicher: Yes, trust the people.

Chair: Thank you very much. I thank both of you, Dr Halpern and

Professor Reicher, for your insights. If you wish to communicate anything further to us, please write to the Committee. Any further submissions will be gratefully received. In the meantime, thank you both.

Examination of witnesses

Witnesses: Ed Conway, Richard Earley and Dr Richard Fletcher.

Chair: We now move to our second panel. I thank them for their patience and ask them to introduce themselves, starting with Mr Ed Conway.

Ed Conway: Hello. I am Ed Conway. I am the economics editor and the data editor of Sky News. I tend to cover not only any issues relating to economics, but data stories, so that has been a lot of my job during covid. I do elections and stuff. I also write a column for *The Times*. I have spoken to various colleagues within the industry ahead of this, so I hope to give you some sort of representation of what the mainstream media's position is, but I am speaking between those positions, as it were.

Richard Earley: Hello, morning all. My name is Richard Earley. I work in the UK policy team at Facebook, so my job is talking to Members of Parliament and to the Government about issues that matter to Facebook and the Government. Within that, I lead on our team's work with the UK Government on the coronavirus pandemic.

Dr Fletcher: Good morning. My name is Richard Fletcher. I am senior research fellow at the Reuters Institute for the Study of Journalism at the University of Oxford. One of the things that we do at the institute is to conduct research on how people get news and how that is changing. As part of that, we conducted a project over the summer about how people in the UK get news and information on coronavirus.

Q258 **Chair:** Thank you very much, Dr Fletcher. You anticipate my first question, which is directed to you. How do people receive information about the pandemic?

Dr Fletcher: Perhaps we could start here: one of the things that is perhaps most important is that the single most widely used source of news and information about the pandemic is the news media. In our data, that comes out ahead of sources like scientists, health experts, Government, politicians, the public and so on. Those are of course used by a substantial minority, and some are more prominent in the pandemic than they would be for other news stories. That can also be seen in the data from Ofcom.

The problem, of course, is that it is difficult to disentangle individual sources of information, because Government, scientists and other officials are often reaching people through the news media. None the less, I think it is fairly clear that no one individual source can compete with the reach of the news media.

When it comes to what types of news sources people are using for coronavirus, this basically follows patterns we have seen in news use in general. Television and online are the two most widely used ways of

getting news and information about coronavirus, and when we are talking about "online", we are really talking about the websites, the apps, and what we might think of as traditional news brands: newspapers, broadcasters and the like. Social media, news aggregators and search engines are widely used, again, by a substantial minority, but do have a lower reach for news and information about coronavirus in our data, and of course these often act as routes back to traditional media anyway. It is important to keep in mind that few people in general describe social media as their main source of news, even though many people use it as a supplement.

Q259 **Chair:** Further to that, Dr Fletcher, how has engagement with the news and those different platforms changed throughout the pandemic?

Dr Fletcher: News use really did surge in mid-April and reached very high levels, much higher than we are used to seeing at similar times of the year in previous years. However, over the summer, it started to return to what we might think of as normal levels as the crisis became less acute, and other stories also emerged in that period. I think it is quite likely that the combination of lockdown and the resurgence of the virus that we are seeing now and towards the end of last year has caused news use to increase again. This is something that we do not have in our data, but it is present in, for example, the data on TV news use from Ofcom. However, I think it is also unlikely to return to the levels we saw at the peak of the first wave in April.

Generally, the relative prominence of different sources of information has stayed roughly the same. Of course, there is some variation: for example, Governments, scientists and the NHS feature more prominently as sources at times when the crisis is acute, and cases and deaths are rising. However, generally speaking, the order—news media at the top, followed by Government, and then health organisations, scientists and so on—has held steady.

Q260 **Chair:** Do you have any sense of how public trust in the data they see in the news has changed, or indeed whether it has changed, throughout the pandemic?

Dr Fletcher: The first thing to point out is that trust in the news media in the UK is relatively low compared with other comparable countries in Europe, for example. We were quite surprised to see that trust in the news media for news and information about coronavirus specifically, when we started measuring it in April, was quite high: around 60% said that they trusted the news media as a source of news and information about coronavirus at that point. However, by the end of June, that figure had fallen to around 45%, and stayed there through to the end of August. This seems to be a general decline across many different groups.

Q261 **Chair:** Do you have any insight into the reasons for that from any research?

Dr Fletcher: Not from the research specifically, but it is not unusual in times of crisis for approval of institutions to receive a bit of a bump. As for

the decline, I think that the crisis increasingly came to be seen as a set of political decisions, which of course has consequences for trust in the Government, and trust in the Government and trust in the media are often intertwined. Trust can suffer as a result of covering political decisions, and I think that is part of the story.

Chair: Thank you very much. We will now go to my colleague John Stevenson.

Q262 **John Stevenson:** Mr Conway, what role have news broadcasters played during the pandemic?

Ed Conway: That is a good question. First, it is important to put it into perspective. I have two brothers: one is a doctor working in the NHS as an anaesthetist, and the other is a policeman. They are on the frontline. I can think of hundreds of people doing jobs that are more significant than the one we do: cleaners, delivery people, those working in retail, and policymakers as well. That said, I can't think of another period when we have had as important a role to play. When it comes to data—the point of your question and of this inquiry—we play an ambassadorial role. You have experts, policy makers and those producing the statistics. Sometimes those statistics can be dense; sometimes they are in need of context; and sometimes they are in need of illustration. The role that we play is to try to explain the statistics, to present them in a way that seems relatable and immediate to people so that they do feel they are relevant to their lives—I think that something that came across from your last panel was the importance of actually making these statistics anchored in one's own experience—and also to hold that data and those who are telling it to account.

With covid-19—I'm sure we will get on to this in more depth—we are dealing with in some senses quite unfamiliar datasets. We have many decades—I have a couple of decades of looking at things like GDP and inflation data, whereas with this, some of the datasets, for instance about deaths, go back quite a long time, but other of the datasets are really quite novel. So part of our role has been, to some extent, to sense-check this—we as journalists should be fact checkers throughout, whatever information is coming our way—and to provide some context and provide some explanation as to why these unfamiliar datasets are actually relevant to people and their lives. So it is that; we sit in-between. We are explainers: hopefully, we can try to take what is quite abstruse, complex information and explain why it is relevant to everyone.

Q263 **John Stevenson:** Given what Dr Fletcher just said, do you think that people trust what the media produce and the information that they turn out?

Ed Conway: I hope they do, but I see the statistics and I wish there was more trust; I wish that everyone trusted what we had to say. What we try to do is to be as clear and transparent as we can. I should say that I am talking for myself here. There is no single, monolithic structure that is the media; we all know that. But we have throughout this, certainly at Sky

News, really tried to think very hard about the way we can present data so that it is as clear as possible. Transparency is the order of the day. Let's not forget that this is a pandemic that to some extent hinges—obviously, public health is at the very heart of it, but data is the other part of it, because it is understanding data about how the virus spreads and what happens there that will determine what policy action there is, how people's lives are going to be affected and, unfortunately, how much of this disease, this virus, there is around the country. So, we have tried as assiduously as possible to be as transparent about how we are presenting this stuff—

Q264 **John Stevenson:** Do you think that it is the role of journalists, then, to encourage compliance with the rules that the Government are setting out, or to give information that enables people to make their own judgment?

Ed Conway: I think it is the role of journalists, as ever, to explain what the rules are. That is a very important part of our public service obligation—to explain what these rules are and who they apply to and also to give some sense of the extent to which they are being followed. Again, a feature of your previous panel was a fascinating discussion about the degree of compliance and the extent to which that is or is not being portrayed by the media. And I agree: when I saw some of those long-lens pictures that came out again the other day, I was kind of shocked, because that is not a responsible way to report what is actually happening on compliance with these rules. A more responsible way is to look into the data.

For instance, after we saw some of that coverage, we did our own analysis—actually, it was not me; one of my colleagues, Rowland Manthorpe, did analysis on the extent to which there is compliance, and the perhaps counter-intuitive, given a lot of the coverage, takeaway was that there was a lot of compliance; in fact, compliance was back up to the levels it was at in spring last year.

So yes, I think it is important that we try as much as possible to explain the rules and to explain how people can follow them, but we also have a role to ask questions about why those rules are being imposed. That is our job: it is to challenge those in power and ask why they are taking decisions, and try to ensure that decisions they take are done as transparently as possible.

Q265 **John Stevenson:** On that point, when it comes to data, should news outlets avoid framing the data within political considerations? If that is the case, how should they go about doing that?

Ed Conway: My instinct with all these things is to try to go back to the data itself, the primary material, and to explain the different contexts whereby you could explain that. Clearly, there is nothing new about politicians taking pieces of information and using them as justifications to carry out their decisions.

A lot of people think data journalism has changed everything, but it really hasn't. It is just a new form of information. Our role in this is just to go back to the primary source material and say, "They are saying this. Is that really what the numbers say? Is there an alternative prism through which you could look at these numbers that would come up with a different view?" There is clearly a tension within news gathering and news presentation. You have only a limited amount of time to be able to say something, but to some extent we have turned that on its head.

We have the internet, where we can provide far more detail and limitless amounts of information and video. The degree and length of videos that we put out do quite detailed data analyses using logarithmic charts. They do all sorts of analysis that, frankly, if you had a manual of journalism, it would say, "Do not do this stuff." And yet the degree of interest in that is extraordinary. The number of hits that we have had on very data-heavy stories and videos has taken us all by surprise with the amount of engagement that people have. I think there is quite a lot of curiosity about what the numbers say. That doesn't necessarily mean that people are falling into one or other camp and that they are sceptical or passionate about lockdown. It means that there is a deep curiosity. A lot is said about data literacy, but I think curiosity is very strong at the moment.

Chair: Thank you, John. I call Jackie Doyle-Price.

Q266 **Jackie Doyle-Price:** Ed Conway, how well do you think the Government have responded to the data challenge in the light of this pandemic?

Ed Conway: It's a play in three acts, and we are in the third act at the moment. Initially, there were lots of challenges. I think the Government provision of data in the first wave was poor. The extent to which that is their fault, and the extent to which we are dealing with a fast-moving pandemic where we just do not have existing means of collecting data, can be debated, and I feel quite sympathetic. But there are questions about how that data was put together.

I remember, during the initial period of test and trace, there were big question marks about whether the collection of data was in tune with official national statistics guidelines, which I wrote about at the time, and I believe they weren't. Some of the data was just being collected on pieces of paper. Some was just being entered into spreadsheets in Whitehall offices rather than going through the normal processes that you would expect. So, I think there are question marks about the first side of things and how data was collected.

I think there are also question marks about how that data is provided. Initially, we had to rely on tweets from the Department of Health and Social Care. I remember in those very early miserable days when we were looking at death numbers going up, all we had was tweets from DHSC, and we had to try and turn them into a spreadsheet. There has been a massive transformation since then. We have gone from being one of the poorest in terms of providing data to among the best. When you look at the coronavirus dashboard right now, it is pretty much world-class in

terms of the scale of data you can get from it and the means of getting it, whether it is through APIs and other tools, or whether it is on the actual dashboard itself. So, we have gone in a very good direction on that front.

But I could talk for hours about the kinds of data that I wish were released, but were not. I know there is plenty of data on the NHS and the extent to which we are seeing cases of covid-19 in local care homes. I know that within Government there are dashboards of data that are not released—for instance, ambulance response times. We get them on a monthly basis, but it would be nice to have them on a daily basis. I know they are available within Government on a daily basis. There is still lots of data that could be released, but the broad message is that I think the Government has taken on board that provision was poor initially. They have taken on board that the collection was not especially professional originally. The site that we have at the moment is so much better than it was before.

As a counter-example to that, for a long time we were reliant on data from the European Centre for Disease Prevention and Control—ECDC—to give us a kind of international comparison. They have gone backwards now: they are not providing data daily; they are only providing it weekly. While they have gone backwards, we have definitely progressed, but I think we can go a lot further.

Q267 **Jackie Doyle-Price:** Following on from that, you say that we are now world-class, but—

Ed Conway: Among the best in the world.

Jackie Doyle-Price: You referred to the poor data released during test and trace. Do you think there are any lessons we need to learn, reflecting on that, for the roll-out of the vaccination programme?

Ed Conway: I think there are lessons. I do not know the extent to which they have been learned, because it is very early. I am glad that your Committee has made a point about this and has written a letter to insist on clear data being released. Let us say that now we are kind of at a six out of 10 level of transparency. We started off at two out of 10 and, for some reason—I do not quite know why—we have progressed to six out of 10. Perhaps that is because of pressure from your Committee and others, or perhaps it is because there was always a plan to do so, but there could still be more data on the regional dispersion of this. I would like data on people who have been vaccinated who have potentially had covid-19 or have had antibodies, for instance.

It would be nice to have more granular data on all of that stuff, but I am also kind of grateful—I suppose because of having been through the spring, when it was just awful. The story itself was awful—it was terrible for all of us to experience that—but it was also terrible trying to draw lessons from the numbers, which are so central to this. It is worth saying that, even now, we have that legacy. Look at case numbers back in spring; look at the death numbers on the official dashboard from back in

spring. A lot of people, myself included, because we make historical comparisons, look back at those data to see where we are by drawing a comparison. If you are being really honest, how much can you trust that data? I think there are big question marks over the true story that it is telling. I hope that lessons are being learned. I agree with you that vaccination data is the next thing that really needs to be covered well.

My impression—again, this is more anecdotal than based on physical evidence—is that quite a lot of people were chastened by the degree of embarrassment about that data initially, particularly the test and trace data, to the extent that they have spoken to the Office for National Statistics and statistics regulators. I hope that they are also talking to them about the release of vaccination statistics. That is central to where we are now.

Q268 **Mr Jones:** Mr Earley, what role are social media companies playing during this pandemic?

Richard Earley: I think that social media companies such as Facebook can play a really important supporting role in crises like the coronavirus crisis that we are living through now. I see that as having two parts: first, how we use our platform and enable others to use it, and, secondly, how we use the data and information that we have on our platform to support the Government and researchers in their work.

On the ways that people use our platform, during a crisis like covid, as you would expect, people do come more than ever to places like Facebook and Instagram, and other places on the internet, to get information and to stay in touch with their friends and family. Our role as the provider of that platform is to try to make those conversations and discussions as constructive and as informed as possible.

We do that by doing two things. First, we work very hard with Governments and health authorities to try to surface as much high-quality information as we can about the issues at the top of people's minds. That could be by helping the Government, the NHS and the media, for example, to use advertising or spotlight their posts within parts of Facebook so that the message is there and can be shared and seen easily, or it could be by nudging people to Government websites, such as the NHS covid website, by putting links in search results or when people join particular Facebook groups, for example—all by directly reaching out to people.

The second part of that is, naturally, taking action to tackle bad information—misinformation—whether it is harmful misinformation or more general misleading rumours. We use a combination of technology and work with our expert partners like Full Fact, who I know the Committee spoke to previously, to do that.

But alongside that on-platform work, and in the context of this inquiry in particular, we feel that we have a duty to put the data that we as Facebook have to good use to support Governments and researchers in meeting the challenges that they face. So we have a privacy-protected

approach within the legal framework for sharing data that allows us to get information, insights, to researchers who are working with Governments, to help them understand how people are, for example, responding to different interventions that have been made through law.

We also have a range of tools that we provide to media and to Government to help them understand conversations that are happening on our platforms—most notably something called CrowdTangle. Then we also have our public transparency announcements, so we, every quarter, release information about what types of posts we are removing from our platform, and we also make available more information, from time to time, about other key issues.

So that is a balance of those two ways—what we can do on the platform and then what we can do with the data that we hold as a company.

Q269   **Mr Jones:** Thank you for that. I am sure that my colleagues would agree with me that the pandemic has generated a remarkable amount of correspondence from constituents. A lot of it is frankly bizarre. There are suggestions that covid is a hoax—that there is no such thing. Others are suggesting that, for example, it is an attempt by American billionaires to control the world. When one inquires where this information came from, it is frequently the case that it has come from social media platforms. How widespread would you say that fake news is on social media?

Richard Earley: It is actually quite a difficult question to answer, because it does depend what you mean by fake news or misinformation, and there are many different definitions out there, and approaches. I can share a few figures that we produce to help understand the picture of how widespread these sorts of post are on our platform, but it might help if I say first a few words about the way that we approach this issue at Facebook.

We write rules for what is and isn't allowed on Facebook, which are called the community standards, and we work with experts around the world, including here in the UK, to write them. Those rules cover misinformation. I should say we have no incentive to have false information on our platform. It is a bad experience for our users. They tell us that it is not what they want to see, but beyond that there are also real reasons why we should be taking action against misinformation.

To illustrate that, we tend to divide this into two halves: harmful misinformation, or misinformation that experts tell us can lead to real-world harm, and other types of false information. For harmful information, that could include, for example, false information about the causes of coronavirus or ways to treat covid, and those are types of false claim which experts like the World Health Organisation have told us can lead to imminent real-world harm if they are believed. So that kind of false information is against our policies, and we remove it. To give you some numbers, in the month of November we removed around 350,000 posts from Facebook globally for sharing those kinds of false claim, and of them around 35,000 were in Europe.

But the majority of what we think of, and what you and I might think of, as misinformation we actually don't remove, and that is because we believe, and the experts that we work with tell us, that our platform can be useful as a way to challenge false narratives and to actually inform the people who are getting in contact with you to share these things they have seen about what is wrong about them. So, rather than just removing a broader set of misinformation, we work with third-party fact checkers, again, like Full Fact, who are able to look at claims that are on our platform. If they determine them to be false, then we take a number of steps: we put next to the claim—the post—information from the fact checker about why this isn't correct. We also cover the image of the post with a shield so that people have to click through it to see it, and then we show it much lower down the search results or in people's news feeds, the main places in Facebook, so that fewer people see it. For this kind of misinformation, we took those actions with around 22 million posts globally in November and around 3 million in Europe. So that is a bit of a sort of estimate of the numbers.

With those numbers, there are two things that are worth bearing in mind. One is a question that we are constantly asking ourselves, which is, how do we derive meaning from these numbers? If the amount of posts that we take down goes up, is that a good thing because we are finding more? If it goes down, is that a good thing because people are posting less? We have a number of research partnerships in place now, in the UK and elsewhere, to try to interrogate that.

The final thing I'd say is that it is really important to put those numbers in context, because—as I said to your first question—as well as making sure that we tackle the bad information on Facebook, one of the ways that we can be of greatest support to Governments and health authorities in the pandemic is by promoting accurate, authoritative information.

In the same month that we are talking about—November—we know that over 120 million people, globally, visited what is called the Coronavirus Information Centre on Facebook, which is a place that provides the latest updates from Governments and health authorities about covid and about the steps that people can take to keep themselves safe. It is really that balance, between the two parts, that we have to keep in mind.

Q270 **Mr Jones:** You have outlined the efforts that you make, first of all, to remove posts that are positively harmful, and, secondly, to put warnings on other posts that are maybe not so harmful, but are nevertheless, in your view, inaccurate. This must be a major exercise for Facebook. Can you give us an indication of precisely how many people are involved in this?

Richard Earley: It certainly is a substantial part of the work that we do. Overall, working on safety and security at Facebook, which includes not just disinformation, but other kinds of harmful posts and activity, we have over 35,000 people globally. That is made up of teams based all around the world; around half of them are directly reviewing reports from our

users, so anything on Facebook can be reported—including reported as fake news—and that then goes into our system to be checked.

Another large piece of work that those 35,000 people are involved in is developing the technology that we use to find these sorts of harmful posts and images before anyone even reports them to us. We have invested a huge amount of money in this—I think we currently spend more money on safety and security than the entire revenue of Facebook at the time that we became a public company, about nine years ago—and that investment has helped us to develop more and more tools to help find and remove harmful content before anyone sees it.

Q271 **Mr Jones:** How closely do you work with Governments in this exercise?

Richard Earley: Governments have a really important role, especially in the case—as the previous panel was discussing—where there is so much information out there that people are trying to grasp. I think it is entirely reasonable for people to have questions about the pandemic—to want to know more. We see Government's role in this as helping us—and other social media companies and the traditional media—to understand what the facts really are about some of the issues that people are talking about.

We have the kind of partnerships with academics, which I mentioned before, about helping academics to support Government on their decision making around this information. We also meet with Government very regularly, as I am sure you would expect, through things like the DCMS—the DCMS have a team that deals with disinformation, who we meet with regularly and share trends and information with. We also provide Government with anonymised trends on what conversations are happening on Facebook, Instagram and Reddit, through the CrowdTangle tool that I mentioned.

Q272 **Mr Jones:** Is there anything more that you think the Government should be doing to counter the spread of fake news?

Richard Earley: Something that came out to me very loudly from the last panel, again, is this point around what I think Professor Reicher called social relationships of trust. Something that we have started to work on with the Government, in the UK actually, is looking at other ways of getting Government messages shared through things like Facebook.

One of the fastest-growing parts of Facebook is Facebook groups. We know that many people in the UK and elsewhere used Facebook groups during the lockdown to co-ordinate support for people who are shielding, as well as to stay up to date around school closures in their area, for instance.

What we have trialled with the Government—in Essex, for example, but we are keen to scale it up—is reaching out to the people who manage those Facebook groups, or the admin, as we call them, and connecting them with NHS experts, people who work in these areas and the Government themselves, to help them hear from the horse's mouth, as it were, the truth about how the vaccine was developed, or how to keep

yourself safe. By investing some time in teaching the teachers—the group leaders—those people can then go back and talk to the members of the group, answer questions and guide conversations.

By investing some time in teaching the teachers—the group leaders—those people can then go back and talk to the members of the group, answer questions and guide conversations. We are in contact with the admins of the 200 or so largest groups in the UK, which reach about 20 million people between them. We ran a session whereby those group leaders were able to ask questions and hear from the deputy chief clinical information officer of the NHS about prevention techniques. That is another, more innovative way of trying to get messages to those people, who, as the previous panel discussed, might not be as connected to traditional forms of information.

Q273 **Mr Jones:** We have had evidence from Will Moy that there were no developed relationships between the Government and social media companies before the pandemic struck, and that neither were ready for a crisis that required information to be move quickly and accurately. Do you think that is a fair criticism?

Richard Earley: My understanding is that Will was referring to the social media companies in general and not to specific social media companies. For us at Facebook, we had long-standing relationships with DCMS, and particularly with the online counter-disinformation unit that I mentioned. Before the 2019 general election, we had met them weekly to discuss misinformation issues around the election. We set up a dedicated reporting channel that the Government team could use to share with us any examples of false claims connected to the election that they were concerned about. We reactivated that process very quickly in early March when the pandemic started to take hold, and we have used that since as a way for us to communicate with Government. We are also members of the Government's policy forum on misinformation, which is a new initiative that was set up to bring a slightly more industry-wide approach to the UK Government's efforts to tackle this. At Facebook, we had some quite good connections to the Government beforehand. I think those have been strengthened through the course of the pandemic, as Will was suggesting.

Q274 **Lloyd Russell-Moyle:** Mr Earley, you have talked about some of the information sharing that you have done with the Government. Is there data that you think you could further collect to help the Government tackle the pandemic?

Richard Earley: I spoke before about how we have tried to support the Government with their decisions around lockdowns. The way that usually works is that, as I said, we have partnerships with academics, who are often the experts in thinking about how they can use the data that we make available to help answer policy questions. We have a number of privacy protections in place to make sure that we share only data that is anonymised and that includes additional steps to prevent it from being identified, and that data is used by researchers in a number of ways. It is really they who are then able to see what the limitations or otherwise of

those data are, to be able to inform the Government. I would not want to speculate.

Q275 **Lloyd Russell-Moyle:** So, you do not pass any data directly to the British Government on the use of Facebook during the pandemic.

Richard Earley: It is really important to draw a distinction between data, or raw information, and trends, or what we are observing on the platform. When it comes to data, one of the datasets that we give academics access to is data about the ways that people are moving around the country, based on their use of the Facebook app. As I said, that kind of data is only ever shared with academics under the privacy laws that are in place in the UK and Europe, and also under our obligations to our users.

When it comes to trends, we share with Government the publicly available information that people are posting on public spaces—Facebook, Instagram and Reddit—through the CrowdTangle tool, which is like a content discovery tool. We also share trends with them in the context of the meetings that I mentioned, which we have regularly with the misinformation team or the policy forum.

Q276 **Lloyd Russell-Moyle:** Do you take any responsibility for misinformation that might be shared?

Richard Earley: Do you mean misinformation shared on our platform?

Lloyd Russell-Moyle: Yes, on your platform.

Richard Earley: We absolutely have a responsibility, as I said before, to play our role in making sure that high-quality information is visible, available and easily found on Facebook, while also taking steps to tackle misinformation. But what I think is important to remember is that many of the people who are writing letters to your colleague, asking questions or sharing things they have read are people who have legitimate and understandable concerns and questions about the pandemic, the Government's response to it and the medical response to it. Platforms such as Facebook have a really important role to play in facilitating those conversations and, as I said, our role is to make sure those are as constructive and accurate as possible.

Q277 **Lloyd Russell-Moyle:** But if you were the editor of *The Daily Telegraph* or Sky News, you would be responsible for that information in terms of the liability. Facebook does not take responsibility for that. Surely in this pandemic there should be more responsibility taken by Facebook for some of this information—not just retracting, but being proactive as a publisher?

Richard Earley: Sadly, I am not the editor of *The Daily Telegraph* or Sky News, but I would say that from Facebook's perspective, we are proactive in doing just what you describe. For example, any time someone searches for coronavirus anywhere on Facebook, they receive a pop-up right at the top of their search results that directs them to the NHS and gov.uk websites. Back at the start of the first lockdown in March, we sent a message directly to all of the more than 40 million people in the UK who

use Facebook every month, to share the Government's "stay at home" message and give them a link to the Government's website there.

On top of that, we have done a number of other collaborations with the Government and with health authorities to try to ensure that that information is out there. Another example is the WhatsApp chat bot that we developed with Public Health England, to give people a really easy way to get answers to questions on the latest Government guidance. That proactive approach is part of what we want to do, and we feel responsible for using the facilities that we have on our platform to help the Government in that way.

Q278 **Lloyd Russell-Moyle:** One last question, if you will allow me, Chair: we know from previous elections, such as the Indian election, that WhatsApp, which you own, was used extensively in passing on propaganda—that is what is allowed in elections: propaganda of all sides—and from that you restricted the number of users that could go on groups, to ensure that it was not too easy just to use it as a platform. Has there been any monitoring of the use of WhatsApp in passing around information that might be false? We know that WhatsApp groups have proliferated, particularly with these mutual support groups and everything around the country. I have hundreds here in my constituency, covering every single corner of it. Is there any kind of testing there about what is being spread? That is slightly more secret than what is on a Facebook page.

Richard Earley: You are right: we have seen people using WhatsApp, particularly, as you describe, to co-ordinate those mutual aid efforts around the country and around the world. WhatsApp is a little different from Facebook and Instagram, because we as Facebook cannot see the contents of the messages that are shared at Facebook—

Q279 **Lloyd Russell-Moyle:** Despite your latest PR bungles on that.

Richard Earley: That's right. Nothing has changed—we still can't read your messages—but there are a number of other safety tools that we have with WhatsApp, the most important of which is that anything that is posted on WhatsApp can be reported to us through the app. On top of that, you mentioned the changes we made in response to the Indian election. We made a number of further changes in the course of the pandemic to limit the forwarding of material, as we know that is one way that viral information can take hold.

One of the most significant is that now, as you might have seen yourself in WhatsApp groups, if you receive a message that has been forwarded multiple times before it gets to you, not just by the one or two people who pass it to you, there will be a label at the top of the WhatsApp message that says "Forwarded many times". As well as putting that label on messages that have been forwarded, in order to give people more information about the messages they are getting, we have also limited how many contacts you can forward that message on to.

Initially, at the time of the Indian election, we limited that forwarding down to five people. We have now reduced it down to just one contact that you can forward to. Even though we cannot see the content of the messages, we can track through metadata and see some more information about what messages are being shared, and we know that introducing that change has led to about 70% reduction in the number of those frequently forwarded messages that are sent.

Q280 **Lloyd Russell-Moyle:** Do you share that metadata with Government?

Richard Earley: Within the framework that I described before, the legal framework around privacy in data, which, of course, most importantly here in the UK includes the GDPR and the UK GDPR, there are the methods by which we can respond to legal requests for data like that. We have a dedicated law enforcement portal on our website where—

Q281 **Lloyd Russell-Moyle:** I am not suggesting that you are breaking the law. I get that you are complying with the law. Any question that we ask is about whether you are going above and beyond the law, but I get your point: you are complying, and you are doing all you can on legal requests like that.

Richard Earley: That is right. We have to stay within the law and the way we do that in the case of WhatsApp messages is that we can provide law enforcement with basic subscriber information about users if they request it.

Lloyd Russell-Moyle: So, warrant requests only. Thank you.

Q282 **Ronnie Cowan:** My question is initially directed to Dr Fletcher. Knowing what we know now and the lessons we have learned over the last year or so, is there a way in which the Government can produce and present data in a way that makes people more likely to trust it?

Dr Fletcher: I think this is slightly outside of my area of expertise and I would refer back to the comments made in the previous session. To add my own perspective, clarity and the principles of anchoring and concretisation are of course very important. The way my field approaches it is slightly different and does emphasise trust, which was also mentioned by the previous panel. There are studies that show that willingness to take preventive steps is associated with trust in scientific expertise.

Let's keep in mind that if trust in the news media is around half the population, and that in the Government is about the same, the trust in health organisations, scientists and doctors when it comes to news and information about coronavirus is between 80% and 90%, so they enjoy very broad public support. Using scientists and those experts to communicate data and the message around it is particularly important. Of course, that is not quite the same as bombarding people with science, which I think can be counterproductive, but using scientific expertise to explain what the data means, why it matters and what people can do in response is particularly important.

Q283 **Ronnie Cowan:** In the next few months in particular we are going to be

bombarded with information about the vaccine—not just the numbers of people being vaccinated, but the effect the vaccine is having. Is there something the Government should look at now and say, "This is how we handle the dissemination of this information," so that the general public understand it and therefore trust it?

Dr Fletcher: Sorry to repeat myself, but I think it is particularly important that this information is communicated with the context of the scientific expertise of where it comes from and why it matters. I think a very small minority of people are, frankly, not going to be persuaded at all by the communication, because they have very entrenched positions. But if we think about those who are hesitant, there seems to be an association between trust in scientific expertise and willingness to accept a vaccine if offered. The advantage of this is that if the message is seen as coming from scientists and they explain why it is important, it helps avoid the issue becoming politicised, which I think is a risk around vaccines.

Q284 **Ronnie Cowan:** Sorry to interrupt, but is that a question of cutting the politics out of this, having the experts talking to the public, maybe toning down the facts and the figures and focusing more on the actual stories of people who have benefited from the vaccine?

Dr Fletcher: Yes, in part it is about that. The facts and figures are very important and should be available, providing they are contextualised and that the reporting around it is responsible and doesn't necessarily emphasise some of the egregious cases or incidents that are not really representative of the full picture.

Q285 **Ronnie Cowan:** Mr Conway, I was surprised earlier on when you were talking about your two brothers. I'm not demeaning what they do at all— they are hugely important jobs—but you seemed to be saying that the media's job is not as important as theirs. I was really surprised at that, because I think the media's job throughout this crisis has been paramount to a successful outcome. Do you not see that?

Ed Conway: As I said, I think what we're doing is incredibly important. I can speak for many of us in saying that I can't think of another time when the topic and the nature of the analysis we have been doing on a daily basis has felt quite so important to so many people. I've covered financial crises and various other moments where events have touched many people, and this feels greater than any of them. My point really is just thinking about those on the frontline and the extent to which they are doing jobs that are literally saving people's lives. Yes, I hope that some of the advice we can offer can help safeguard people's lives and ensure that they have enough information to behave responsibly. But I think there is a difference between those who really are at the very front of the frontlines, and I am aware of that. I am aware of the sacrifices they are making, which are rather more directly affecting their lives. That is the only point I'm making.

Q286 **Ronnie Cowan:** That's a different point. The sacrifices they are making— absolutely, I get that. Above and beyond anything the rest of us are doing, I get that. But in terms of fighting this virus, fake news is a

terrible tool that can make things worse, and therefore has led to the spread of the virus and put more pressure on the people who are already going above and beyond to fight it. What are you doing in terms of fake news?

Ed Conway: I completely agree. I suppose to some extent what we are doing is similar to what we've always done, except we are doing it at a more amplified level. A crucial part of our job as the journalistic organisation at Sky is to fact check every story—that should go without saying. There is a proliferation of excellent organisations, such as Full Fact, which are professional fact checking organisations, but let's not forget: every journalist should be a fact checker. We should check facts. We endeavour to do that as assiduously as possible at Sky, and the fact that it is now data that we are checking, and the findings from data and the way the data is presented, doesn't necessarily change that principle. I think that principle has always been something we have been very adamant about. We would always produce the correct information and the correct analysis, as we see it, and if we make a mistake, we correct it.

It is worth saying as well that on top of the existing apparatus that we have to cover stories, we have invested more in data over the past couple of years than we have done previously. We were already heading in that direction, but covid has definitely emphasised to us, as it has to everyone, just how important data analysis is. So, we have a new data and forensic journalism team headed up by Matthew Price, who was formerly on the "Today" programme, and many of us are now doing much more data than we did before, speaking for myself.

To go back to your question to the previous witness about what the principles are, what the Government are doing well and what they are not doing well—I did have some thoughts about that which also relate to this, because it's partly the job that journalists should be doing. You had David Spiegelhalter on a few months ago and he talked about principles that are important to follow with this. I've got a few principles that I think matter—they matter for Sky but also for the Government.

One of them is that if decisions are being taken on the basis of data, which they are and which we are being told they are, it goes without saying that we need to see the data. That might sound like a statement of the obvious, but that hasn't always been followed through—if you think of some of the restrictions that were announced by the Prime Minister back in October, with that second lockdown. The whole point of that was that we were about to break the reasonable worst-case scenario. That scenario wasn't actually published. It was leaked to some newspapers and some media organisations—it was not published. A key principle that the Government should certainly keep in mind, if not try never to violate, is: if the decision has been taken on the basis of data, show us the data.

The second principle is: transparency engenders trust. We have tried to be as transparent as possible on Sky about what we are doing to data, how we are presenting it, showing whether there are alternative contexts whereby you can show that data. As I said in an answer earlier, the

Government have got much better at transparency when it comes to data and they are dealing with a very difficult, fast-moving situation, but still I feel there are areas where it could produce more.

Related to that, if you get things wrong, then admit when you're wrong. This is a fast-moving situation where we are going to make mistakes. At Sky, we will correct things, we'll admit when we're wrong. One of the benefits of having social media as a platform is that it is a place where you can be engaged in a conversation that is ephemeral: you can have a conversation and say, "This is what we said that week; now it looks like the data is somewhat different, and this is where we are."

Transparency and being honest about what you do and don't know is immensely important here. To some extent, that goes against the instincts of many in Government—in Whitehall, and politicians—and, frankly, of journalists. We are not that comfortable with saying, "We don't really know", yet in this pandemic we have had to deal with that quite a lot.

I have two other points—sorry, David did it in five; I'll do this quickly. First, data literacy could certainly be better among the general public, but I have detected that data enthusiasm is incredibly high at the moment. I mentioned earlier that I am told to limit my long things on air about data, with log charts behind me and all sorts of complex information. There are certain rules—we are not meant to go into that much depth on some of this stuff, because it is supposed to be confusing. In reality, a lot of that has been thrown out, because people appreciate deep data analysis—not everyone, but there is a far bigger market for that in this country than expected.

Finally, practise data hygiene. There are clear principles, which most of us are probably familiar with when it comes to economic data. We need to show it in proper context, whether historical context or, for example, comparing public debt to GDP, rather than showing it on its own. The same thing applies to covid and a lot of the data we have dealt with. When looking at cases, we should be looking at cases as a percentage of the population, potentially, or cases as a percentage of total tests carried out. There are certain principles that are not always followed, but which really matter. That goes for us—the media—and the Government.

Q287 **Ronnie Cowan:** I absolutely agree about the importance of the data and accurate, timely information. Part of being in a media team is just reporting the news. As Professor Reicher said, it tends to be a case of, if it bleeds, it leads. Is that something that you want to move away from in Sky, perhaps giving us more positive stories? For people isolated over time, it is good to see a story in which isolation has had a positive impact.

Ed Conway: If it bleeds, it leads—I do not really like that as a phrase. To some extent—

Ronnie Cowan: It's true.

Ed Conway: I don't know. From my experience of reporting—but bear in mind that I report data, so this is often an area that can seem quite arcane—the way in which I would frame it is that, often, if something sounds unexpected and counterintuitive, it grabs people's attention.

On the counterintuitive story we talked about a little earlier, compliance, a lot of people and your previous panel have said that it is part of human nature to think that other people might be breaking those rules more than they actually are. The story there, the surprising story, the one that should get people's attention, is, "Look, the vast majority of people are following this stuff." That is what we reported last week.

This matters as a principle, particularly around covid, but when we have a human interest story about someone, whether they are complying or not, we have always tried to show the data, perhaps as a separate piece ahead of that story, or after it. If we are doing something on care homes, we will do a detailed data screen of what is actually going on in care homes, then have the story on the ground.

As great as data is, we need to relate it to people's experience, and one way of doing that is context, as I was saying. The other way of doing that is to say, "Look, 100,000 terrible data points, with people who have died in this country", which shows the scale of what we are facing, but now let us hear each of the individual stories.

To go back to one of the very first questions I was asked, that is where journalism come in and where it is important to your first question—we are able to take the complex data, but we are also able to take the visceral stories of sadness and sacrifice we have had across the country and to relate them to that bigger picture. We try to do that as best we can, while all the time checking the facts and, I hope, being honest and showing some humility if we get things wrong.

Ronnie Cowan: Thank you very much.

Q288 **Mr Jones:** It is very noticeable, Mr Conway, at the 5 o'clock No.10 covid briefing sessions that the roll-call of journalists is the usual suspects, if I can put it that way. They are straightforward political journalists. Do you think that it might be more informative and helpful to the public if the news organisations were to send along more data specialists such as, if I may say so, yourself?

Ed Conway: That is very kind of you to say. As it happens, I did do two of those press conferences and recognise intimately what a challenge it is to come up with the one question that will encapsulate all the issues of the day. Yes, in my dreamworld I would be at all the press conferences, all the time, but in the real world I realise that there are specific contexts attached to each occasion. Sometimes if the conference is specifically about health or indeed vaccines, it makes sense to have health specialists there. It may not have been evident, given that some of the big press conferences with the Prime Minister will invariably have political reporters there but we, and I know the BBC as well, have increasingly used

specialist reporters at those press conferences, precisely for that reason. We have recognised that it is important to have specialist expertise, be it data or someone who is a health or science expert, who can ask those questions about the issue.

By the same token, often you have the Prime Minister at the press conference, or a leading Cabinet Minister talking, and they could be addressing any issue of the day, and often putting a political slant on it. From that perspective, I understand why it is appropriate that it is mostly political reporters who attend those briefings, because they are political briefings, but it is important that, as I mentioned before, behind the scenes, every journalist should be a fact-checker. To some extent, I think every journalist should try, and probably has tried, to improve their data literacy skills over the course of this pandemic. We, and I am sure other organisations, are in constant contact with my colleagues. If, for instance, they are going in to do the press conference and there is a very data-focused story, often I will have a conversation with whoever is doing that press conference to make sure that those questions are focused enough. It depends on the nature of the briefing, but in reality, we understand that for the most part these are political briefings, and that means that you need someone who is aware of the political context as well as of the data context.

Mr Jones: Thank you.

Q289 **Karin Smyth:** Mr Conway, I would like to pick up on something you alluded to earlier, which is a particular favourite subject of mine—the transparency and accountability of local NHS data. I am a former senior manager in the NHS, and indeed on emergency planning, so I am all too aware of quite how much daily activity data is produced and fed up the food chain. This is exercising a number of MPs at the moment, and it is really important for the vaccine. You alluded to wanting to see more of that local NHS data. It seems really unclear whether it is the centralising control nature of the NHS that is stopping some of that data coming out, or it is an instruction from the Department of Health and Social Care. I am just interested in how far you have got with that, or your view on how we might start to unblock that, particularly data on roll-out of the vaccines.

Ed Conway: That's a really good question. To some extent, you may have more personal experience of that than I do, but as journalists we tend to see public data that is publicly released. To the NHS's credit, a lot of the data that has come out has gone further than ever before, whether on covid or indeed on the state of play in hospitals, degrees of capacity and so on, and rightly so, because it is right that we understand that what we are seeing in hospitals right now is significant. Frankly, it is right to have all of the context, so that we can show someone that what we are seeing at the moment is not just a normal winter. As you all know, that is something that we have been trying to explain as clearly as we can.

As you say, there is still a lot of data, and my suspicion is that there is, to some extent, a culture of secrecy within Whitehall and within the NHS as

well, as you have within many big organisations, about the publication of data. If you are an official deciding whether to release this stuff the upside of publishing it is often limited and the downside can be extreme, but I don't think that necessarily justifies it being private. As I said, as a journalist you encounter two types of information—there is the stuff that is publicly available, but then there is stuff that you are leaked occasionally. Back in the autumn, I was given some data that was from a local clinical commissioning group about the degree of covid cases that we were seeing in care homes in a particular part of the country. They were really scary numbers. What I didn't have from that, because I had just a single piece of information, was the context. It was showing care home cases of covid rising to the highest level, actually higher than we saw in the spring. That was back in November. With that data point on its own, we didn't know whether that was something being seen across the country. Frankly, I don't see any inherent reason why that kind of data, which is available and produced and used internally, couldn't be published, beyond cultural reasons. That frustrates me.

I mentioned ambulance response times. Again, we get some data, but it is just on a monthly basis. You wouldn't be able to see a surge, if you were trying to get a sense of what is going on in different parts of the country. You wouldn't be able to say there was a surge in ambulance response times from that.

Another thing you'll be aware of, though I don't know if you're covering it specifically, is that when it came to testing, there were consultants who were on certain contracts, some of them very generous contracts. We were leaked the details of one of those contracts for Boston Consulting Group, where some of the consultants were on daily rates of around £7,000.

The story got a lot of coverage. I'm pretty sure that that data and information still haven't been released. Again, there has been very broad information about this. I would say it is of public interest to understand that kind of data, as well as this granular detail about what's happening in the health system at any given moment.

Q290 **Karin Smyth:** That came up yesterday at the Public Accounts Committee, one of our sister Committees, and the officials said that they did not have the data to hand. I understand that they will be writing to us.

Ed Conway: It exists; that's the point.

Q291 **Karin Smyth:** It exists, absolutely. Thank you for that. I would like to come to Dr Fletcher, who talked a bit about different groups in society having information about the virus. Is it your view that some groups in society are less likely to have good information about the virus? I am particularly interested in what the Government should be doing to address that. In your last answer you said that perhaps the Government should do less of that, and that scientists should do more. For groups that have less information, what do you think the Government should be doing?

Dr Fletcher: There have always been inequalities, if I could put it that way, in terms of news use. Those are typically associated with age, gender, education, income and so on. When news use went up quite steeply in April, that partially papered over some of those inequalities, but as news use fell, those gaps started to emerge again. For example, there's quite a large gap between those aged under 55 and those over 55, in terms of how much news about coronavirus they consume. There is a similar but smaller gap for men and women.

It is particularly important in a situation like this one, because there are simply points at which everyone's behaviour needs to change, and they can only change their behaviour if they are aware of what they need to do. Part of that is the message that comes from the media but also from Government.

In terms of what Governments can do, it is important to recognise that no one single source of information, whether it's the Government or the news media or individual news outlets, can expect to reach everyone. What that means is that, even though there are inequalities in news use, there are still differences between different groups in which news sources they are most likely to use.

For example, older people are more likely to get their news from television; younger people are more likely to get their news from social media. Depending on where the message needs to be targeted, and on the circumstances, that needs to be taken into account. No one source can reach everyone; it needs to be a strategy based on that understanding.

Karin Smyth: Thank you.

Q292 **Tom Randall:** Dr Fletcher, on non-compliance, do you think there is a risk, when the story is being covered in news broadcasts, that covid denial or the scale of rule breaking can be overstated?

Dr Fletcher: I think there is a risk. I am not aware of any academic research, at least, that has been published on this specifically, but we know, for example, that increased coverage of crime can affect people's fear of crime. That as a general principle is likely to be applicable. We heard in the previous session that the more widespread an idea appears to be, the more seriously people will take that idea. If there is disproportionate coverage of ideas and beliefs that, by the way, a lot of research seems to suggest are very marginal, this might prompt people to take them more seriously—if not actually adopt them themselves. When it comes to the news media, what counts as disproportionate coverage is a very difficult question, and I know that journalists and news organisations think very carefully about that.

At the same time, this has to be balanced against the effects of debunking, which is often the form in which these episodes are covered. I think it is also important to recognise there is a risk of what you describe.

Q293 **Tom Randall:** Thanks. Ed Conway, you are reporting this stuff. During a

national crisis, when getting information out is very important, do you think news outlets have a role in presenting alternative perspectives, for example, if there is a concern over a vaccine? If so, how do you go about doing that?

Ed Conway: That's a good question. Our priority is to ensure that what appears on our channel and on our outlets is correct, and that might sometimes mean providing context. We should not believe there is a single monolithic view of the world and part of our jobs should rightly be to provide as much context as possible. That might mean context of opinions and context of different data. From that perspective, it is important for us as a channel to have as much of a plurality of views as possible.

But, overshadowing and overhanging that, there is a key caveat that if someone on our network, our website or elsewhere is saying things that are wrong, we would endeavour to correct them. Frankly, having people on and challenging them on their views is often more powerful than ignoring them altogether. As long as we retain that discipline that we need to ensure that everything that appears on our channel is correct to the best of our understanding and knowledge—that is the credo that we have held in the past and I think we have had to apply it quite sternly to covid as well.

As you say, there are many different views: some of them are very reasonable, sceptical views about some of the data and analysis, but some go beyond that. Drawing a line there is not an exact science, but we do our best to ensure that anything that is incorrect is corrected, and anyone who presents views that are not right is challenged.

Tom Randall: Thank you.

Q294 **Rachel Hopkins:** What should Government be doing to improve the way that data about the pandemic is being communicated to the public? First Ed, then Richard.

Ed Conway: First, this somewhat repeats what I said earlier but I think it is worth repeating because it is incredibly important. If data crops up and if data is used as the justification for making a decision—which it has been throughout—we need that data to be published and we need complete transparency about it. To some extent that lesson has gone in, but to some extent it hasn't.

One can go on about the presentation of data, and I know you spoke to David Spiegelhalter in your previous panel about charts that were shown that were not necessarily very intelligible or, indeed, all that up-to-date or relevant. With that stuff, it goes without saying that you need to follow proper data hygiene, but I think more transparency and more humility about what the data can and cannot show us would be gratefully received.

There is this fear that if you say that you don't know, the public are going to punish you as a result. That hasn't really been my experience and there have been plenty of occasions when I have had to say, "We don't really know about what this data is actually showing us."

I know it is a difficult line to tread, but to some extent the Government need to be clear about what the unknowns are here and to be open about it. As much transparency as possible would be helpful. Like I say, they really have made a lot of progress over the course of the past year.

Frankly, it is not just health data—look at the Treasury, who I deal with quite a lot. Early on, the data we had on the furlough scheme was abysmal. It was the most important economic intervention that we have had in this country in decades; yet the number of people who were on furlough was dribbled out occasionally on Twitter or in press releases, but never through a proper release.

The good news is that that has improved. It is still not as good as in some other countries, like France, in terms of the level of data on what is going on. It is frustrating that to some extent the Government have had to be dragged into the open on this, but it is encouraging that they have moved in the right direction and that there is more transparency. However, there is always room. As we were saying earlier, I think we all appreciate that vaccines are probably going to be the next area where we are going to need more transparency than we have at the moment. Hopefully your letter will be heeded.

Dr Fletcher: I agree with a lot of what Ed has just said, in particular about the improvements in communicating data that we have seen over the past nine months or so. In addition, when it comes to reaching the widest possible audience, again no one source or outlet can reach everyone. There are groups in society that are less likely to see this data, and I urge the Government to think about what they can do in order to reach those groups.

Chair: Thank you for answering our questions. We have reached the end of our session. Thank you to Ed Conway, Richard Earley and Dr Richard Fletcher. We are immensely grateful for your insight. Again, as with the first panel, if there is anything further that you wish to draw to our attention as a Committee, please feel free to write. In the meantime, I thank staff, particularly the broadcasting team, who facilitated the meeting, and my colleagues around the country.