

# Coronavirus and compliance with government guidance, UK QMI

Quality and methodology information for Compliance with coronavirus (COVID-19) guidance, detailing the strengths and limitations of the data, methods used, and data uses and users.

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# 1 . Output information

<b>Frequency</b>	As and when data are available
<b>How compiled</b>	Based on third party data
<b>Geographic coverage</b>	United Kingdom (UK)

## 2 . About this Quality and Methodology Information report

This quality and methodology report contains information on the quality characteristics of the data (including the [European Statistical System five dimensions of quality](#)) as well as the methods used to create it.

The information in this report will help you to:

- understand the strengths and limitations of the data
- learn about existing uses and users of the data
- understand the methods used to create the data
- help you to decide suitable uses for the data
- reduce the risk of misusing data

## 3 . Important points

The Coronavirus and compliance with government guidance bulletins are derived from data collected during a UK qualitative research study by IFF Research from November 2020 to January 2021.

The qualitative research study was commissioned to explore certain demographic groups' compliance with the coronavirus official guidance in depth; it helps us better understand the attitudes and behaviours of these groups, and the issues they face in the pandemic.

The main research questions for the study were:

- Why do some groups comply less?
- How do different demographic groups understand the COVID-19 guidance?
- How do attitudes to compliance with COVID-19 guidance differ between demographic groups?
- Why do some groups comply less?
- What encourages or discourages compliance with COVID-19 guidance among different demographic groups?
- What barriers to compliance do different groups face?

180 adults were sampled for the study, with 30 across each of six demographic groups; the six demographic groups of interest were determined from a literature review and analysis of Opinions and Lifestyle Survey (OPN) data on compliance levels.

The six groups included in the study were:

- low-income workers
- young people
- students
- parents with dependent children
- people from an ethnic minority
- high-income workers

Within these groups, there was a range of diversity in terms of age, gender, working status, education level, and geography (definitions for these groups can be found in Section 6). These groups were then split into non-compliant, low compliance, and high compliance in an equal 10:10:10 interview ratio.

Participant recruitment was conducted via specialist agencies, which operate their own online communities and put in place advanced searches ensuring that they can target respondents before contacting them for recruitment. In addition to this, they recruit using "free find" methods, which include blogs, online research and via community message boards.

A recruitment screener was used to ask questions on compliance status and demographic information; participants gave explicit informed consent through the screener and a consent form they completed before taking part in the interview and they were informed on the research purpose, sponsor, confidentiality, and that it was voluntary.

Each participant was invited to take part in a 90-minute in-depth interview online or via telephone.

Several approaches were used to maximise participation in the study, including:

- offering flexibility in appointment times and rescheduling
- text reminders
- sensitively discussing the topic of non-compliance
- providing translation options
- carefully wording recruitment materials

Participants were also thanked for their time and effort through vouchers.

Those in the young people and student groups were invited to take part in an online forum, which was open for five days during which a moderator set various tasks such as starting a conversation with friends and family members or making a note of any coronavirus-related messaging that they saw that day.

Participants from all other groups (ethnic minority participants, low-income workers, parents and high-income workers) were asked to complete an online diary (either in a Word document or an online platform) followed by a further 30-minute in-depth interview. They were asked to write down any instances when they were in public or had encountered someone from outside their household, what they did and how they felt.

The interview guide was informed by behavioural frameworks, principally COM-B<sup>1</sup> and participants were asked about compliance capabilities and opportunities, then motivations; the interview guide remained the same for the whole period, except for new questions about the vaccine rollout, which were added on 22 December 2020.

Researchers manually transcribed and coded the interviews, diaries, and forum contributions. Coding was informed by the COM-B model. Thematic analysis was then carried out and quality assured. A steering group was established to oversee the design and implementation of the study, as well as final recommendations. The group consisted of individuals from the Office for National Statistics (ONS) research, methodological, statistical, behavioural science and qualitative experts; other government departments; the Prime Minister's Office; and academics.

There are no datasets to accompany this study because this is a qualitative study.

## Notes for: Important points

1. The COM-B model of behaviour is a framework used to analyse individuals' behaviour. The COM-B model proposes that behaviour is shaped by the following three components: "capability", which is an individual's own knowledge or attribute that enable a behaviour to be possible, "opportunity", which describes the qualities of an individual's physical environment that allows them to behave in a certain way, and "motivation", which is the individual's energy and desire to take a certain action.

# 4 . Quality summary

## Overview

This report relates to the standalone qualitative study: Compliance with coronavirus (COVID-19) guidance, interviewing participants in the UK from November 2020 to January 2021.

## Uses and users

This qualitative research study was commissioned to explore certain demographic groups' compliance with the government coronavirus guidance across the UK in depth. This study helps us to better understand the attitudes and behaviours of these groups, and the unique issues they face in the pandemic.

Uses of the data include:

- to inform compliance-related policy
- to inform compliance-related communications

The main stakeholders are:

- Cabinet Office
- Scientific Advisory Group for Emergencies (SAGE)
- Department for Health and Social Care (DHSC)
- the Prime Minister's Office

## Strengths and limitations

The main strengths of the qualitative research study include:

- It generates richer and more nuanced insight than other Office for National Statistics (ONS) surveys because it is an in-depth qualitative study.
- It meets user needs as the interview guide was developed with customer consultation and design expertise was applied in the development stages.
- It is flexible, allowing the interview to be participant-specific, with relevant prompts or probes to ensure important information is captured.
- It captures the personal circumstances of individual participants from within the main demographic groups with lower compliance; it also captures their thoughts and feelings towards compliance and any barriers they were experiencing.

The main limitations of the qualitative research study include:

- Quantification of the themes is not possible as sample size is limited to 30 participants per demographic group.
- Our findings are not statistically generalisable to other populations or the wider population because we have used a non-probabilistic sampling method - non-proportional quota sampling.
- It would also not be meaningful to compare the personal characteristics of our study population, or their levels of compliance with that of the general population (for example, through an ONS survey).
- The coronavirus (COVID-19) guidance changed throughout the fieldwork period so participants are not always talking about the same guidance as each other (particularly as fieldwork was staggered across the different demographic groups); interview guides were continuously updated to reflect the guidance at the time for the region of the participant, and the report also specifies which guidance is being referred to, where relevant.
- Findings relate to certain circumstances (for example, national lockdowns) that have since changed, and therefore behaviours may have changed.
- There is a degree of non-response bias: participants may present different attitudes and behaviours than those who are not participants because of their willingness and ability to take part (non-participants are those we either could not contact or have not contacted, and those who declined to participate or cancelled their interview).
- Because of the sample design, there is duplication of personal characteristics across each group (for example, one individual may be a student, a young person and from an ethnic minority group) and so comparisons across groups should be made with caution.

## Accuracy and reliability

This is a qualitative study of 180 interviews, not quantitative. Therefore, quantification or estimates of accuracy are not possible, and not the purpose of this study. The reliability of this study can be assessed through comparing with similar research.

In terms of comparability, comparisons across groups should be treated with and carried out with caution. The reason for this is, because of the sample design, there is duplication of personal characteristics across each group.

## Changes to coronavirus guidance

Comparisons cannot be made over time. The coronavirus guidance changed throughout the fieldwork period, so participants are not always talking about the same guidance as each other. In addition, fieldwork for each of the demographic groups was staggered.

During the fieldwork period, the guidance in England was as follows (there were minor differences to guidance in Scotland, Wales and Northern Ireland):

- Wash hands, avoid touching your face, wear a face covering indoors; the self-isolation period is 10 days when necessary and non-essential businesses are closed.

Other guidance changed during the fieldwork period:

- At the start of the fieldwork period in November 2020, members of the public were required to stay at home, except for specific purposes, including essential activities, work that cannot be done from home, education, childcare, medical reasons or to provide care.
- Guidance was to avoid meeting people you do not live with, except for specific purposes, including meeting one person outside of your household bubble for exercise or to meet in a public outdoors space.

From the 2 December 2020:

- In Tier 1, guidance permitted to meet other people indoors and outdoors but socialising in groups of more than six people should be avoided.
- In Tier 2, guidance permitted to meet people outdoors but not to socialise in groups of more than six people.
- In Tier 3, guidance suggested avoiding meeting people who you did not live with or were not in your support bubble.

From 23 to 27 December 2020:

- In Tiers 1 and 2, guidance permitted meeting in a bubble of up to three households indoors on Christmas Day, and existing support bubbles counted as one household; you could meet outdoors but should avoid socialising in groups of more than six people.
- In tier 3, guidance permitted meeting in a bubble of up to three households indoors on Christmas Day and existing support bubbles counted as one household but meeting people who you did not live with or were not in your support bubble outdoors should be avoided.
- In Tier 4, you should avoid meeting people who you do not live with or are not in your support bubble.

From 4 January 2021:

- You should not leave home to meet socially with people you do not live with unless they are in your support bubble.
- Colleges, primary and secondary schools are open only for vulnerable children and children of critical workers.

It is possible to compare across geographies, but this analysis was out of scope for this study. Participants were sampled from the four nations of the UK. The sample coverage was 90 participants from England, 36 from Scotland, 36 from Wales and 18 from Northern Ireland.

The data for the study were collected between November 2020 and January 2021. There was a three-month time lapse between the end of field work data collection and the publication of findings. During this time, transcription, analysis, quality assurance and report writing were carried out.

## **5 . Methods used to produce the Coronavirus and compliance with government guidance, UK data**

### **How we collect the data, main data sources and accuracy**

A qualitative approach was selected in order to provide rich behavioural insight. In-depth interviews with individuals were chosen to allow a detailed exploration of individuals' circumstances and decision-making processes. This approach also allowed participants to express themselves freely without the judgement of others, which was important when dealing with a highly emotive topic.

There were 180 adults sampled for the study, with 30 across each of the six demographic groups. The six demographic groups of interest were determined from a literature review and analysis of Opinions and Lifestyle Survey (OPN) data on compliance levels. These were:

- low-income workers
- young people
- students
- parents with dependent children
- people from an ethnic minority
- high-income workers

These demographic groups were then split into non-compliant, mixed, and high compliance in an equal 10:10:10 interview ratio. This was to generate rich insight into behavioural levels. Those with high compliance were able to discuss motivations for compliance and discuss the non-compliant behaviour of peers, while those with mixed or low compliance were able to additionally give insight into their own barriers to complying with coronavirus (COVID-19) guidance.

Levels of compliance were determined by their answers to the recruitment screener. They were asked six questions about their behaviours in relation to hands, face, space, social mixing and social isolation. If they gave a "more compliant" response for four or more questions they were classified "more compliant"; if they gave a "less compliant" response for four or more questions, they were classified as "mainly non-compliant"; and anyone else was classified as "mixed".

Monitoring quotas were set to ensure a diverse range of participants by:

- age
- gender
- working status
- education level
- parental status
- whether the individual was shielding or in contact with someone shielding
- geography

These criteria were interlocked with compliance level within each group.

Participant recruitment was conducted through a database via a specialist recruitment agency. A recruitment screener was used to confirm eligibility for the study as well as to ask screener questions on compliance status and demographic information. Participants gave explicit informed consent through the screener and a consent form that was sent to them before the interview. They were informed on the research purpose, sponsor, confidentiality, and that it was voluntary.

Several approaches were used to maximise participation in the study. This included:

- offering flexibility in appointment times and rescheduling
- text reminders
- sensitively discussing the topic of non-compliance
- providing translation options
- carefully wording recruitment materials

Participants were thanked for their time and effort through vouchers of £50 per in-depth interview, and £30 for participation in diary study or online forum.

The IFF's researchers conducted the interviews on a platform agreed with the participant (typically Zoom but also Microsoft Teams, Skype or by phone). These interviews were recorded, allowing the interviewer to revisit the interview and compile detailed notes from the interview.

Each interviewer wrote up their interviews to a standardised template within days of the interview. This allowed them to ensure nothing of importance was missed or mis-represented and to capture the nuances that they were attuned to having completed the interview. Re-immersing themselves in the content of what the participant said and the way in which they said it, allowed the interviewer to revisit, and potentially challenge, their initial view on the implications of the discussion.

## How we designed the research tools

The interview guide was developed together with the steering group for this project. The main topics of interest consisted of:

- household composition and economic activity
- participant behaviours during the pandemic (that is, what they were doing, how this was different to pre-pandemic and related challenges and opportunities)
- their capability to comply with the coronavirus guidance (either through their understanding of it or their living and working situation)
- what and who was influencing this behaviour
- awareness of the coronavirus guidance
- compliance with the coronavirus guidance
- the barriers to compliance
- their motivations and priorities

## How we process, analyse and interpret the data

The data from each interview, diary and forum contribution was manually transcribed and coded. Coding was informed by the COM-B model<sup>1</sup>. Thematic analysis was then carried out and quality assured. Analysis sessions were held with IFF Research, the Office for National Statistics (ONS) and the wider steering group to interpret findings and generate further hypotheses and analytical questions.

Researchers began the analysis process in the interviews themselves. Within the session, the researchers continually weighed up the implications of what the participant said, and using the interview guide as a framework, devised relevant follow-up questions (which helped draw out additional insight to meet the study objectives). Through this process of active listening and "weighing-up" of feedback, the researcher left the session with an initial view on the implications of the discussion. As noted previously, the researcher then used the recording and notes made within the interview to summarise the interview content and tone within a bespoke in-house Excel-based analysis framework (with a row for each respondent and columns for each area of the objectives).

This framework was then interrogated by multiple members of the research team, who assessed what were the main recurring themes and take-outs from each audience, within each area of the research objectives. This initial individual interpretation was then brought to a director-led analysis session, in which researchers developed their thinking regarding the findings and their implications.

Individual researchers' tentative interpretations of the findings were discussed, with careful reference to the evidence, to verify interpretations of the findings through researchers applying a degree of scrutiny and challenge to each other's perspectives on what the findings meant. In line with the interview guide and analysis framework design, the analysis session was structured around the COM-B framework.

From this session, further hypotheses and analysis questions were agreed, for investigation with reference to the analysis framework. This session also determined emerging themes and behavioural influences: these were formally coded by adding new "coding" columns within the analysis framework, allowing us to readily spot patterns in themes and influences that recurred, as well as whether they tended to recur more prominently among some audience sub-groups than others.

Given a staggered approach to fieldwork and the reporting of interim findings to the ONS team and wider steering group, there were multiple analysis sessions across the project. This process culminated in a couple of final analysis sessions, with project staff from the IFF and the ONS, in which we consolidated all of the findings and our interpretation of them across the various audiences, to arrive at the final "story" of the findings.

## **How we quality assure and validate the data**

The IFF has written quality standards that form part of their induction processes and inform a rolling programme of internal training and appraisal. These are underpinned by a series of "how to" guides for each aspect of the research process, which provide a formal checklist for researchers to use and a record to ensure that each task is completed. The IFF directors provided leadership with a focus on ensuring quality enacting the following:

- Directors briefed the research team conducting interviews on what to look for from the discussions; supporting on-point probing and "within-interview" initial analysis of what each interview told us.
- A random sample of interviews were listened-to by quality control staff and feedback was given.
- We ensured that respondents gave informed consent in accordance with MRS guidelines and the GSR Code of Ethics, and the ONS also approved the study by their own ethics board.
- Any personal information or data that may make a participant identifiable was only ever transferred by a secure and encrypted file transfer system; the data were then saved on a secure server and access was granted on an individual basis to those to whom it was vital.
- Personal data are not kept longer than necessary and are due to be deleted 12 months from the end of the project at the latest.
- Reporting outputs were checked sequentially by two researchers to ensure respondent confidentiality has been maintained.
- All activity relating to the secure files (copying, amending and so on) was recorded on the Data Asset Register, which was periodically reviewed by the project manager.
- Recruitment was conducted by CATI and this ensured that individual interviewers could not view the sample database but only contact details on a record-by-record basis; any data which were required to allocate an interview to a quota but did not need to be referenced in the interview were not made available to interviewers.
- Personal data were not exported or transferred outside of the UK.
- All documents were labelled with standardised labels ("public", "controlled", "confidential" or "restricted") to indicate their degree of sensitivity.
- We also explained to research participants, at the point of interviewing them, their rights to see the personally identifiable data we hold on them, to change these data, or to have them deleted.
- Directors reviewed and signed-off analysis frameworks before use.
- All research team members entered scripts and the project managers reviewed the quality of initial summaries entered by each researcher, including level of detail captured and relevance of responses; they then gave pointers on both interviewing approach and analysis, to support improvement and data entered into the framework were sometimes revised as a result.
- There was an assessment of the factors shaping the behaviours of each audience, in relation to the COVID-19 guidance and this was analysed and articulated within the framework of the COM-B model, that is, considering how capability and opportunity interact with motivation to shape behaviour; this included a hierarchy of behavioural influences by their relevance to each audience.
- Researchers brought their interpretation to a series of director-led analysis sessions for discussion and challenge; from this, a series of codes and themes were presented and debated with those passing scrutiny drafted into initial findings.
- Findings were shared iteratively with the ONS and the steering group, which gave an opportunity to pose further questions and clarify points; both the discussion and analysis approach evolved as a result of this.
- All report and debrief sections were drafted by the research manager and associate director or directors (or both) with directors drafting summaries, conclusions and important chapters; chapter drafts were sense-checked against analysis frameworks by another project team member and reviewed by IFF Directors.

## How we disseminate the data

As the project progressed, the IFF delivered:

- four fortnightly emerging findings debrief packs
- five extensive interim presentations of findings
- a full written report of findings at the conclusion of the study

The findings from the ethnographic elements were synthesised with interview data to create a coherent, holistic picture. The emerging findings debrief packs communicated the headline findings for each audience and were accompanied by a presentation of each pack via video conference to the ONS and the steering group, to discuss the emerging findings and their implications. The significant findings that emerged in-between these debriefs were raised with the ONS via our regular project management catchups.

A fifth presentation of findings was delivered to the ONS and the steering group when all interviews and analysis had been completed. This presentation included an overview of the main messages for each of the demographic groups and a comprehensive discussion of their implications with steering group members.

### **Notes for: Methods used to produce the Coronavirus and compliance with government guidance, UK data**

1. The COM-B model of behaviour is a framework used to analyse individuals' behaviour. The COM-B model proposes that behaviour is shaped by the following three components: "capability", which is an individual's own knowledge or attribute that enable a behaviour to be possible, "opportunity" which describes the qualities of an individual's physical environment that allows them to behave in a certain way, and "motivation", which is the individual's energy and desire to take a certain action.

## 6 . Other information

### **Demographic group characteristics**

A breakdown of the main characteristics and demographics for the 30 participants who took part in each of the six demographic groups is available to download. There was an even spread of compliance levels within each group (10 were mainly compliant, 10 were mixed and 10 were less compliant). Compliance levels were determined through a series of screener questions.

### **Low-income workers**

Those in the low-income workers group were defined as being someone who was working in: retail, wholesale, health and social work, transport, the arts or hospitality (for example, cafés, pubs, restaurants, hotels) and earning less than £18,000 a year, £1,250 a month or £290 a week, before tax.

## **Students**

Those in the students group were defined as being someone who was a student, currently studying at a UK university. The group included two mature students who lived with a partner and their children, and the remaining 28 included an even mix of those living in their family home and those living in student accommodation or with other students in private rented accommodation.

## **Young people**

Those in the young people group were defined as being someone who was aged between 18 and 24 years.

## **Parents**

Those in the parents group were defined as being someone who was a parent or guardian of one or more children aged under 16 years.

## **Ethnic minority participants**

Those in the ethnic minority participants group were defined as being someone from a Black, African, Caribbean or Black British ethnic group or background; someone from an Asian or Asian British ethnic group or background; someone from a Mixed or Multiple ethnic group or background; or someone from another ethnic group or background.

## **High-income workers**

Those in the high-income participants group were defined as being someone with an annual income last year of £75,000 or more, before tax.

# **7 . Concepts and definitions**

(Concepts and definitions describe the legislation governing the output, and a description of the classifications used in the output.)

## **Coronavirus (COVID-19) specific definitions**

### **Coronavirus (COVID-19)**

Coronaviruses are a family of viruses that cause disease in people and animals. They can cause the common cold or more severe diseases, such as COVID-19. COVID-19 refers to the "coronavirus disease 2019" and is a disease that can affect the lungs and airways. It is caused by a type of coronavirus.

### **Support bubble or extended household**

A support bubble is a term used in England and Northern Ireland to describe a close support network that can be formed between a household of any size and a household with either only one adult or one adult and one or more people who were under the age of 18 years on 12 June 2020 in the home (known as a single-adult household).

An "extended household" is a term used in Scotland and Wales to describe two separate households that have been able to join to form an extended household, meaning that they do not need to follow social distancing rules and can have close contact with each other.

For the purposes of this research, we use the term "support bubble" (extended household) as an umbrella term to refer to the joining of two households, as per the guidance in place for participants at the time of the interview and the country they lived in.

## **Childcare bubble**

In England, a childcare bubble is where one household links with one other household to provide informal childcare to anyone under 14 years. A childcare bubble is different to a support bubble. Across the devolved nations, there are different rules for childcare (see guidance for [Wales](#), [Scotland](#) and [Northern Ireland](#)).

## **Social distancing**

Social distancing refers to the measures taken to prevent the spread of a contagious disease by maintaining a physical distance between people. Social distancing was introduced in March 2020 to slow the spread of the coronavirus (COVID-19) by reducing the number of times people come into close contact with each other. The general rule has been to stay two metres apart from those outside of your household, or where that is not possible, one metre with extra precautions such as wearing a face mask.

## **Lockdown**

Lockdown is the shutting down of all non-essential activities to slow the spread of the coronavirus (COVID-19). The first national lockdown was introduced on 23 March 2020. There have been various national and local lockdowns applied across the devolved nations, with varying restrictions and for different time periods.

## **Guidance**

Guidance is a term which refers to advice given by the government to the public, to protect citizens from the coronavirus (COVID-19). An example of guidance is "wear a face mask". The guidance for each country of the UK is different and changed throughout the time this research was conducted. Participants in this research were asked about the guidance that was in place in the country they lived in at the time of their interview. In some cases, not adhering to specific guidance is punishable by law. This is specific to each nation's legislation.

## **Hands**

Reference to "hands" in this study refers to the part of the "Hands, Face, Space" guidance to prevent the spread of the coronavirus (COVID-19). This advises individuals to maintain hand hygiene through regular and thorough handwashing and use of hand sanitiser.

## **Face**

Reference to "face" in this study refers to the part of the "Hands, Face, Space" guidance to prevent the spread of the coronavirus (COVID-19). This advises individuals to wear a face covering in all indoor public spaces (for example, supermarkets) unless exempt for medical reasons.

## **Space**

Reference to "space" in this study refers to the part of the "Hands, Face, Space" guidance to prevent the spread of the coronavirus (COVID-19). This advises individuals to maintain a two metre distance between themselves and anyone outside of their household and/or support bubble or extended household.

## **Social mixing**

This refers to the guidance about socialising with others outside of their household and/or support bubble or extended household, to prevent the spread of the coronavirus (COVID-19). This includes how many people should meet together, and in which locations (for example, indoors and outdoors). This has changed throughout the pandemic dependent on local or national restrictions and differs across the devolved nations.

## **Self-isolation**

Self-isolation is a form of social distancing for people who have tested positive or have come into close contact with someone who has had a positive test for COVID-19. In these cases, individuals are required by law to self-isolate for 10 days or 14 days respectively when told to do so. This means staying at home and not having any contact with others outside of their household.

People returning from countries abroad may also be required to self-isolate for 14 days if the country they are travelling from is not on the list of exempt countries. This period of self-isolation is also sometimes called quarantine.

## **Methodology-specific definitions**

### **Quantitative research**

Quantitative research is the process of collecting and analysing numerical data. It can be used to find trends and averages, test relationships between variables, and generalise results to wider populations. For surveys, quantitative research often employs random probability sampling.

### **Qualitative research**

Qualitative research is the process of collecting and analysing non-numerical data, through methods such as in-depth interviews and focus groups. It is used to understand participants' beliefs, experiences, attitudes, behaviour, and interactions between them in breadth and depth. The data collected are non-numerical. It employs purposive sampling techniques; in this statistical inference is neither possible nor the intention.

### **Ethnography**

Ethnography is the study of participants in their own environment, observing their behaviour or social interactions. It often uses ethnographic activities (see definition that follows).

## Ethnographic activities

Ethnographic activities are tasks that participants are asked to take part in for research purposes, where they are observed, recorded or asked to record details themselves. For example, observation, diaries, or online forums.

### Online diary

An online diary is one of the activities some of the participants were asked to take part in during this qualitative research study. Participants were asked to record their daily activities and experiences around compliance with the coronavirus (COVID-19) guidance.

### Online forum

An online forum is a message board and discussion site, where participants can have conversations or complete tasks set by a moderator. The conversation is posted for others to respond to, creating a dialogue or thread. A researcher moderated the forum and set daily activities, inviting participants to share their experiences of these activities. Participants could post and comment on each other's posts with the researcher moderating to keep all posts relevant and appropriate.

### Screening questions

Screening questions are the questions asked during the recruitment process to ensure that potential participants fit the research criteria for the study and to help monitor the achievement of purposive sampling criteria targets.

### Steering group

A Steering group is set up to steer the work undertaken by others. The role of the steering group for this study was to advise on the development of the COVID-19 compliance study research activities conducted by the IFF and to act as a "critical friend". Their responsibilities included:

- providing advice and guidance
- identifying and helping mitigate risks
- evaluating and prioritising the research
- participating in discussions of the findings and their interpretation
- guiding recommendations for further work

The group members were chosen to bring expertise from a range of different perspectives, and to ensure that advice provided was appropriate and balanced.

## Useful links

The coronavirus and compliance with government guidance, UK release also refers to data from the Opinion and Lifestyle Survey (OPN). For further information on this please refer to the [latest OPN report](#) or the [OPN QMI](#).

