



Moving Mindsets

Methods supplement, June 2025

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Introduction

This supplement provides detailed information on the outputs from FrameWorks UK's Moving Mindsets pilot study. Below we outline the research conducted with members of the public that provides the evidence base for the brief Hyatt, T and John J *Moving Mindsets: Emerging opportunities to shift culture on health, wealth and government* (2025), describing the methods used and sample composition.

Our central research questions were i) if mindsets are moving in the UK, and ii) if mindsets *are* moving, how we can best understand and track this movement over time.

What are mindsets?

Mindsets are deep, assumed patterns of thinking that shape how we see the world and how we act within it. Multiple mindsets are present in a culture, across groups, or even within individuals. What matters is the relative strength of each mindset – and how it is brought to bear on the issue at hand.

Mindsets can normalise or problematise our existing social order. So that when mindsets move, they open up new possibilities for change in behaviour, policy and institutions.

How mindsets research differs from public opinion research

Public opinion research examines the explicit attitudes people hold about specific issues. Mindsets research explores the deeper, underlying patterns of thinking that shape and explain these patterns in public opinion. Whereas public opinion research examines *what* people think, mindsets research examines *how* people think.

For example: public opinion research might show that people support health education programs more than policies to promote access to healthy homes. Mindsets research explains why this is, revealing the role that the mindset of *health individualism* plays in driving these opinions and preferences.

Methods

We used a mix of qualitative and quantitative methods to understand if and how mindsets are moving across the UK.

Peer discourse sessions

Throughout 2024, we conducted peer discourse sessions across England, Scotland and Wales. This pilot included 12 sessions, four in each country, starting in February and July 2024.

Our peer discourse sessions are a form of focus group designed to explore mindsets on major issues in British society, centred on health, wealth, and inequality. In all series, we explored issues in the past, present, and future to collect information on broader mindsets alongside thinking about specific moments and rising areas of interest. This allowed us to look at whether the same questions were eliciting similar conversations or whether different patterns were emerging.

Our first series included dedicated modules on the social drivers of health and wealth inequality. Our second series repeated modules on health and wealth, alongside a dedicated module on the commercial drivers of health and wealth inequality and corporate responsibility more broadly. Participants were asked to describe health and poverty; explain health and wealth inequalities (including who is considered responsible), and suggest what needed to happen to address health and wealth inequalities across the UK.

We held these sessions virtually with six participants per session, each of whom gave their consent to be recorded. Participants were recruited to represent variation across demographic characteristics, including age, gender, income, education, ethnicity, geographical location and (self-identified) political affiliation. Each session was country-specific but demographically mixed, including participants from different groups in the same discussion.

To analyse the interviews, researchers used analytical techniques from cognitive and linguistic anthropology to examine how participants understood issues. First, researchers identified common ways of talking across the sample to reveal assumptions, relationships, logical steps, and connections that were commonly made but taken for granted throughout dialogue. The analysis involved discerning patterns in both what participants said and what they did not say. In many cases, participants revealed conflicting mindsets on the same issue. In such cases, one conflicting way of understanding was typically found to be dominant over the other in that it more consistently and deeply shaped participants' thinking. To ensure consistency, researchers met after an initial round of coding and analysis, compared and processed initial findings, then revisited transcripts to explore differences and questions that arose through the comparison.

As part of this process, researchers compared emerging findings to the findings from previous mindsets research on [health](#), [poverty](#), and [the economy](#), to identify if and how any changes were present. They then reconvened and arrived at a synthesised set of findings. Newly

identified mindsets of interest were also added to the mindsets tracking survey, outlined below.

Mindsets tracking survey

Throughout 2024, we conducted a regular tracking survey to measure and track mindsets - both foundational mindsets (like *individualism*) and issue-specific mindsets (like *held back from health*). Tracking these measures over time allowed us to analyse trends throughout the research period.

To refine the survey instrument, we conducted quarterly surveys online in February, May, August and November 2024. Each survey obtained a large, nationally representative sample (N = 1500 per survey) which was weighted to match census demographics. Our total sample size was 7,496 participants aged 18 and over and from the United Kingdom (survey 1: N= 1,798; survey 2: N= 1,745; survey 3: N=1,996, survey 4: N=1,957).

All surveys began with participant consent and a series of standard demographic questions, followed by batteries measuring the endorsement of various mindsets and items measuring support for policy solutions. Our first and second surveys included foundational mindsets that cut across issue areas, along with known mindsets on health, poverty, and the economy. Our third and fourth surveys included newly identified mindsets on government. Each battery consisted of multiple questions, using Likert-type items with seven-point response scales. Surveys also included forced-choice items wherein participants were presented with statements representing two competing mindsets and asked to rate the mindset they agreed with more. All batteries within each section, and all items within each battery, were randomised.

Target quotas were set according to national benchmarks, including age, gender, income, education, ethnicity, geographical location and (self-identified) political affiliation. Most ethnic groups were oversampled above national benchmarks to support subgroup analyses, with a minimum target of n = 200 for each group. In surveys 3 and 4, we additionally oversampled for participants in Wales and Northern Ireland, with a minimum target of n = 150 per group. The oversamples were not weighted. All analyses regarding ethnicity and country were conducted using both the nationally representative sample and the oversample to ensure adequate power. All other analyses were conducted using only the nationally representative sample. Composition of the total unweighted nationally representative sample is detailed below in Table 1.

Table 1. Unweighted demographics for the nationally representative sample, across 4 surveys

Demographic	Total N	Percentage
Gender		

Female	3,022	50%
Male	2,968	49%
Non-binary/other	8	1%
Age		
18-29	475	8%
30-44	1,536	26%
45-59	1,836	31%
60+	2,151	36%
Country		
England	5,066	84%
Wales	276	5%
Scotland	492	8%
Northern Ireland	164	3%
Ethnicity		
White	5,300	88%
Asian/Asian British	303	5%
Black/African/Caribbean/Black British	250	4%
Mixed/Multiple/other ethnic group	145	2%
Income		
Less than £20,800	1,132	19%
£20,801-41,600	2,286	38%
£41,601-62,400	1,265	21%
£62,401 or more	1,315	22%
Education		
No formal qualifications	216	4%
GCSEs or equivalent (e.g., O-Levels)	1,603	27%
A level, Apprenticeship, or equivalent	1,633	27%

Undergraduate or graduate degree	2,546	42%
Political Affiliation		
Conservative	1,640	27%
Labour	2,308	38%
Liberal Democrat	596	10%
Scottish National Party (SNP)	85	1%
Green Party	281	5%
Democratic Unionist Party	47	1%
Sinn Fein	24	<1%
Plaid Cymru	22	<1%
Reform UK	699	12%
Other party	177	3%
Would not vote ¹	119	2%

Exploratory factor analysis with oblique promax rotation was used to determine the psychometric quality of each battery. Items with rotated factor loadings below $|.50|$ were dropped from each battery. Once finalised, Cronbach's alpha (α) was used to assess internal consistency among the items in each battery. Given that there are various heuristics for determining acceptable internal consistency, we determined that batteries with internal consistency scores of .60 or above would be considered acceptable. After assessing internal consistency, items within each battery were combined into composite scores that indicated participants' average level of agreement with the statements that articulate the core assumptions of each mindset. All composites have been transposed to a 100-point scale, so 50 represents the midpoint of the scale ("neither agree nor disagree"). As scores get closer to zero, this indicates increasingly strong explicit rejection of the mindset. As scores get closer to 100, this indicates increasingly strong explicit endorsement of the mindset.

Across all surveys, we ran correlations to determine the relationships between mindsets, attitudes, and policy support. This allows us to look at the relationship between the strength with which people hold certain mindsets and their attitudes or support for specific policies. A threshold of $p < .05$ was used to determine whether two variables were significantly correlated. A correlation coefficient within the range of .10–.30 was considered a small association; a correlation coefficient within the range of .30–.50 was considered a medium association; and a correlation of .50 or higher was considered a large association.²

¹ This option was added to the survey in August, 2024

² Cohen, J *Statistical Power Analysis for the Behavioral Sciences* (1988)

We used analysis of variance (ANOVA) to determine whether participants from various demographic backgrounds differed significantly in their endorsement of cultural mindsets. Further, we used Tukey HSD corrected pairwise comparisons to identify where significant differences between demographic groups occurred. An effect size within the range of 0.2–.49 was considered a small effect; an effect size within the range of .5–.79 was considered a moderate effect; and an effect of .8–1.09 was considered a large effect.³ Additionally, we considered an effect of 1.1 or larger a very large effect.

As with all research, it is important to remember that results are based on a sample of the population, not the entire population. As such, all results are subject to margins of error.

Mindset Clusters

We identified mindset clusters by first looking at correlations between mindsets and attitudes. To be considered for a cluster, a mindset or attitude must: (1) be generally consistent over at least 2 measurements, (2) be moderately to strongly positively and significantly correlated with most other mindsets in the identified cluster, (3) be uncorrelated or negatively correlated with most mindsets in the other cluster. The correlations between mindsets in each cluster can be found below.

After identifying two main clusters, we used exploratory path analysis to investigate whether certain mindsets within each cluster might serve as “lynchpins” – or catalysts that influence the other mindsets within that cluster. Path analysis is a statistical method used to explore relationships between multiple variables of interest within a hypothesised causal model. Our path analyses began with hypotheses – based on theory and evidence from prior FrameWorks research – about which mindsets would serve as lynchpins. We hypothesized that for both clusters, cross-cutting mindsets would serve as lynchpins, moving more issue-specific mindsets and attitudes. Models were evaluated using a robust maximum likelihood estimator (MLR), and a series of iterative steps were taken to determine model fit.

For model fit evaluation, an inclusive approach was used involving both a consideration of fit indices and theoretical consistency. Four approximate fit indices were used: root mean square error of approximation (RMSEA)⁴, $\leq .050$ and $\leq .080$ for close and reasonable fit, respectively; Comparative Fit Index (CFI) and Tucker-Lewis Index (TLI)⁵, $\geq .900$ and $\geq .950$ for acceptable and excellent fit, respectively; and standardized root mean square residual (SRMR)⁶, $\leq .050$ and $\leq .080$ for acceptable and excellent fit, respectively. If model fit indices were unacceptable, we inspected modification indices – statistical suggestions for how the model could be improved. The decision to adjust a model based on these suggestions was based on theoretical consistency and practicality.

Once a good-fitting, theoretically sound model was identified for each cluster, we tested at least three plausible alternative models for each cluster. In addition to evaluating fit indices

³ Ibid

⁴ Marsh et al., 2004

⁵ Bentler, 1990

⁶ Bentler, 1995

for each alternative model, we used the Akaike Information Criterion (AIC)⁷ to compare model fit between the initially chosen model and each alternate model.

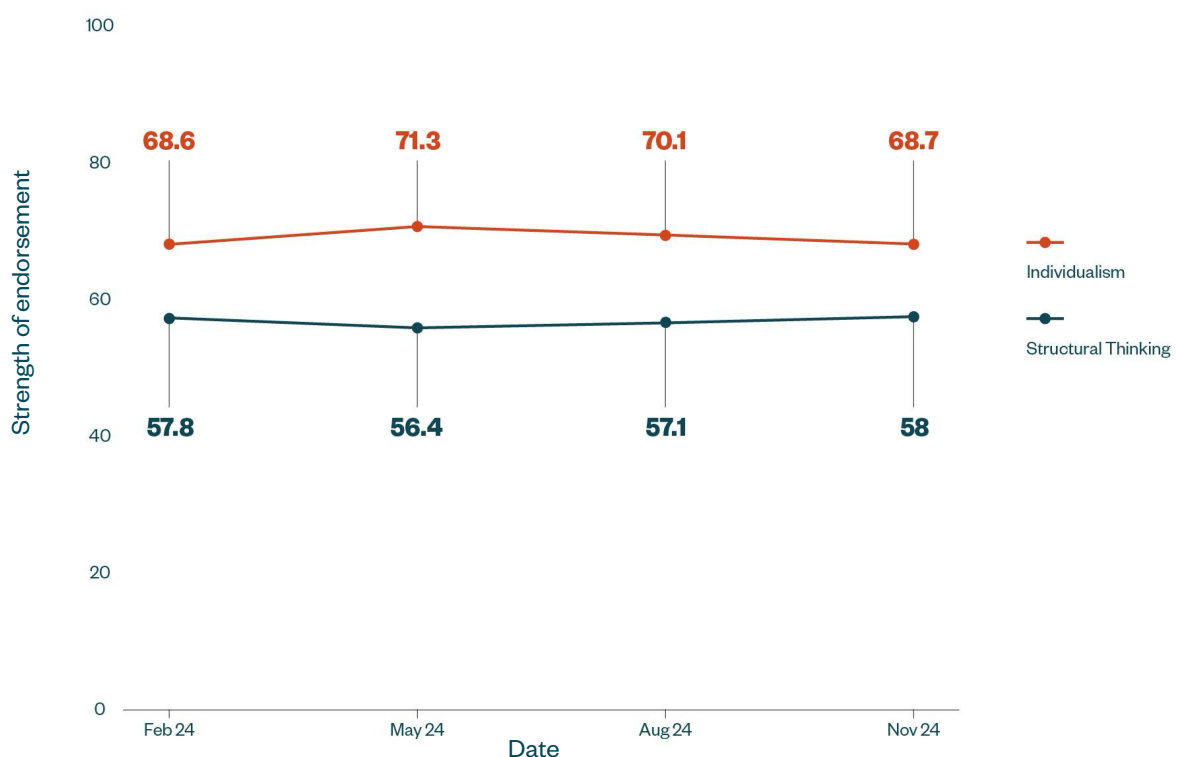
Six key findings about the state of British culture

Below are more detailed quantitative findings to support analysis in the Moving Mindsets brief.

1. Individualism is our default – but not when we get issue-specific

When people reason about British society in general terms, individualism dominates. Our tracking survey indicates that the strength of individualism is consistent across most demographic groups.

Fig 1.1: Individualism vs Systemic thinking (composites) – full sample



*Note. Average endorsement of mindsets across 4 trackers, on a scale from 0-100.
Higher numbers = more endorsement. Effects can be interpreted as follows: 0-50 = very weak endorsement;
51-67 = weak endorsement; 68-83 = moderate endorsement; 83-100 = strong endorsement.*

⁷ Akaike, 1974

Fig 1.2 Individualism vs Systemic thinking (composite means by demographic group), Nov 24⁸

Demographic	Average Endorsement of Individualism	Average Endorsement of Systemic Thinking
Gender		
Female	67.8	58.2
Male	67.8	57.8
Age		
18-29	68.2	63.8
30-44	69	61
45-59	65.3	55.8
60+	71.5	54
Country		
England	69	58.6
Wales	66.6	59.1
Scotland	73.8	58.9
Northern Ireland	69.4	53.2
Ethnicity		
White	68.3	57
Asian/Asian British	76.5	68.3
Black/African/Caribbean/Black British	79.3	72.4
Income		
Less than £20,800	64.5	58.9
£20,801-41,600	68	56.1
£41,601-62,400	70.8	56.9
£62,401 or more	73.8	62
Education		
GCSEs or equivalent (e.g., O-Levels)	69.2	55.1

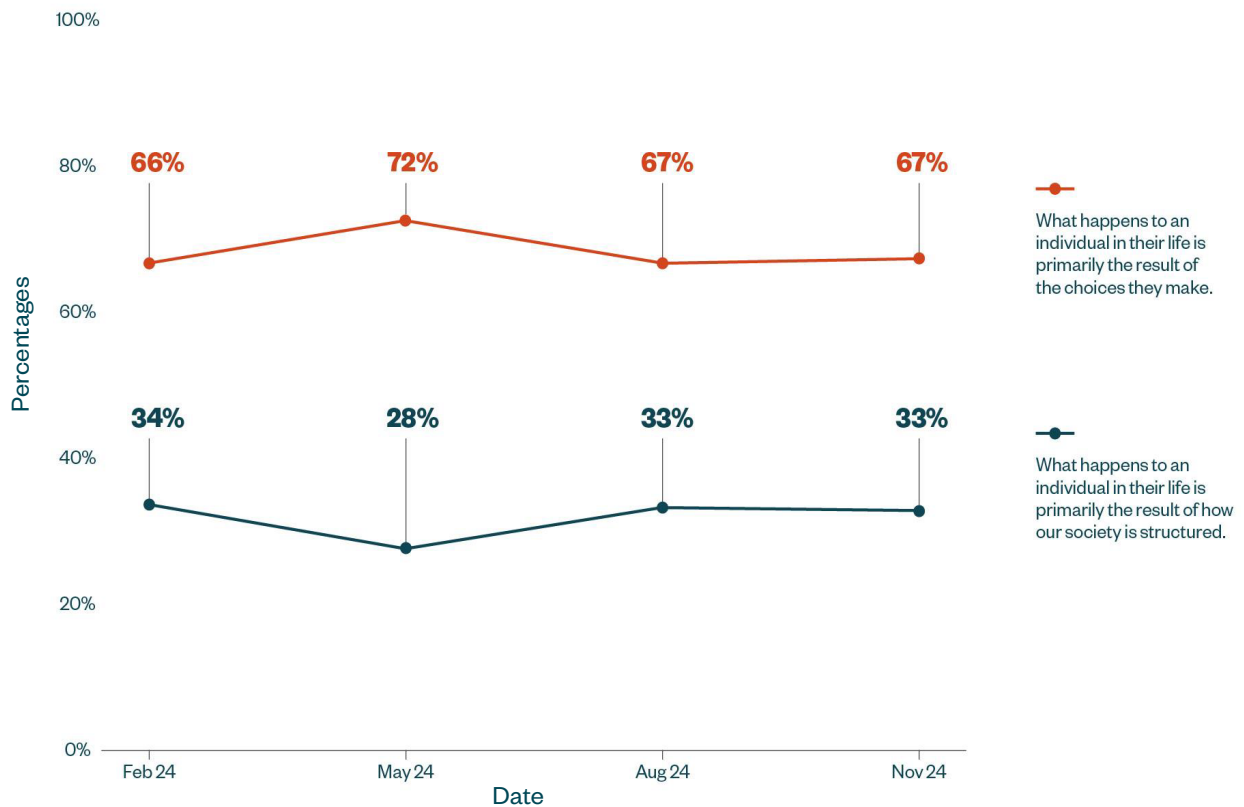
⁸ Note: Min 100 participants in each demographic.

A level, Apprenticeship, or equivalent	66.4	56.4
Undergraduate or graduate degree	70	62.3
Political Affiliation		
Conservative	75.6	54
Labour	68.1	61
Liberal Democrat	64.5	58.9
Reform UK	71.2	54.3

Note. Endorsement of mindset, on a scale from 0-100. Higher numbers = more endorsement. Effects can be interpreted as follows: 0-50: very weak endorsement; 51-67 = weak endorsement; 68-83 = moderate endorsement; 83-100 = strong endorsement

The relative salience of *individualism* may be more responsive to external changes over time.

Fig 1.3 Individualism vs systemic thinking (forced choice) - full sample



Note. Across 4 trackers, participants asked to choose which statement comes closer to their own view.

When people reason about wealth, the mindset of *society shapes success* is more strongly held than the idea that success is *self-made*.

Fig 1.4 Society shapes success vs Self-made (composites) - full sample

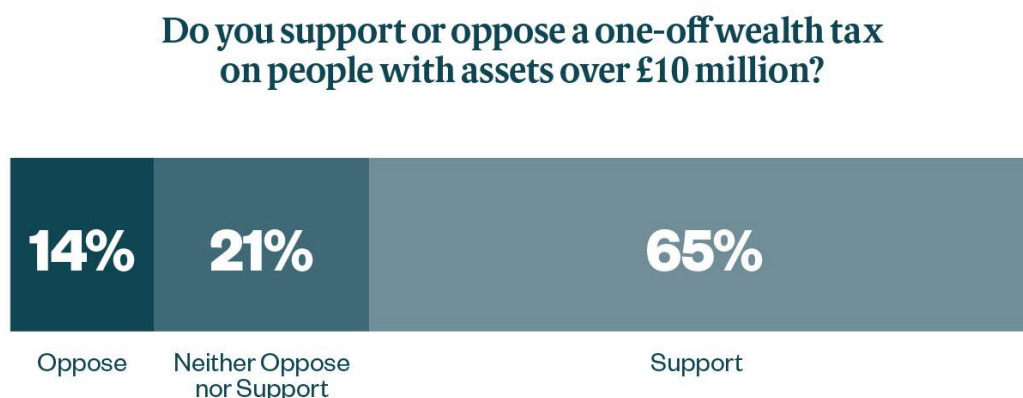


Note. Average endorsement of mindsets across 4 trackers, on a scale from 0-100.
Higher numbers = more endorsement. Effects can be interpreted as follows: 0-50 = very weak endorsement;
51-67 = weak endorsement; 68-83 = moderate endorsement; 83-100 = strong endorsement.

2. Precarity is seen as our new normal – and people support bold action on extreme wealth

A majority of participants in our tracking survey support a wealth tax (a one-off tax on people with assets over £10 million).

Fig 2.1 Support for a wealth tax - full sample, Aug 24



Support is highest among Labour voters and in Scotland and Northern Ireland.

Fig 2.2 Support for a wealth tax by demographic group, Aug 24⁹

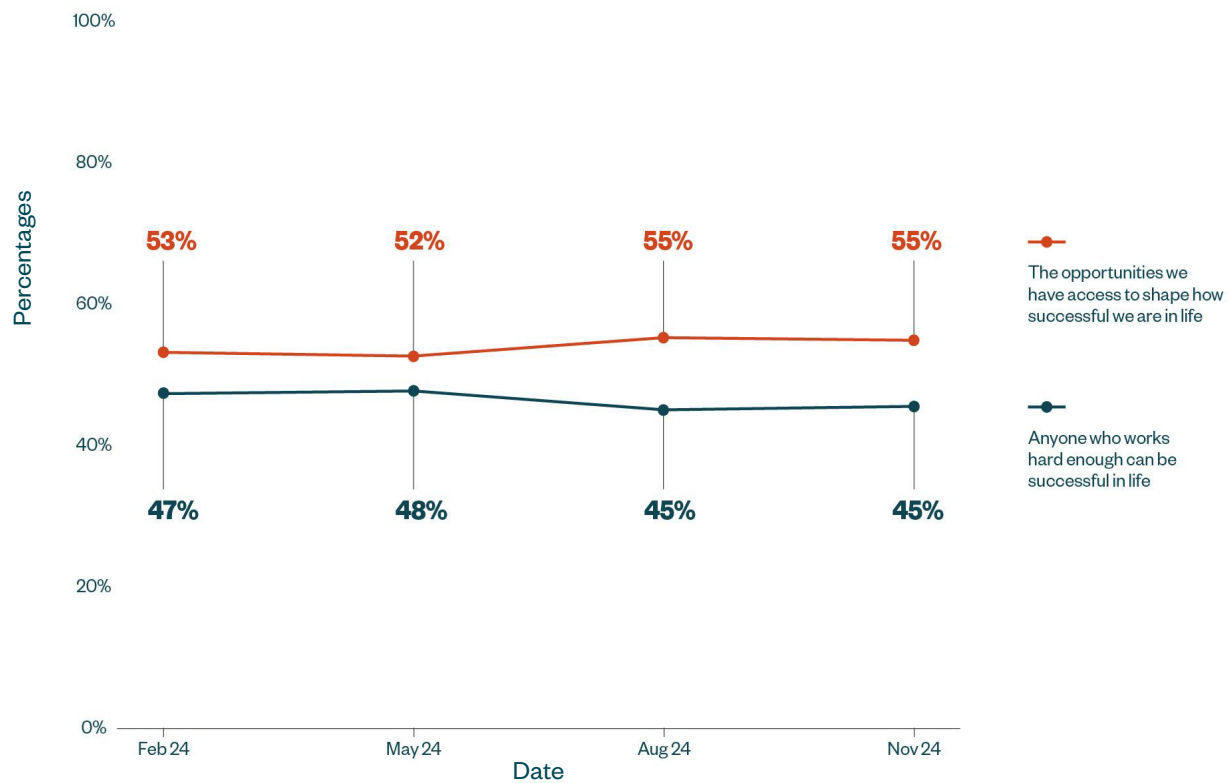
Demographic	Oppose	Neither Oppose nor Support	Support
Gender			
Female	10%	24%	67%
Male	18%	18%	64%
Age			
18-29	11%	30%	58%
30-44	14%	21%	66%
45-59	11%	19%	70%
60+	18%	18%	64%
Country			
England	15%	22%	63%
Wales	16%	20%	64%
Scotland	9%	12%	79%
Northern Ireland	7%	14%	79%
Ethnicity			

⁹ Note: percentages may not equal 100% due to rounding. Min 100 participants in each demographic.

White	14%	20%	67%
Asian/Asian British	21%	21%	58%
Black/African/Caribbean/ Black British	18%	31%	51%
Income			
Less than £20,800	9%	22%	69%
£20,801-41,600	12%	20%	68%
£41,601-62,400	17%	18%	65%
£62,401 or more	20%	25%	55%
Education			
GCSEs or equivalent (e.g., O-Levels)	11%	22%	68%
A level, Apprenticeship, or equivalent	16%	18%	66%
Undergraduate or graduate degree	16%	23%	62%
Political Affiliation			
Conservative	24%	25%	51%
Labour	7%	17%	75%
Liberal Democrat	12%	21%	67%
Reform UK	18%	20%	62%

When asked to choose, a majority of participants in our tracking survey endorsed the idea that success is shaped by access to opportunities over the view that anyone who works hard can succeed.

Fig 2.3 Society shapes success versus Self-made - full sample



Note. Across 4 trackers, participants asked to choose which statement comes closer to their own view.

This effect seems driven by particular groups of people – particularly women, those in our lowest and highest income brackets, and people who identify as Black/Black British/African/Caribbean.

Fig 2.4 Society shapes success versus Self-made - gender, women

Mindset	Feb 24	May 24	Aug 24	Nov 24
Society shapes success	56%	56%	60%	59%
Self made	44%	44%	40%	41%

Note: Across 4 trackers, participants asked to choose which statement comes closer to their own view: “The opportunities we have access to shape how successful we are in life” or “Anyone who works hard enough can be successful in life”

Fig 2.5 Society shapes success versus Self-made - income, less than £20,800

Mindset	Feb 24	May 24	Aug 24	Nov 24
Society shapes success	50%	51%	66%	58%
Self made	50%	49%	34%	42%

Note: Across 4 trackers, participants asked to choose which statement comes closer to their own view: "The opportunities we have access to shape how successful we are in life" or "Anyone who works hard enough can be successful in life"

Fig 2.6 Society shapes success versus Self-made - income, £62,401 or more

Mindset	Feb 24	May 24	Aug 24	Nov 24
Society shapes success	51%	50%	60%	47%
Self made	49%	50%	40%	43%

Note: Across 4 trackers, participants asked to choose which statement comes closer to their own view: "The opportunities we have access to shape how successful we are in life" or "Anyone who works hard enough can be successful in life"

Fig 2.7 Society shapes success versus Self-made - ethnicity, Black/Black British/African/Caribbean

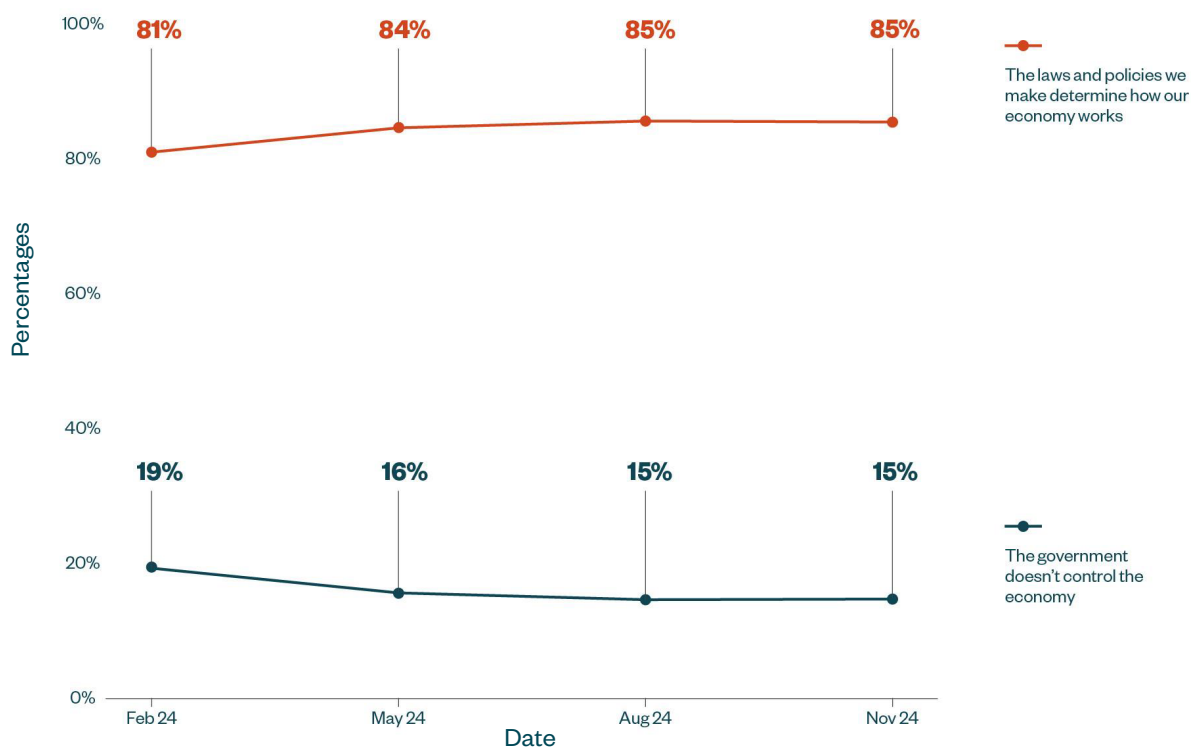
Mindset	Feb 24	May 24	Aug 24	Nov 24
Society shapes success	52%	67%	70%	65%
Self made	48%	33%	30%	35%

Note: Across 4 trackers, participants asked to choose which statement comes closer to their own view: "The opportunities we have access to shape how successful we are in life" or "Anyone who works hard enough can be successful in life"

3. More of us believe that the economy is rigged

In our tracking survey, people endorse the idea of a *designed economy* more strongly, and more consistently, than the idea of an economy we cannot control.

Fig 3.1 Designed economy vs Economic naturalism (forced choice) - full sample



Note. Across 4 trackers, participants asked to choose which statement comes closer to their own view.

System is rigged thinking remains widespread and shared across the UK, although with variation across political affiliation. Within voters, it is held most strongly by people voting for Labour, the Liberal Democrats, and Reform UK.

Fig 3.2 System is rigged (composite means by demographic group), Nov 24¹⁰

Demographic	Average Endorsement of System is Rigged
Gender	
Female	67.8
Male	66
Age	
18-29	71.4

¹⁰ Note: Min 100 participants in each demographic.

30-44	69.1
45-59	65.9
60+	63.4
Country	
England	67
Wales	71.6
Scotland	66
Northern Ireland	63.9
Ethnicity	
White	66.6
Asian/Asian British	69.1
Black/African/Caribbean/Black British	68.3
Income	
Less than £20,800	67.6
£20,801-41,600	67.8
£41,601-62,400	65.5
£62,401 or more	65.6
Education	
GCSEs or equivalent (e.g., O-Levels)	64.7
A level, Apprenticeship, or equivalent	67.4
Undergraduate or graduate degree	66.5
Political Affiliation	
Conservative	59.5
Labour	67.3
Liberal Democrat	67.8
Reform UK	72.1

Note. Endorsement of mindset, on a scale from 0-100. Higher numbers = more endorsement. Effects can be interpreted as follows: 0-50: very weak endorsement; 51-67 = weak endorsement; 68-83 = moderate endorsement; 83-100 = strong endorsement

4. We see health as a national resource

For those of us working to change culture, *health as a national resource* shows potential, across demographic groups.

Fig 4.1 Health as a national resource (composite means by demographic group), Nov 24¹¹

Demographic	Average Endorsement of Health as a National Resource
Gender	
Female	72.3
Male	73.5
Age	
18-29	73.8
30-44	76.1
45-59	72.7
60+	70.1
Country	
England	73.1
Wales	73.7
Scotland	74.4
Northern Ireland	72.5
Ethnicity	
White	72.3
Asian/Asian British	75.9
Black/African/Caribbean/Black British	82

¹¹ Note: Min 100 participants in each demographic.

Income	
Less than £20,800	70.7
£20,801-41,600	70.7
£41,601-62,400	73.4
£62,401 or more	80.4
Education	
GCSEs or equivalent (e.g., O-Levels)	68
A level, Apprenticeship, or equivalent	72.9
Undergraduate or graduate degree	79.1
Political Affiliation	
Conservative	70.3
Labour	74.2
Liberal Democrat	74.2
Reform UK	70.5

Note. Endorsement of mindset, on a scale from 0-100. Higher numbers = more endorsement. Effects can be interpreted as follows: 0-50: very weak endorsement; 51-67 = weak endorsement; 68-83 = moderate endorsement; 83-100 = strong endorsement

Our tracking survey indicates that **health individualism** is still dominant across most demographic groups.

Fig 4.2 Health individualism (composite means by demographic group), Nov 24¹²

Demographic	Average Endorsement of Health Individualism
Gender	
Female	74.5
Male	74.8
Age	

¹² Note: Min 100 participants in each demographic.

18-29	74.3
30-44	75.7
45-59	73.2
60+	75.2
Country	
England	74.8
Wales	74.1
Scotland	77.2
Northern Ireland	76.1
Ethnicity	
White	74.4
Asian/Asian British	78.8
Black/African/Caribbean/Black British	82.4
Income	
Less than £20,800	71.6
£20,801-41,600	73.9
£41,601-62,400	75.3
£62,401 or more	79.9
Education	
GCSEs or equivalent (e.g., O-Levels)	72.4
A level, Apprenticeship, or equivalent	73.1
Undergraduate or graduate degree	76.9
Political Affiliation	
Conservative	79
Labour	74.7
Liberal Democrat	71.4
Reform UK	75.8

Note. Endorsement of mindset, on a scale from 0-100. Higher numbers = more endorsement. Effects can be interpreted as follows: 0-50: very weak endorsement; 51-67 = weak endorsement; 68-83 = moderate endorsement; 83-100 = strong endorsement

5. Politicians are seen as ‘not like us’

Across countries and political parties, people in the UK want more – better – government, not less.

Fig 5.1 Expanded government vs Limited government (composite means by demographic group), Nov 24¹³

Demographic	Average Endorsement of Expanded Government	Average Endorsement of Limited Government
Gender		
Female	75.2	49.8
Male	73.8	49.3
Age		
18-29	76.6	54.5
30-44	75.1	51.9
45-59	73.9	43.8
60+	73.2	49.5
Country		
England	74.6	50.3
Wales	74.4	45.4
Scotland	76.7	47.3
Northern Ireland	69.5	47.7
Ethnicity		
White	73.8	49.2
Asian/Asian British	76.7	54.2

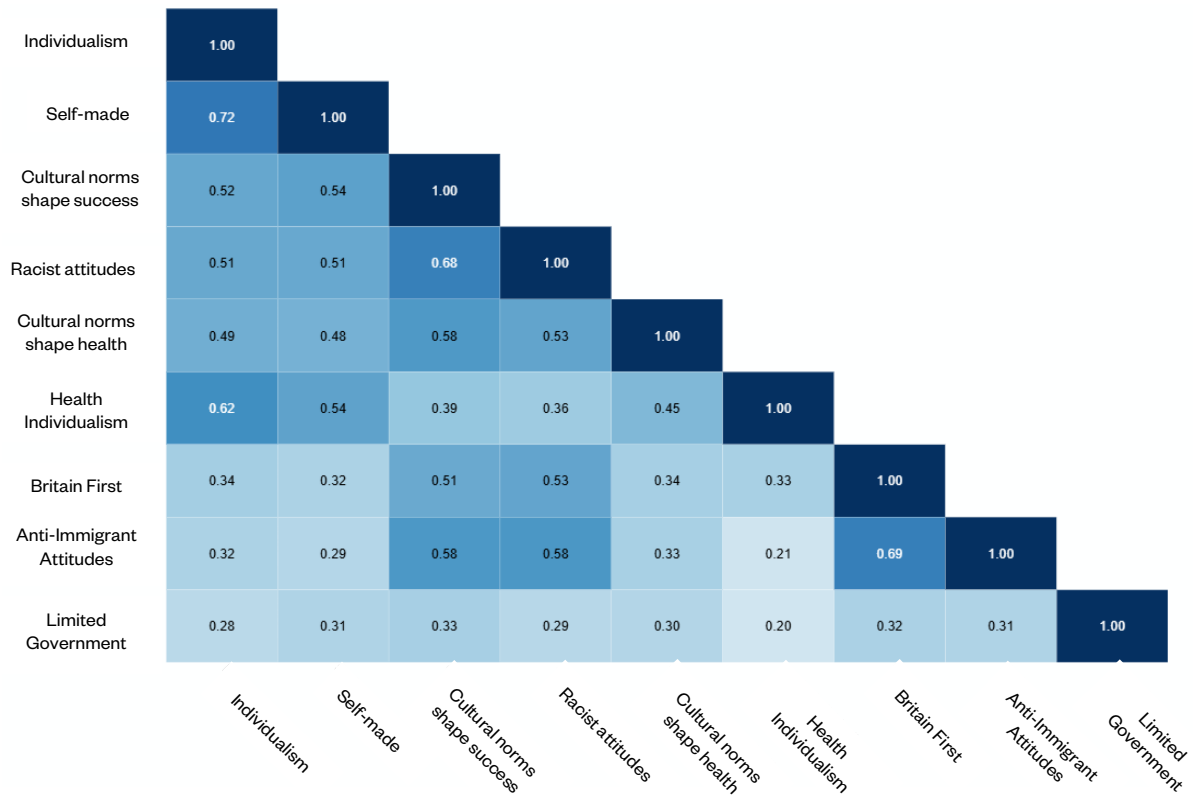
¹³ Note: Min 100 participants in each demographic.

Black/African/Caribbean/Black British	80.8	50
Income		
Less than £20,800	73.4	51.3
£20,801-41,600	74	50.9
£41,601-62,400	74.2	44.5
£62,401 or more	77.4	49.3
Education		
GCSEs or equivalent (e.g., O-Levels)	73.7	50.6
A level, Apprenticeship, or equivalent	74.1	48.7
Undergraduate or graduate degree	75.7	46.7
Political Affiliation		
Conservative	72.4	54
Labour	77	47.6
Liberal Democrat	74	45.5
Reform UK	72	55

Note. Endorsement of mindset, on a scale from 0-100. Higher numbers = more endorsement. Effects can be interpreted as follows: 0-50: very weak endorsement; 51-67 = weak endorsement; 68-83 = moderate endorsement; 83-100 = strong endorsement

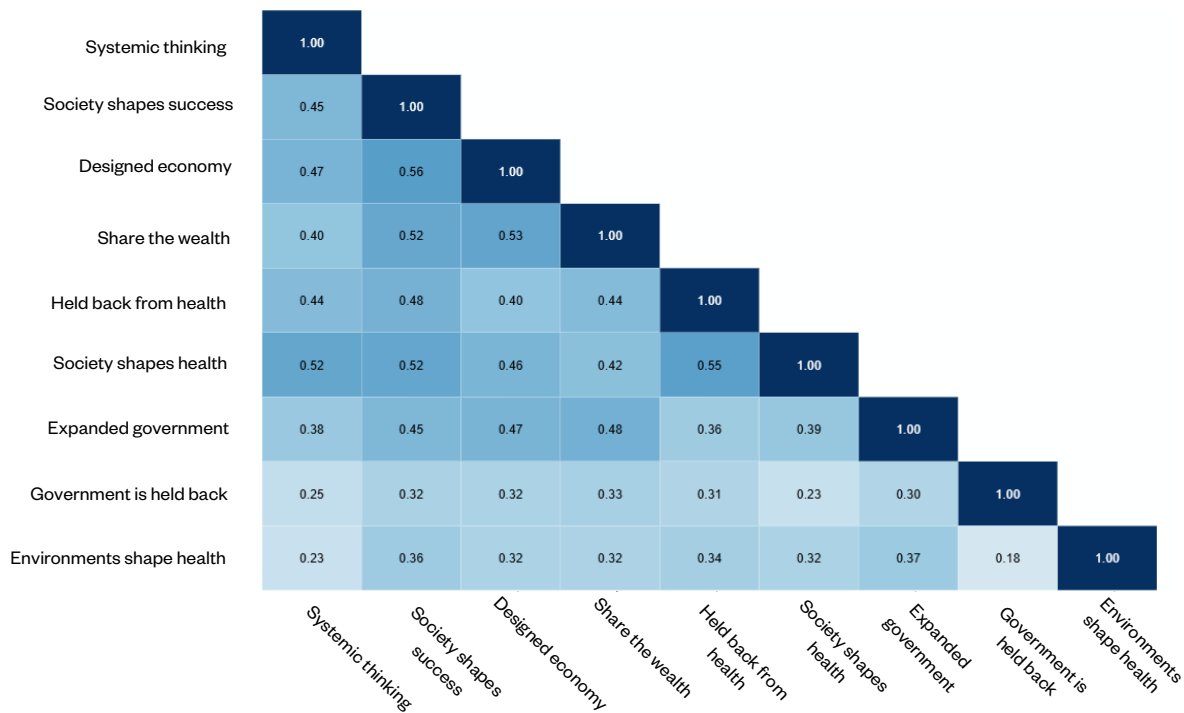
6. Some mindsets cluster together, with major implications for social change work

Fig 6.1 Correlations between mindsets in the 'Exclude and zoom in' cluster



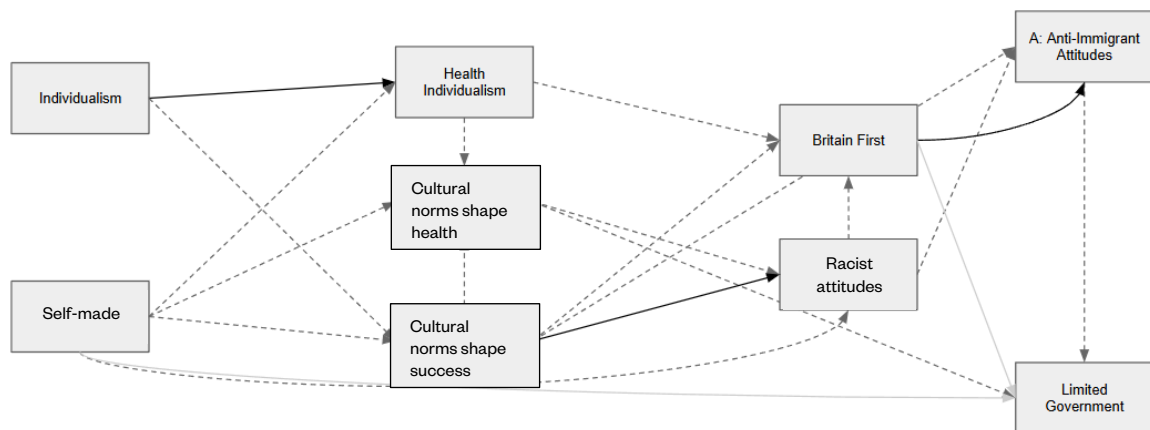
Note. Higher numbers = stronger correlation. Associations can be interpreted as follows: .10-.30: small; .30-.50: medium; .50 or higher: large.

Fig 6.2 Correlations between mindsets in the 'Zoom out' cluster



Note. Higher numbers = stronger correlation. Associations can be interpreted as follows: .10-.30: small; .30-.50: medium; .50 or higher: large.

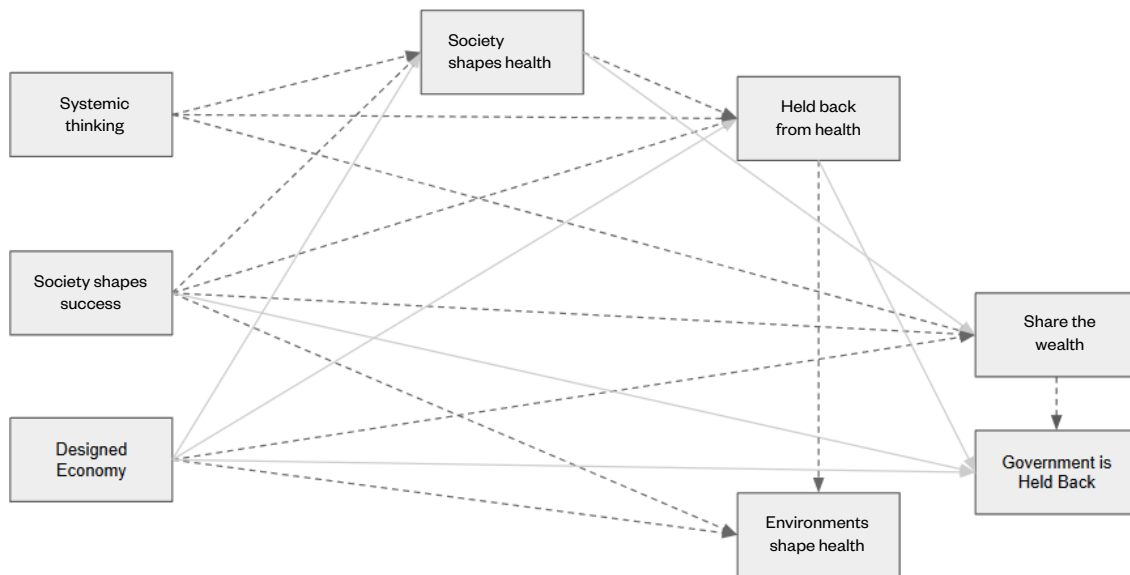
Fig 6.3 Path model for the Exclude and zoom in cluster



Note: All paths are statistically significant at $p < .05$.

Light grey lines = very small effects, Dashed lines = small effects, black lines = moderate effects, bold lines = large effects. Cohen's (1988) effect sizes for standardized regression coefficients: small = 0.14, medium = 0.39, and large = 0.59. Model fit indices: CFI = .982; TLI = .958; RMSEA = .071; SRMR = .032.

Fig 6.4 Path model for the Zoom out cluster



Note: All paths are statistically significant at $p < .05$.

Light grey lines = very small effects, Dashed lines = small effects, black lines = moderate effects, bold lines = large effects. Cohen's (1988) effect sizes for standardized regression coefficients: small = 0.14, medium = 0.39, and large = 0.59. Model fit indices: CFI = .994; TLI = .975; RMSEA = .028; SRMR = .021.

Appendix

Mindsets and policies included in tracking surveys

Over the course of the year, we refined and adjusted the survey to ensure we captured new mindsets and improved the psychometric properties and reliability of batteries where needed. The items below provide examples of items from the mindset batteries that were included in the final wave of the survey fielded in November 2024.

Cross-cutting

Individualism: what happens to an individual in their life is primarily the result of the choices they make.

Systemic thinking: what happens to an individual in their life is primarily the result of how our society is structured.

Fatalism: the problems we face as a society are too big for us to overcome.

Anti-immigrant attitudes: immigrants are a burden on taxpayers.

Racist attitudes: minority ethnic groups should not push themselves where they are not wanted.

Health

Health individualism: peoples' lifestyle choices, including diet and exercise, determine how healthy they are.

Money buys health: people's income and what they can afford determine how healthy they are.

Environments shape health: even when people make healthy choices, environmental issues like pollution can still harm their health.

Held back from health: people's health is determined by what resources are available in their neighbourhoods.

Cultural norms shape health: if people from certain regions have higher rates of illness or disease, it's because of differences in how they choose to live.

Society shapes health: the reason people from some racial or ethnic groups tend to be healthier than others is because some groups value healthy behaviour and others don't.

Health as a national resource: the health of the UK depends on the health of its people.

Poverty and the economy

Self-made: anyone who works hard enough can get ahead in society.

Material resources shape success: Money buys you more options in life.

Society shapes success: the opportunities we have access to shape how successful we are in life.

Cultural norms shape success: the reason why people from minority ethnic groups are poor is because they don't value hard work.

System is rigged: in our economy, big businesses are always going to control things.

Economic naturalism: there isn't much the government can do to shape how the economy works.

Natural inequality: it is natural that some people will be much wealthier than others.

Designed economy: the laws and policies we make determine how our economy works.

Wealth redistribution: the solution to wealth inequality is to redistribute wealth more fairly in society.

Government

Economic efficacy: as a society, we are capable of bettering our economy.

Expanded government: it is government's job to provide individuals with the resources and services they need.

Limited government: government should limit itself to protecting people from harm and providing for people's basic needs.

Main character: what our government does is a direct reflection of the character of our politicians.

Government is corrupt: Politicians mostly make decisions for their own personal gain.

Alien politicians: most people in government can't relate to the rest of us.

Government is responsible: when public services fail, it is the government's fault.

Britain first: our government needs to start prioritising its own citizens.

Government is held back: for government to be effective, we need to replace old traditions with new ways of doing things.

Over the course of the pilot year, we also assessed support for different policies. Items 1-12 below were measured in waves 1 and 2. Items 13-17 were measured in wave 3, and items 18-21 were measured in wave 4. Wave 4 also included additional policy items, aimed to situate specific policies within a broader government proposal on health.

Policies

1. An Essentials Guarantee that ensures benefits like Universal Credit cover essentials, like food and heating bills.
2. Annually increase benefits like Universal Credit to match inflation.
3. Remove the cap on benefits like Universal Credit, which limits the total amount people can receive.
4. Remove the "two child limit," which limits Tax credits and Universal Credit to covering only two children per household.
5. Ban "no fault" evictions, where landlords can evict tenants without having to prove the tenant is at fault.
6. Commit to building 90,000 homes per year for social rent, over the next 10 years.
7. Apply and enforce the "decent homes standard" in the private rented sector, requiring all homes to meet minimum standards for health and safety.
8. A universal "bill of health" that secures a long-term government commitment to improve health and health inequalities.
9. Ban advertisements for junk food on TV before 9pm.
10. Provide free school meals for all school children.
11. Tax businesses that sell processed foods high in sugar or salt (£3/kg on sugar and £6/kg on salt)
12. Require local authorities to prioritise granting licences to businesses that sell mostly healthy food items.
13. Mandatory labels on all alcohol products, which warn people about the health risks of drinking alcohol.

14. Mandatory labels that identify foods which are “ultra-processed” (an ultra-processed food contains more than one ingredient that you rarely find in a home kitchen – such as certain types of preservatives, emulsifiers, sweeteners, and artificial colours and flavours).
15. Allow people seeking asylum to work after six-months, without limiting what jobs they can do.
16. Increase the number of safe, legal routes into the UK for migrants and people seeking asylum.
17. A one-off wealth tax on those with assets worth over £10 million
18. Reform planning rules to allow building homes on some parts of the green belt (protected open space around urban areas)
19. Increase paid paternity leave to 6 weeks
20. Increase benefits for unpaid carers on the lowest incomes
21. Annually increase housing benefits for private renters so they increase with the cost of local rents

Additional policy questions from Wave 4

1. There is currently a proposal to make better health a shared goal across all government missions (the five stated priorities for the Labour government), to what extent do you support or oppose this proposal?
2. To what extent do you support or oppose the following policies, which would be implemented as part of the proposal to make better health a shared goal across all government missions?
 - a. Establish an expert and independent body to advise on how policies across government can better support equal health outcomes for everyone.
 - b. Require Ministers to annually report to Parliament on how their policies will improve the nation's health.
 - c. Reform local government spending so that within two years more deprived areas will receive a greater share of funding.
 - d. Increase funding for services that will help domestic abuse survivors
 - e. Increase funding for services that will support young people's mental health
 - f. Create a program to support families with children under five, which would include health services, parenting support, learning and childcare, and parental employment support.

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