July 2020

Covid-19 winter preparedness

An online dialogue project for the Academy of Medical Sciences

Sarah Castell, Michael Clemence & Roya Kamvar

Ipsos MORI

Preparing for this winter's challenges

This report details the full findings from three workshops carried out by Ipsos MORI between 25 June and 1 July 2020 on behalf of the Academy of Medical Sciences, covering public experience of the pandemic, trust in science and government, and expectations and priorities for this winter. These findings are qualitative: rather than presenting a representative picture of public attitudes, they outline the variety of perspectives which exist in society.

Report recommendations for communications

We need to talk about winter

Participants were clear that if the science suggests a strong likelihood of a second peak in infections then the government should be informing people from now, before the autumn. As it is important that this messaging does not cause unnecessary anxiety among a worried public, it needs to focus on the steps the country is taking to prepare for this scenario.

Track, trace and isolate is more than the app

The Covid-tracking app which was trialled on the Isle of Wight remains the strongest association with the idea of track, trace, isolate. As such it is a significant 'red herring' for the public and its failure colours perceptions of other parts of the system. This may cause issues with compliance, so communications about the idea of the system, and the process by which it will work, must move beyond talking about technology.

Explain the highest-risk situations and professions

Public understanding of risk is limited, but it was understood that some locations and professions have higher transmission risks. Explaining what these are, and highlighting how current controls target them, will help public understanding of the steps that are being taken currently.

There is demand for the reasoning behind opening up

A common request was for the scientific rationale behind specific steps such as the opening of pubs. The groups understand the need to support the economy as well as contain Covid-19, even if they disagree on where the balance of effort should lie. Yet an overly scientific explanation is unlikely to cut through, so a story-led approach is needed.

There are relatively few trusted and high-attention sources

The pandemic has created an unusual information environment. Large proportions of the public have been following briefings from just a few public figures – the Prime Minister and chief scientific advisors – at daily briefings. As the virus is new, there is little else that is readily accessible and the public are not reading scientific papers. This means the phrases used by leaders matter more than in other circumstances; they will be heard and repeated by a sizeable proportion of the public.

Avoid the language of morality

Judging risk is a complicated process and it is not easy for individuals to weigh up probabilities and apply this to their own behaviour and to public health. The public tend to bring in a moral dimension to thinking about what they, and others, should do. In this circumstance it is easy to create unhelpful stereotypes and create divisions within the public which may ultimately result in reduced compliance with scientific advice. Messaging should avoid talking about categories of people or behaviours associated with them as a way to explain transmission.

Current public interest in the pandemic

Overall awareness of the pandemic was high across the groups, with some having highly detailed knowledge about the virus in the UK and worldwide. However 'information fatigue' was also strongly felt: those who had been watching the daily briefings stopped doing so some time before they ended, and some participants said they didn't look for news about the pandemic any more as it was too depressing.
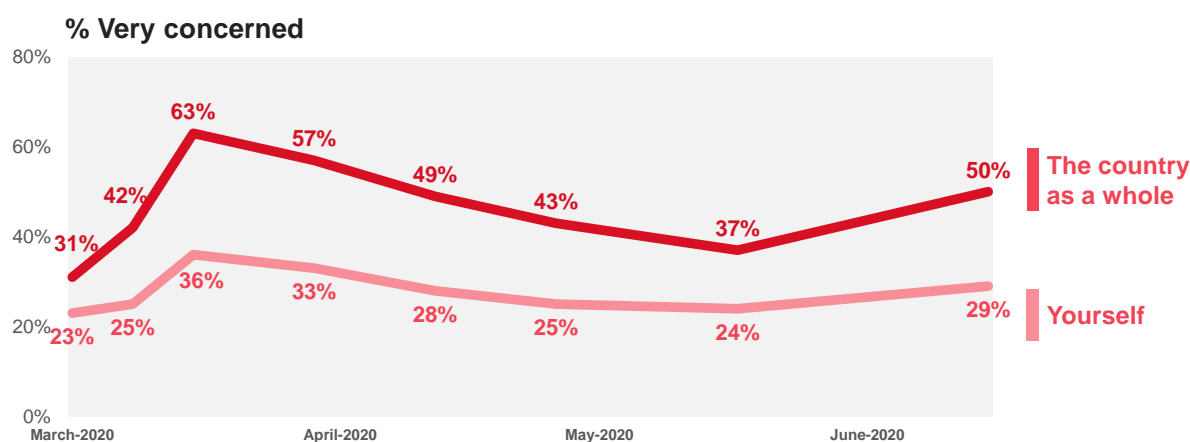
Engagement tended to depend on personal factors with those more directly affected showing greater levels of interest. For instance, vulnerable participants (who had received letters telling them to shield during the pandemic) tended to be more knowledgeable and interested as their health is a more important topic of their daily life than it is for the general public.

Those from BAME backgrounds (especially younger people) tended not to be aware of the disproportionate impact the disease has on these groups. This group were less interested in talking about the disease as having an ethnicity-based element and would instead rather talk about socio-economic drivers, for instance the high numbers of people from ethnic minorities working as lower-paid frontline workers such as taxi drivers, bus drivers and nurses.

Across the groups people remain worried about the disease, with those in shielding groups especially concerned. Fieldwork was conducted shortly before the loosening of social distancing restrictions in England on the 4th July and this was cited as an additional concern; a finding reinforced by recent public polling which shows the proportion personally concerned about the risk of coronavirus to themselves and the country overall rising again.[1]

Public concern about the Coronavirus: March - June 2020

To what extent, if at all, would you say you are concerned about the risk Coronavirus poses to each of the following?

% Very concerned

The country as a whole: 31%, 42%, 63%, 57%, 49%, 43%, 37%, 50%

Yourself: 23%, 25%, 36%, 33%, 28%, 25%, 24%, 29%

Base: 1,078 Online British adults 18-75, 26-29 June 2020

Ipsos MORI

---

[1] https://www.ipsos.com/ipsos-mori/en-uk/how-comfortable-are-britons-returning-normal-coronavirus-concern-rises-again

There were mixed levels of awareness and understanding of the metrics commonly used by government and scientists to describe the pandemic. The number of deaths per day was the clearest gauge for participants. Some participants used this explicitly to compare UK performance with other nations. However, those who were most interested in tracking the pandemic using these figures were also most likely to apply a critical mindset to information given, and some questioned how these figures were collated and presented.

Understanding of the R number varied widely between groups and the concept was less well-recognised than counting deaths. Once given background on the topic, participants could appreciate that it measures the rate of spread of the disease and could be used by the government to order local lockdowns, but typically there was a low level of awareness. Those who knew more about the figure initially were sceptical about it as it is typically presented as a range – the view was that the government should be able to provide a more precise figure.

A common theme across the groups was that **views on Covid-19 were often morally-based and link to participants' risk appetite**. Understanding the risk posed by the disease requires the public to weigh up national statistics against their own personal experiences and those of others. This is a difficult judgement where individuals will draw different conclusions based on their own attitudes to risk and moral values – which goes part-way to explain why most participants could cite multiple people and groups who they felt were not following guidance, and also the strong impulse across the groups for those not following national guidance to face punishment. It also makes it challenging for the public to consider priorities for dealing with the pandemic.

Views on life under lockdown

Views of life under lockdown were generally positive but there were also significant negatives for some. Among the positives were the ability to spend more time with children and family; being on furlough or being able to work from home; having more time for hobbies and remote socialising with friends they had not spoken to for some time. A general feeling among the groups was that society had moved closer together and people were more likely to help each other than before the pandemic. Older participants tended to have the most positive views of lockdown as they were most likely to have gardens, local friends and the space and time to be more comfortable confined to their homes.

"To be honest I've quite enjoyed lockdown- we've been able to do so much together as a family... I feel like I'm always rushing around, and I've just literally taken a step back"
Older shielding group participant

Younger participants tended to be more negative and frustrated about lockdown as more of their world had been disrupted. The same positive factors for older people were interpreted as negative: uncertainty over future employment (either the prospect of unemployment or an unknown return date), disruption to study and future education plans, the stress of looking after children full time, being unable to visit friends and family and the closure of gyms and leisure facilities made lockdown hard. For younger shielding participants, the length of time they had been required to isolate was another factor which made it hard.

 "It's been really nice that I've had time to do things that I wouldn't have usually, however I need to be busy so I'm going out of my head at the moment with boredom, I'm really struggling with it"
Younger general public group participant

Among younger shielding participants it was also mentioned that having to rely on others had sometimes been frustrating, especially reliance on local authority services which appear to have varied widely between different areas. Some participants mentioned being offered the delivery of food parcels from Councils but opted out as they felt others might be in more vulnerable positions.

Those in the groups who had contracted Covid-19 – some of whom had been ill for months – were also less positive about the experience and were most supportive of continued restrictions.

The uncertainty of the pandemic remains a source of anxiety and the ending of the lockdown has caused anxiety to grow. This was particularly true for those in shielding groups who were concerned about the prospect of going outside, near people who may not abide by social distancing rules. Some wondered whether they might ever take public transport or visit town centres again.

"People who aren't shielding aren't taking it very seriously…I've not been going food shopping for that reason because I went once, and people are just banging into you everywhere…we've just been doing online food shops because I can't even think about leaving the house right now – it's other people that are making it worse."
Younger shielding group participant

There was a general perception that "other people" were not abiding by the rules of social distancing, evidenced for many by the scenes of crowds on Bournemouth beach during the warm weather in June. Among those who were keeping up to date with the pandemic Dominic Cummings's conduct during lockdown was raised as a significant issue. For these participants, it had served as a signal that that some people do not have to take lockdown measures seriously, which they felt had set a bad example to the wider public, paving the way for people to take more risks and break social distancing guidelines.

"I think we were all going along with it until the Dominic Cummings thing happened… The way he was defended to the hilt by the Prime Minister and others without a word of apology… It basically said to a lot of people I think, 'you don't really have to abide by the rules if you don't want to'"
Older shielding group participant

This fed a general demand among the groups that the social distancing rules be made clearer and that they should be demonstrably enforced throughout society, including through more fines and arrests. This feeling was particularly strong among the shielding groups.

The initial lockdown period was viewed positively – there was a feeling that it had gone well (evidenced by the reduction in cases) and the groups saw it as a time where instructions were clear and the country pulled together to tackle the pandemic. This also meant that the lifting of lockdown measures in England on 4th July was a new source of concern. However younger group members were more supportive of re-opening as they were keen to progress with plans they had prior to the pandemic. Shielding participants with young children discussed the difficulty of explaining their requirement to stay inside for longer than others as lockdown eases and other children are seen going outside.

Those living in Scotland and Wales were more positive about the performance of their national leaders, contrasting this against what they saw as the poor performance of the UK government and Boris Johnson specifically.

"Mark Drakeford seems a bit more hesitant...which personally I think is the better way to go, they're rushing a bit towards [opening up] in England... I think he's doing a pretty good job to be honest"
Older shielding group participant

"I wouldn't say I would support [Nicola Sturgeon] politically but considering what she's done with coronavirus I do agree with her, I think she's done the right thing... I'm happy with what she's done"
Older shielding group participant

Expectations for this winter

Few in the groups had any expectations of what might happen with the pandemic this winter.
Possibly as a response to the uncertainty, participants said they were taking life "day by day" and appeared to have curtailed their time horizons, withdrawing from making plans for later in the year. Yet there was a generalised expectation that things might get worse: when shown stimulus suggesting that a second peak was likely over winter, the common reaction was one of unsurprised resignation. A few people in each group immediately said that this was the winter they had been expecting. This extended to the prospect of a second lockdown, although there were strong concerns about the impact of a second lockdown on the economy.

"I think it will increase come winter time because of the correlating effect of easing off lockdown restrictions... people will start mixing a lot more than they're doing now. It feels like [social behaviours have] gone back to normal and it's just worrying to think about what's happened since then, although there's been no reports...it's really worrying."
Older BAME group participant

"I don't think the economy can survive... ministers ought to be putting things in place – on top of that it's Brexit – economically we can't survive! The government is now urging now to come out of lockdown... [Mark Drakeford] has a health-based background, he's more cautious, but under pressure to release the UK because of the economy."
Older general public group participant

The initial peak in March served as a commonly-understood yardstick by which participants measured the severity of the potential spike over winter – would it be worse or better than the peak in March?

There was also a strong association between winter and the Christmas/New Year period, meaning that participants weren't typically thinking about a winter period that can stretch until the end of March 2021. With widespread fatigue from the past few months of summer lockdown it seems likely that a similar feeling might occur and be more intense over the winter.

Matching concern about the pandemic more generally, the main worries about a second wave were tied to life stage. Those in school and Sixth Form were worried about what it would do to their exams and

college/university applications, while those in employment were primarily worried that their employers might not survive a second peak, leading to unemployment. By contrast, those from shielding groups and the retired had fewer direct concerns and were also most comfortable with the prospect of a second lockdown.

Overall, participants found the second wave scenario to be believable as it matches general experience that there is more illness in the winter. This led to demand that the public be told that this was what the scientists expect now – and what the plan was to deal with it – so they can prepare for the prospect of rising cases and the potential of a second lockdown.

"Anyone would be grateful for honest opinions, I'd rather know the truth than being kept in the dark."
Younger general public group participant

"We need much clearer guidelines, it's almost as if they're scared to say what we need to be doing because of the reaction that it'll get - you know that things need to change so just say what we need to do point blank and then we'll do that."
Younger BAME group participant

Trust and science communication

Scientists were considered a trustworthy source of information but, for some, there was a tendency to associate leading scientists with politicians. There was a common perception that a single scientific truth exists around the pandemic and that scientists are the ones promoting and defending it, while politicians are more focussed on protecting the economy. But those who were more interested in the pandemic and knew more about it were also more likely to question the mortality and infection figures, wondering whether they are being massaged or underreported. Among this group, those who distrusted the government transferred this distrust to the scientists leading the response, whose position was seen to be politicised.

"It would be untenable for Boris Johnson to stand there and be undermined by his medical advisors, so they are very much briefed about what they can say"
Older shielding group participant

Conversely, trust in politicians was lower – echoing a finding in recent quantitative work on the topic.[2] Some acknowledged a difficult trade-off between protecting people and the economy (and were unable to suggest an answer) but there was criticism of the government's handling of the outbreak and its communications, which were felt to have become more complicated since the early days of the pandemic. Those who had been following the pandemic more closely were able to name multiple instances where they felt the government had manipulated figures or not been straightforward in talking to the public, including around numbers of tests carried out, provision of Personal Protective Equipment (PPE) and the counting of cases.

---

[2] https://www.ipsos.com/en/its-fact-scientists-are-most-trusted-people-world

"Boris and everything in the news is just related to the economy…probably telling people things that aren't true just so you start going out and spending your money, but [scientists are] just thinking about public health with facts they've found personally…with scientists it's coming from the workforce rather than the management who dress things up."
Younger BAME group participant

The groups expressed confusion about the current guidelines, being unsure about how to act under many of the new, less absolute, social distancing measures. There was also a view that many of the newly-opening places in England would likely not follow the rules. Some demanded greater clarity on the scientific rationale behind each of the steps that have been taken in the opening up – what the impact of each step was expected to be and the thought process behind permitting it.

The impact of personal testimony

During the workshop participants were shown clips from video interviews conducted with those who had been ill with Covid-19 earlier in the year. While some in the groups had been ill with coronavirus many had no first-hand experience of Covid-19 and had heard little about the emotional and physical toll a severe case of the disease can bring.

The interviews shifted group perceptions of the disease more than the statistical stimulus shared earlier in the discussion, especially among the general public group. Participants gained a more detailed appreciation of the higher level of risk this disease has for more vulnerable people and some of the shortcomings in healthcare they experienced in the early months of the pandemic.

It also led some to reconsider what risks the winter period might pose for these groups and to think about how the behaviour of others and government measures could be used to protect those at higher risk of similar experiences.

A final clip also highlighted how people have been helping each other through delivering food and flowers to those isolating at home, which was commonly considered the most positive outcome of the lockdown period.

"I think people aren't really thinking about how it's affecting people if it's not something they're seeing in their circles… It's not something you should have to go through first hand with someone you know to have empathy for"

Younger BAME group participant

Those who were shielding had greater personal experience of official communications during the pandemic, with a wider range of authorities and people. They tended to have access to doctors and nurses from whom they could get information on the pandemic and they trusted this personal channel over most online sources, even the official national-level information, and including condition-specific forums of which they were members.

"For me I tend to go with what my consultants say, I tend to listen to them rather than what the government says… We've got our nurse's email address and can contact them rather than listening to the news because what [the news] is saying isn't specific to you"
Younger shielding group participant

The Covid pandemic has a uniquely fragmented information landscape with a few big sources of information – primarily briefings from Number 10 and leading scientists – surrounded by a wide hinterland of smaller-scale sources. The BBC remains a default option for many but those who sought more information about the pandemic mentioned that they started cross-checking this against other sources, ranging from international news outlets such as Al Jazeera, though other national sources such as Sky News, down to local new sites.

Those who were following the pandemic more closely were interested in the figures, specifically the number of deaths in the UK and abroad. Imperial College was mentioned as a source of this information, alongside NHS figures. However, participants looked more widely too: one young participant mentioned an international totals website run by a teenager called Ani Schiffman.

Social media was also mentioned frequently but these sources were considered less trustworthy. Many in the workshops cited examples of 'fake news' and conspiracy theories they had encountered on these platforms – and specifically on Facebook. A common view on Facebook was that participants initially used posts and groups as a source of information but stopped doing so early on, finding the information to be too subjective and opinion-based.

However, most participants mentioned that over the lockdown period they had become fatigued by information. Attention was greatest in the early months, when participants had been frequently engaging with news updates and information. By June this had given way to interest in simpler, briefer updates as well as a stronger interest in local information.

Preparing for winter

The workshops explored public views on four areas of preparation for the winter: minimising Covid-19 transmission; minimising the spread of other winter diseases such as flu; optimising healthcare organisation to deal with the backlog of non-Covid care and optimising public health surveillance systems.

Minimising the spread of Covid-19

There was widespread support for all hygiene measures minimising transmission of Covid-19 including social distancing and hand washing and concern about how these measures would be maintained as lockdown is eased. PPE was highlighted as another area of focus as some participants were aware of the shortages earlier in the year and felt the Government should be preparing now to ensure there was enough equipment to go around later in the year. There was demand that the government position on facemasks be clarified and clearer instructions given; the groups were utilitarian and supportive of mandating face coverings in a much wider range of public places, should they be proved to be useful in combatting the pandemic.

"Washing your hands firstly, that's something we all know, social distancing, and also wearing a [face] mask and that just being the standard- because I don't think that is happening, I don't know if it's previous information has [told people] that they don't work or they're not effective but I think just as a standard we should all be wearing masks if we're going to be outside."
Younger BAME group participant

Overall, awareness of the test, track and isolate system were low, and otherwise closely tied with the "failed app" trialled on the Isle of Wight. Few realise the importance of email and telephone calls to the system. As a result the groups were dismissive of how useful this system could be and questioned whether people would comply if the service told them to self-isolate. In the groups, some younger individuals said they would not comply themselves if they had already made plans for the period.

The government app was also tied to the Covid tracking apps which have been rolled out automatically into all Apple and Android smart phones – participants described an unpleasant surprise of finding this had been downloaded and was using their Bluetooth and GPS systems (leading one participant to turn off her Bluetooth for the first time). The groups talked of this being "creepy", and it was not clear whether people separated this from the government-run app.

Minimising the impact of flu and other winter illnesses

Older participants and those in shielding groups were clearer on the importance of ensuring flu vaccinations for those at risk this winter. For some already receiving yearly vaccines for pre-existing conditions this was not seen to be novel or an imposition. When asked to consider how to prioritise distribution of flu vaccinations among different groups participants took a pro-social approach, identifying front-line workers, those in frequent contact with the public, and older people as key targets, although they found it harder to prioritise within these groups.

"Anyone that's in contact on a daily basis with other people, people with weak immune systems...they should be vaccinated and monitored throughout."
Younger BAME group participant

Younger participants in the shielding and BAME groups expressed a great deal of concern for the perceived lack of protective equipment for social care workers and wanted them to be explicitly included into the 'healthcare workers' category, including for flu vaccinations.

Optimising healthcare organisation

Participants were aware that many regular health check-ups and appointments have been cancelled due to the Covid response but do not have a view of the national scale of the issue and continue to see treating Covid-19 as a priority. Many, including those from shielding groups, had personal experience of this missed blood tests, antenatal check-ups for partners, optician and dentistry appointments, as well as pre-arranged elective surgeries. Missing appointments was a source of anxiety for some but others, especially younger general public members, were resigned to this being a necessary measure. But there is also hesitancy to go back to medical spaces; among those who were shielding some described being 'terrified' at the prospect of being in a hospital or GP surgery.

Some participants had personal experience of how the NHS has been optimised to treat Covid – examples included local GP surgeries being repurposed as Covid-19 treatment hubs, while other had family members who had been involved in organising Nightingale hospitals.

When asked to consider prioritising between Covid and non-Covid healthcare, participants saw treating the pandemic as the priority, with few exceptions – cancer treatment cut through as the only other medical procedure which should get equal priority. Dentistry and general check ups were mentioned as lower priority, with some participants making active decisions to put off appointments. Among most general public participants there was a feeling that the smaller issues they had – chipped teeth, overdue

eye tests and so on – were of secondary importance and they were resigned to waiting some time before these would be seen to. Others had experience of online alternatives – physio over Zoom for one participant – which were not felt to be as effective as in-person treatment.

"Within our family we've not been going to GPs or dentists, and I think that's going to continue for a year rather than just the winter - I don't think we feel comfortable yet. If it's necessary of course we'll go, but I think you're changing what's necessary in your head…before you might have gone for the flu and now you're thinking 'It's not an emergency just stay at home and be safe'".
Younger shielding group participant

Optimising health surveillance

There was a general feeling that the government has a lot of data about the pandemic and is able to pinpoint local areas – the local lockdown in Leicester was announced during fieldwork and used as an evidence point in the groups. However, questions remained over how effectively the government was using this data.

Using the Leicester lockdown as an example, it remains the case that the groups see dealing with the pandemic as a national, rather than local, issue – the expectation is that the central Government (whether UK, Scottish or Welsh) would be monitoring all regions and declaring local lockdowns, rather than this being decided at a County or Local Authority level.

Key steps for different groups to take to prepare for winter

Participants were asked about the key steps groups should take as the country approaches winter:

Individuals

A frequent response was that people should use "common sense", although there was no single definition of what that meant. Underneath this was a view that people should follow guidance from scientists and the government and make sure they do the basics by taking the personal hygiene measures recommended such as hand washing and social distancing

Businesses

The groups expected business to focus on staying afloat during a challenging time – there wasn't an expectation of leadership from the business sector during the pandemic. But the group view tended to be that businesses should go beyond the minimum government requirements to be "Covid secure" to provide additional protection to the public from the virus.

Government

A common demand was for clearer guidelines on opening up and demonstrable punishment for those who break the rules. Greater transparency was also frequently raised – not only in being clear on the scientific and economic rationale behind the steps being taken to re-open the economy, but also in acknowledging that the early stages of the pandemic had been mishandled and that they are learning and listening to scientists and the people.

"We all know they've screwed up, and they know they've screwed up, so they should just come out and say 'I'll level with you, we screwed up'… That would go a long long way"
Older shielding group participant

Methodological Annex

Research Objectives

This report summarises the key findings from three three-hour online workshops conducted with members of the public to understand their views and priorities for the UK in coping with a possible resurgence of Covid-19 infections over the winter of 2020-2021. The workshops involved group discussion and stimulus in the form of videos, a presentation of information, and scenarios.

The workshops were held to bring the public's voice into the wider, scientific, discussion around planning for a winter during the Covid-19 pandemic. This report feeds into wider work carried out by the Academy of Medical Sciences exploring what challenges might be faced this winter when coronavirus and other seasonal diseases are present and the steps the country can take to prepare for this.

As with any qualitative research the findings are descriptive and illustrative and are not statistically or nationally representative – they cannot be said to be the views of a wider population. Instead, its key strength is that it gathers a wide range of spontaneous and considered attitudes and allows moderators to ask open-ended questions and develop lines of enquiry as they emerge during the discussion. In including people from a wide range of backgrounds and with a variety of demographic characteristics, the widest possible set of perspectives are sought, and these are reflected in the analysis and reporting.

Methodology

There were three main phases to fieldwork:

- **Pilot group**: A 1.5 hour focus group was conducted online with five members of the public recruited from across England on 25 June 2020. Participants were recruited to be broadly representative of the British public by age, gender and ethnicity, with at least one of the participants having suffered from a Covid-19 infection. This group was used to test material for the main workshops and gather experiences of life under lockdown.

- **Video depth interviews**: Three half-hour video interviews were conducted with members of the general public online between 25 and 30 June 2020. Participants were recruited to include one who had a confirmed case of Covid-19, another who had been ill with Covid-19 symptoms but had not received an official diagnosis and a third who had cared for someone ill with Covid-19. The recorded interviews were clipped and used as stimulus in the workshops.

- **Workshops**: Three three-hour workshops were held online with twelve members of the public on the evenings of 29 June – 1 July 2020. Recruitment was tailored for each group:

  - **General public**: In the first group, participants were recruited from across England, Scotland and Wales, with quotas to ensure a balance of genders, age group and ethnic background. Additional quotas ensured parents of school age children were also represented, and half of the group had either a confirmed or suspected case of Covid-19.

  - **Vulnerable groups**: Participants were recruited from across England, Scotland and Wales with a quota to ensure that all twelve had received a letter from the NHS telling them they were part of a higher-risk group and would be required to 'shield' themselves during lockdown, or that they had cared for someone in this position. Additional quotas ensured a mix of ages, genders and ethnic backgrounds.

- **Black, Asian and Minority Ethnic (BAME) backgrounds**: The third group recruited participants from across England, Scotland and Wales with a quota to ensure that all twelve were from non-White ethnic backgrounds. In addition, quotas ensured representation across age groups, genders and social grade, as well as experience of Covid-19 infection.

Moderating the videos and workshops

Given the potentially upsetting nature of the topics discussed in the workshops, the moderating team consisted of researchers who have had extensive training and experience of working with the public and vulnerable people.

In the recruitment phase and again in the sessions, participants were reassured that they did not need to divulge details of first-hand experiences and were free to leave the research at any point. All participants were sent a care sheet after their participation with web links for advice on maintaining well-being during lockdown. At the end of the workshops participants had a 'wind down' section, facilitated by an external mental health expert that discussed common reactions to stress and anxiety as well as positive actions to take to overcome and manage these feelings.

Ipsos MORI's standards and accreditations

Ipsos MORI's standards and accreditations provide our clients with the peace of mind that they can always depend on us to deliver reliable, sustainable findings. Our focus on quality and continuous improvement means we have embedded a 'right first time' approach throughout our organisation.

ISO 20252

This is the international market research specific standard that supersedes BS 7911/MRQSA and incorporates IQCS (Interviewer Quality Control Scheme). It covers the five stages of a Market Research project. Ipsos MORI was the first company in the world to gain this accreditation.

ISO 27001

This is the international standard for information security designed to ensure the selection of adequate and proportionate security controls. Ipsos MORI was the first research company in the UK to be awarded this in August 2008.

ISO 9001

This is the international general company standard with a focus on continual improvement through quality management systems. In 1994, we became one of the early adopters of the ISO 9001 business standard.

Market Research Society (MRS) Company Partnership

By being an MRS Company Partner, Ipsos MORI endorses and supports the core MRS brand values of professionalism, research excellence and business effectiveness, and commits to comply with the MRS Code of Conduct throughout the organisation.

Data Protection Act 2018

Ipsos MORI is required to comply with the Data Protection Act 2018. It covers the processing of personal data and the protection of privacy.

For more information

About Ipsos MORI Public Affairs

Ipsos MORI Public Affairs works closely with national governments, local public services and the not-for-profit sector. Its c.200 research staff focus on public service and policy issues. Each has expertise in a particular part of the public sector, ensuring we have a detailed understanding of specific sectors and policy challenges. Combined with our methods and communications expertise, this helps ensure that our research makes a difference for decision makers and communities.

Ipsos MORI Ipsos