
**EVIDENCE TO THE INDEPENDENT COMMISSION ON
UK PUBLIC HEALTH EMERGENCY POWERS**

1. We welcome the opportunity to provide evidence to the Independent Commission on UK Public Health Emergency Powers. During the COVID-19 pandemic, we undertook a large-scale empirical study of how the public perceived and responded to COVID-19 “lockdown” law and guidance, which was funded by the Nuffield Foundation and an ESRC IAA award. Our focus was on what people *thought* the law was, and how they behaved in relation to it. The project ultimately collected a wealth of data: over 4,000 survey responses, more than 100,000 words of focus group contributions, and 50 hours of interview data. Based on our analysis of this data, we have now published a series of detailed research papers, which have also been provided separately to the Commission. In this evidence, we outline our major findings in the hope that the insights derived from our work will be able to assist the Commission’s inquiry. We are conscious that some of our findings speak more closely to the inquiry’s questions than others, but we outline the full findings for the sake of completeness. Our study had six principal findings:
 - a. Based on self-reported compliance data, our analysis suggests that most of the public was generally willing to comply strictly with the COVID-19 lockdown restrictions. However, parts of the population bent “rules” on occasion and rates of compliance also diminished over time;
 - b. There was a high level of public confidence in the understanding of lockdown restrictions. However, despite this general confidence, confusion grew as rules became more complex and there was also confusion relating to the legal status of specific rules;
 - c. The law/guidance distinction mattered to compliance. People were more likely to comply with a lockdown rule if they thought it had the status of law and was not just guidance;

- d. The key drivers of compliance with lockdown laws were: anticipation that rule-breaking would cause peer disapproval; the conviction that breaking lockdown rules was morally wrong; and a general commitment to being law-abiding. People's sense of the effectiveness of the rules in preventing virus transmission was a significant predictor of some of these basic drivers, as was their sense of obligation to others, and their predictions of how seriously COVID-19 would affect their health if they were infected. Equally, a conviction that restrictions infringed basic rights negatively affected people's sense of the morality of breaking lockdown laws;
 - e. 'Creative non-compliance' was evident in public behaviour. That is, there was evidence of people caring more about the 'spirit' of the lockdown restrictions than their 'letter.' This meant they were comfortable breaking the rules if they felt they were still abiding by their underlying purpose; and
 - f. The experience of and response to lockdown laws was different between genders. We ran analysis on a range of demographics and the most salient finding was that women were more likely to breach certain types of law, and that these behaviours often stemmed from the rules themselves clashing with gender inequalities.
2. On the basis of our findings, we have made a number of recommendations as to how high levels of compliance might be secured in future public health emergencies:
 - a. Whether a particular public health rule is to be based in law or guidance - and the clarity with which that status is communicated - ought to be seen as an essential component of the design and implementation of the policy intervention and not an unimportant formality;
 - b. An understanding of the key drivers of legal compliance should be used to inform effective public communications in order to encourage compliance;
 - c. When implementing public health laws that directly affect the everyday lives of the population, it is important for compliance downstream that policymakers adopt a

stance of being open to what the public have to say about their experiences of those laws;

- d. Government communications and rhetoric are capable of influencing behaviour through their effect on rationalisations for noncompliance. Communications should detail the rationale behind restrictions, not just their substantive content; and
- e. Public health laws affect different parts of society in different ways, and it is therefore imperative that clear consideration is given to the diversity of social experiences during the construction of legal rules.

3. We hope this evidence assists the Commission and we would be willing to assist further.

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