

CENTRE ON RADICALISATION AND TERRORISM

The Disinformation Threat in Modern-Day Britain

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Introduction

The COVID-19 pandemic has refocused attention on the threat that disinformation poses to democratic societies. While disinformation in the form of deception, lies and propaganda has been used to manipulate citizens throughout history, the development of our current information ecosystem has ushered in an "age of disinformation" facilitated by broad-based internet access and the widespread use of social media.¹ In turn, this has resulted in the development of new methods for sharing disinformation and manipulating the truth which speak to our ever-decreasing attention spans and the daily high-octane saturation of information. The corresponding concern over the threat this poses to public health, democracy and contemporary civil debate must be treated by politicians and policymakers with the utmost urgency and seriousness.

As Parliament considers the Online Safety Bill, addressing disinformation is very much on the political agenda within Britain. Tackling a problem requires defining it, and this briefing note offers a working definition of disinformation for lawmakers. Alongside examination of existing guidelines, we focus on a short set of case studies that motivate this definition and draw attention to the harms it seeks to address. Particular attention is paid to levels of COVID-19 vaccine hesitancy within the UK's ethnic and religious minorities, and to the counter-extremism perspective on disinformation.

UK Government Guidelines Regarding Disinformation

Counter-disinformation toolkit'.² Professionals across the Government and public sector have been instructed to use this Toolkit since its publication. It is also intended for policy officers, senior managers and special advisors. The Toolkit provides step-by-step guidance

on how to identify and counter disinformation. The first step in this process is to simply understand what the term means and recognise the practical aspects of it. According to the guidance, the term disinformation encompasses the "deliberate creation and dissemination of false and/or manipulated information that is intended to deceive and mislead audiences, either for the purposes of causing harm, or for political, personal or financial gain." However, this report will provide an alternative definition for the phenomenon, which we will show to be more specific and better structured.

In practice, the guidelines suggest that disinformation can be identified in several ways. On social media, this scourge can express itself through "a forged document or Photoshopped image", the use of superfluous rhetoric that "makes use of malign or false arguments" on different platforms, or even a fake social media account which engages in high levels of trolling.⁴ Not only is the manipulation of technology a concern with regards to the veracity of information, but it is also a source of socio-cultural polarisation – amplifying manipulated content for political gain and exploiting substandard levels of digital literacy.

The guidance explicitly notes that when governments work with influencers, this can be used as a weapon by those pushing disinformation. To combat these potential dangers, the guidance argues that professionals must use analytical tools to verify information. Analytical tools are made available by the Government (such as the FCDO's Open Source Unit), but there are also a range of free, easy-to-use digital monitoring tools (like Google Trends). The Toolkit suggests that professionals need to be prepared to identify any indicators of potential threats to campaigns or events as early as possible.

Such continuous and in-depth media monitoring is necessary to classify disinformation into low, medium and high-risk categories. High-risk cases, such as the Kremlin-sponsored disinformation surrounding the 2018 chemical poisoning of Sergei Skripal, have the potential to interfere with national security objectives and therefore demand immediate and robust action. The Toolkit suggests actioning Government and preparing "for a cross-Whitehall response" in such instances.⁵ On the other hand, lower-risk cases may be followed up with investigations through the press or other baseline, intra-organisational analyses.

There is no 'one size fits all' response to dealing with an identified case of disinformation. The Toolkit emphasises "a range of communicative approaches, such as short-term/ reactive options, medium-term/proactive options, and long-term/strategic options". The response is ultimately down to the communication professionals who decide the severity of the threat for themselves. A more tailored and effective communications response could be made with the use of the additional 'OASIS' model. We will also offer more concrete solutions for the implementation and enforcement of regulating disinformation.

The 'RESIST' model can be substituted with the 'FACT' model in daily cases of

urgently tackling misinformation. This model has four main steps: finding the case of disinformation; assessing its risk; creating content to counter the risk; and targeting the content at relevant audiences. The 'FACT' model's process operates in much the same way as 'RESIST' but is intended for a more rapid response to tackling disinformation.

There have been several reiterations of the 'RESIST Toolkit'. One arose after the release of the House of Commons' Intelligence and Security Committee report in mid-July 2020.8 Government officials were instructed to recruit "friendly influencers" to counter the increased Russian disinformation campaigns taking root in Britain. The Toolkit continues to operate for professional communicators and stakeholders only. One of its flaws is that it does not guide individual members of the public on how to counter disinformation for themselves in an independent and self-sufficient manner. In other words, there has not been an expansion of the Toolkit to make it applicable on a wider public scale to help build any form of societal resilience.

Beyond the 'RESIST Toolkit', however, the UK Government has launched a new policy to combat disinformation online. A core component of the strategy is the 'Train the Trainer' programme, which offers training for teachers, care workers, librarians and youth workers to assist young and disabled people to spot disinformation. The goal is to make vulnerable citizens more resilient in the face of disinformation – particularly distinguishing between fact and fiction in the online space. This policy is currently in a nascent stage and does not cater for the adult population engaging with and promulgating disinformation daily. We will provide alternative suggestions regarding how to ensure that the public is better informed over the threat of disinformation.

Online Safety Bill

These developments add to the Government's wider plans to make social media platforms more accountable for the levels of disinformation they host. The ongoing discussions regarding the Online Safety Bill highlight the Government's dedication to tackling this growing threat.

The Online Safety Bill discusses potential strategies for mitigating disinformation online in Clause 135. The clause places an obligation on Ofcom to form an advisory committee on disinformation and misinformation.¹⁰ Not only does the Bill designate Ofcom as responsible for monitoring this threat, but Clause 135 also sets out the criteria that Ofcom should implement when selecting committee members, what the committee's obligations are, and what the committee should report.¹¹ According to the Bill, the committee must publish a report 18 months after its formation, and periodically thereafter.¹²

Regarding the composition of the committee, Ofcom is instructed to consider three categories of people:

- "a) persons representing the interests of United Kingdom users of regulated services,
- b) persons representing providers of regulated services, and

c) persons with expertise in the prevention and handling of disinformation and misinformation online."13

This is designed to ensure a cross-sector approach which utilises the skills and expertise of those belonging to different backgrounds.

COVID-19 Pandemic: Hateful Extremism and Public Health Conspiracy Theories

The COVID-19 pandemic has provided fertile ground for conspiracy theories, disinformation and hateful extremism. This incorporates the aggressive proliferation of unfounded conspiracy theories which have sought to create socio-political divisions and fuel anti-establishment sentiments. Undermining national cohesion and public-health strategies under already-challenging circumstances, the potential impact of COVID-19-related disinformation – often crafted to intensify intergroup tensions and broader anti-authority sentiments – should not be underestimated. Disinformation in this context has carried a 'twin threat' which has intended to erode both 'vertical' (institutional) and 'horizontal' (social) trust during a public-health emergency – where public anxieties and concerns over the governance and management of critical situations can understandably take hold.

Islamists and COVID-19

Islamists across the world – both abroad and closer to home in the UK – have exploited the COVID-19 crisis to pursue their extremist objectives and further their hateful agendas. Looking to take advantage of the uncertainties and insecurities brought on by the pandemic, Islamists of different shades have sought to sow the seeds of social division and undermine the legitimacy of democratic governance in Western nation-states.

Islamist-extremist conspiracy theories associated with the COVID-19 pandemic have tended to frame the coronavirus as 'divine punishment' for perceived forms of moral degeneracy among 'infidels'. With the pandemic's origins being in China, Salafists in the Middle East and North Africa labelled the new coronavirus as a 'Soldier of God' that was targeting disbelieving infidels who follow the 'godless' ideology of communism or Buddhist philosophy. This is even though this supposed 'Soldier of God' has now claimed the lives of thousands of people in Sunni-majority countries, such as Turkey, Indonesia, Pakistan, Bangladesh, Morocco and Tunisia.

There has been evidence of fundamentalist organisations exploiting the COVID-19 pandemic in order to exacerbate anti-government sentiments, frame the British state as a hotbed of anti-Muslim prejudices, and press ahead with their calls for the establishment of the 'Khalifah' (global Islamic caliphate). In the UK, pan-Islamist movement Hizb-ut-Tahrir has weaponised the COVID-19 pandemic to advance its anti-democracy narratives and call for the construction of a global Islamic caliphate – implementing Sharia law on a worldwide basis and overthrowing Western-style liberal democracy in the process.¹⁶ The organisation has declared this objective "a political and theological necessity for which no sacrifice is too small".¹⁷

Practitioners in local communities have also informed the Commission for Countering Extremism (CCE) that Islamist activists have been exploiting existing concerns over

law-enforcement securitisation to drive a wedge between the UK Government and more institutionally distrustful elements of British Muslim communities. This has taken the form of social media conspiracy theories accusing the Government of attempting to use the COVID-19 vaccination programme to deliberately harm ethno-religious minorities and suggesting that the management of the COVID-19 pandemic is a plot to increase state control over the population.

Far-Right Extremism and COVID-19

There is a wealth of evidence which shows that far-right extremists – with various ideological motivations and socio-political objectives – have sought to exploit the COVID-19 pandemic through the peddling of anti-democracy narratives and unfounded conspiracy theories.

By March 2020 there were signs which suggested that far-right and neo-Nazi organisations across the Western world welcomed the Covid-19 pandemic with great enthusiasm. In Germany, it has been reported that the far-right have peddled the anti-establishment conspiracy theory that the COVID-19 pandemic is being exploited by the federal political elite as a "diversionary tactic" to distract from an imminent "flood" of migrants from unstable Muslim-majority countries in the Middle East.²⁰

In Scandinavia, neo-Nazis have reportedly claimed the pandemic could spur a national uprising and bolster revolutionary political mindsets which could help to overthrow democratic structures²¹, while the far-right in Ukraine have seized the opportunity to disseminate anti-migrant narratives, suggesting that non-European migrants were primarily responsible for the coronavirus spreading in Italy.²²

The Henry Jackson Society has previously warned that the far-right in Britain is using the opportunity presented by COVID-19 to disseminate antisemitic conspiracy theories. Operating through Telegram accounts, organisations have shared content encouraging infected individuals to spread the virus at synagogues, mosques, and in ethnically diverse neighbourhoods. Other conspiracies have suggested that mosques in Britain were refusing to respect social distancing rules – with the opportunistic rehashing of social media material showing Islamic public gatherings which took place before the outbreak gained a foothold.

COVID-19 Pandemic: Public Health Disinformation

The COVID-19 pandemic has witnessed the proliferation of public-health disinformation – especially in the form of anti-vaccination conspiracy theories. The intention of such conspiracies ranges from preying on existing anti-establishment sentiments to playing on the human desire for parenthood among younger sections of the population. This can also include trivialising the scientifically proven impacts of the coronavirus.

These anti-vaccination conspiracies have been hosted by both 'mainstream' big-tech social media platforms and 'peripheral' messenger apps – with some posts attracting a concerning level of supportive engagement. This part of the briefing focuses on two problematic strands which have emerged during the COVID-19 pandemic: the first being anti-vaccination conspiracy theories targeting relatively vaccine-hesitant minority groups and the second, fertility- and miscarriage-related conspiracies which are primarily designed

to push younger women into anti-vaccination territory.

Vaccine Hesitancy in British Ethnic and Religious Minorities

The COVID-19 pandemic has witnessed the growth of various forms of health disinformation, which have the potential to undermine public health guidance and official governmental advice. This has taken the shape of trivialising coronavirus in terms of its infection and mortality effects, as well as drawing equivalences with established seasonal illnesses which are scientifically proven to be less harmful in terms of general health impact.

The peddling of COVID-19 conspiracies by anti-vaxxers poses a fundamental threat to the general safety and well-being of higher-risk minority communities in particular. Christina Marriott, latterly Chief Executive of the Royal Society for Public Health (RSPH), expressed concerns over anti-vaccination messages which have "specifically targeted" Britain's ethnic and religious minorities. This has included anti-vaccination conspiracies spread through WhatsApp social media which assert that COVID-19 vaccines contain substances drawn from pigs and cows (which could potentially foster forms of vaccine hesitancy within British Muslim and Hindu minority-faith communities respectively). The properties of the could be supported by the communities of the communities of the could be supported by the

Anti-government conspiracies were being disseminated within minority communities in the earlier stages of the pandemic. This has primarily taken the shape of conspiracy theories shared on social media platforms such as WhatsApp – with some accusing the UK Government of attempting to use future COVID-19 vaccines to deliberately harm minority communities. There have also been reports that far-right extremists have sought to undermine public health efforts within more-at-risk minority communities by spreading anti-vaccination disinformation in minority-dominant neighbourhoods.

It is worth recognising that existing research shows that in the UK, Black and Asian ethnic minorities have generally higher levels of 'vaccine-hesitancy' than the white British mainstream and lower levels of actual vaccine uptake. This can be down to a range of factors, such as lower levels of English language proficiency and socio-cultural barriers to accessing much-needed healthcare services. However, the impact of anti-vaccination conspiracy theories targeting ethnic and religious minorities should not be overlooked with regard to this question; this is especially the case for communities which are relatively deprived, socially segregated, and disconnected from mainstream public institutions.

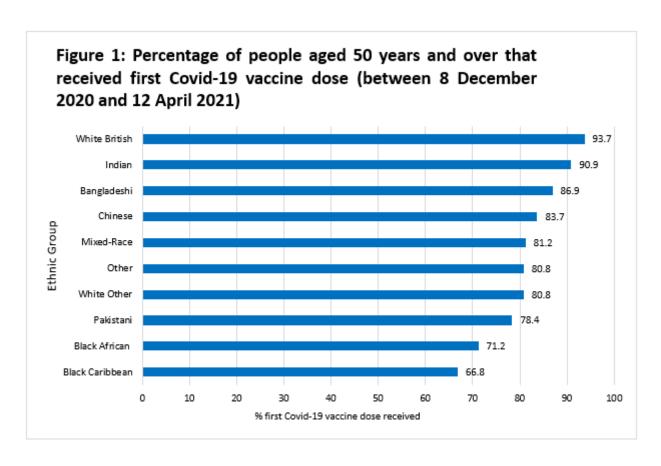


Figure 1 shows the number of people over the age of 50 who had received the first dose of the COVID-19 vaccine between 8 December 2020 and 12 April 2021.²⁹

The data, extracted from the UK Office for National Statistics (ONS), shows that levels of uptake for the first dose of the vaccine among those aged 50 years and over was higher for white British people than all ethnic minorities included in the analysis. While 93.7 per cent of white British people over the age of 50 had received their first dose within this period, the corresponding figure for their peers of Black Caribbean origin was only 66.8 per cent. This could be the by-product of traditionally high levels of political disaffection and institutional distrust within Black Caribbean-heritage communities in the UK.³⁰ The South Asian ethnic group registering the lowest level of vaccine uptake in the analysis shown is Pakistani – 78.4 per cent. Exposing the reductive nature of the 'Asian' racial category, this rate is comfortably lower than the figure of 90.9 per cent for people included in the analysis who are of Indian origin.

Figure 2: COVID-19 anti-vaccination leaflet (suspected far-right distribution in local Muslim communities)³¹



- It has been <u>reported on Twitter</u> that far-right extremists have sought to foster anti-vaccination sentiments in British Muslim communities.
- The leaflet shown on the left looks to prey on existing anti-establishment sentiments surrounding UK foreign policy (namely over the 'War on Terror').
- It also aims to play on geopolitical preferences in Muslim communities, saying that "Israel has pushed this vaccine agenda more than any other country".
- Aware of the importance of sanctity of life in Islam, the leaflet suggests that Covid-19 vaccines are developed by using aborted foetal cells ("HEK293 cells").
- Looking to exploit the importance of faith in Muslim communities, the leaflet asks: "Is it worth losing your faith for an experimental vaccine?".

<u>COVID-19 and Women: Fertility- and Miscarriage-Related Conspiracy Theories</u>

The pandemic has also seen the rapid globalisation of COVID-19 vaccine-fertility conspiracies, which has had a notable impact despite there being no scientific evidence of COVID-19 vaccination undermining fertility.

While six per cent of the general population of the UK is "vaccine hesitant", according to current ONS data, around one in three women who feel like this say it is because of fertility concerns.³² Nearly half the population – 48 per cent ¬– has reported being unsure about the jab's impact on fertility, according to research produced by King's College London.³³ Last spring, it was revealed that over one in five – 21 per cent – of women with young children were worried about the vaccine due to fertility concerns.³⁴

A leading figure who has drawn attention to the impact of such conspiracies is the BBC's senior reporter on health disinformation, Rachel Schraer. According to Schraer, the COVID-19 vaccine 'fertility' myth has been weaponised by a well-funded anti-vaccination infrastructure.³⁵ Demonstrating the internationalist nature of the diffusion of conspiracy disinformation, origins of unfounded theories that COVID-19 vaccines accumulate in the ovaries can be traced back to a fundamental misreading of a study which was submitted to the Japanese regulator.³⁶ This would technically be considered a form of misinformation – but being aware of this misreading and exploiting it to undermine public confidence in COVID-19 vaccination schemes would be a form of disinformation.

Figure 3³⁷: Tweet on speculated link between COVID-19 vaccine infertility and Bill Gates 'depopulation' theories (Example A)



- The Tweet shown on the left advances the view that American business magnate Bill Gates wants to depopulate the Earth. Gates does not want to depopulate the planet but has spoken³⁸ about reducing unsustainable future population growth.
- The tweet amplifies a video posted by British conspiracy theorist Gareth Icke, which suggests that a whistle-blower in the pharmaceutical industry has revealed that 97 per cent of COVID-19 vaccine recipients will become infertile.
- (The image has been cropped to protect the identity of the author of this Tweet).

Medical professionals traditionally exercise a great deal of caution when making recommendations during pregnancy – such that the original advice for pregnant women was to not take up a COVID-19 vaccine. But the emergence of comprehensive safety data means that this advice has been changed – with pregnant women now being actively encouraged to take the COVID-19 vaccine (with coronavirus posing a potential risk to pregnancies). However, anti-vaccination advocates Dr Wolfgang Wodarg and Dr Michael Yeadon submitted a letter to the European Medicines Agency (EMA) questioning the safety of COVID-19 vaccines, asserting that there was no evidence that antibodies against spike proteins would not impair the formation of the placenta.³⁸ This document to the EMA speculated that this might cause antibodies against the coronavirus to complicate developing pregnancies and ultimately undermine women's fertility.³⁹

Figure 4⁴⁰: Tweet on speculated link between COVID-19 vaccine infertility and Bill Gates' 'depopulation' conspiracy theories (Example B)



- The speculated link between vaccine infertility and a 'Bill Gates/Big Pharma' depopulation strategy is well established in the anti-vaccination cybersphere.
- This is a misrepresentation of Bill Gates' beliefs; he believes that reducing death rates through vaccination will lead people to want fewer children, lowering population growth⁴¹.
- (The image has been cropped to protect the identity of the author of this Tweet).

However, there is a growing body of evidence which disproves such fertility-related theories. This includes a study by American fertility specialist Dr Randy Morris, who monitored patients who were undergoing IVF to examine whether COVID-19 vaccination influenced the chances of a successful pregnancy. Out of the 143 cases included in Dr Morris' study, three groups of women – vaccinated, unvaccinated and previously infected – were equally likely to have a successful embryo implantation and for the pregnancy to continue to term (the women were generally similar in terms of socio-demographic characteristics and overall health status). The paper concludes that claims that COVID-19 vaccines or illness cause female sterility are unfounded. As

There has also been the peddling of miscarriage-related conspiracy theories surrounding COVID-19 vaccination.⁴³ However, there is existing research which has found that the miscarriage rate among vaccinated women was broadly in line with the rate expected in the wider general population – one in eight (12.5 per cent).⁴⁴

Policy Recommendations

This briefing proposes several policy recommendations to combat this growing threat of disinformation. We argue that the implementation of these recommendations would not only lead to closer monitoring of this phenomenon but would improve national security and public health awareness in the UK.

<u>Need for a new definition:</u> While several definitions of the term 'disinformation' do exist – developed by governments and scholars alike – we contend that they present several issues. They do not appreciate the complexity of disinformation as a multi-dimensional phenomenon. In some cases, they also conflate 'misinformation' and 'disinformation'. We argue that a definition should include several points:

- a) The role of manipulation, ignorance and misleading portrayal of facts. Disinformation does not always constitute lies exclusively, but also fundamentally distorted interpretations of social, political and economic affairs that are intentionally false.
- b) That it has a clear motive:
 - i. To influence public opinion and gain power for financial, political, social or personal gain.
 - ii. Or to promote and exacerbate forms of distrust, polarisation and fear.
 - iii. Or to deliberately cause harm to a particular individual/group/society.
- c) Clearly distinguished from 'misinformation': This refers to the spread of inaccurate information, albeit not necessarily with malintent.
- d) Stating the format in which this disinformation can be shared.

Therefore, we propose the following definition be introduced into the UK Government's Online Safety Bill:

Disinformation is the deliberate spreading of information that is knowingly false, misleading or manipulated, or that intentionally disregards important facts. It aims to influence or deceive public narrative and opinion or to promote fear, distrust and polarisation. Its central goal is to harm or discredit an individual, a group, an organisation

or wider society for financial, political, social or personal gain.

Governmental responsibilities and actions: State actors could – and should – be investing more time and resources in curbing the threat of disinformation, especially of the kinds hosted on social media platforms. In the wake of massive data breaches and electoral meddling, the United States proposed legislation to reduce disinformation and increase advertising transparency in the online sphere. Proposed legislation such as the 'Honest Ads Act', sponsored by 2008 Republican presidential candidate and long-serving Senator John McCain in 2017, has yet to pass through the US Senate. The UK Government should take the opportunity to implement robust counter-disinformation legislation as part of the Online Safety Bill. This is currently a weak spot in the Bill and, as this briefing has shown, disinformation presents a tangible threat to questions of national security and public health. We also believe that the Government needs to work closer with social media platforms to help facilitate meaningful and long-standing change. Increased cooperation will only come about through further conversation and transparency between platforms, users and institutions – both state and private.

Role of Ofcom: Overall, the decision to appoint Ofcom to lead the endeavour to form an online safety committee is a welcome development. Using a regulatory authority instead of a political body shows that monitoring disinformation and its diffusion online is being deferred to those with greater knowledge and expertise.

It would be useful in tackling online disinformation to have members of the committee who are not only experts on disinformation in general, but also with expertise on particular topics that are frequently subject to the spread of disinformation. This could also involve a new division being established with subcommittees which have more topical and specific forms of expertise.

We do have reservations regarding Ofcom. We are aware that Ofcom is already inundated with responsibilities. We worry that it will be overwhelmed by this task. For this reason, Ofcom would not necessarily be our first choice of regulator. An expansion of Ofcom's scope and funding would be necessary to enable sufficient change. Ofcom staff would also need training on media and scientific literacy to ensure that they can effectively monitor and manage claims of disinformation. We also argue that while the publication of periodic reports is important, to wait 18 months for the first report may be too long – especially with how quickly online misinformation spreads and mutates. The rate at which online disinformation evolves and spreads is one of its most dangerous attributes. For this reason, it would be beneficial for an initial report to come out sooner – ideally in half the time (i.e. nine months).

<u>Committee:</u> We broadly agree with the Bill's recommendations for the establishment of a committee to police information shared online. This committee would benefit from use of our recommended definition to determine whether information being shared could be classified as disinformation.

We believe that the committee should be comprised of:

- Officials with relevant experience, such as those from the Department of Culture, Media, and Sport;
- legal experts who understand the Online Safety Bill;
- social media experts, including those who work at social media companies;
- · experts in disinformation.

This diversified committee would allow expertise from various fields to be brought together in the pursuit of fairly assessing material shared online.

As previously mentioned, we think that subcommittees with more topical and specific forms of expertise should be established. We believe that experts from leading UK universities should make up most of the representatives on these subcommittees (for example, we would encourage medical experts to be involved in conversations regarding COVID-19 disinformation). These individuals have the necessary background and contextual information to be able to make informed decisions. They will be able to distinguish between disinformation and academic debate. We also believe that with the backing of academic experts, there would be less concern regarding the politicisation of the policing of sharing information. It would ensure that the committee would be more politically neutral and would not be dominated by one political party or governmental department.

<u>Transparency:</u> We believe that social media companies need to be more transparent about how they are monitoring and responding to disinformation, specifically the criteria for removal of this content, which is generally not considered illicit by constitutional democracies. In a private interview conducted with the authors, Dr De Gregorio, a postdoctoral researcher at the University of Oxford explained that social media platforms should be informing their users about what is being removed, when, and the reasons for doing so. This will also contribute to restoring trust in social media companies by highlighting that they are taking responsibility and demonstrating a genuine investment in addressing the threat of disinformation.⁴⁶

Minority group support: Ethno-racial minorities have turned out to be some of the worst affected by COVID-19, as well as having some of the lowest levels of vaccine uptake. The impact of disinformation surrounding COVID-19 and the vaccine – such as the misplaced belief that the vaccine contains religiously-sensitive animal substances, alcohol or aborted foetal content – should not be underestimated in this context. More broadly, the relatively high rates of political disaffection and low levels of institutional trust within ethno-racial minority groups – such as British people of Black Caribbean origin – needs to be treated as a public policy priority. Indeed, a January 2021 survey found that over three in ten British Black Caribbeans believed their racial group had been treated unfairly by the NHS over its management of the COVID-19 pandemic.⁴⁷ A long-term 'trust-building' project – involving the Government, local councils, NHS trusts, civic associations and community groups – is needed.

A higher level of cooperation with well-trusted advocacy groups is crucial for the success of such a project. The UK Government should work more closely with organisations such as the British Islamic Medical Association (BIMA) to increase public-health awareness in more disconnected elements of the British Muslim population. For example, BIMA's work on 'myth-busting' COVID untruths⁴⁸ – such as the belief that the vaccine is haram – needs to be more easily accessible to British Muslims at large. Television channels which are relatively popular with British Muslim communities could be recruited to disseminate important counter-disinformation initiatives and health-related updates. Furthermore, the use of influential good-faith figures within ethnic- and religious-minority populations could also help to improve vaccine uptake.

With a study by University of Oxford scientists revealing that 60 per cent of South Asians carry a high-risk Covid-related gene (the corresponding figure for Europeans is 15 per cent),⁴⁹ — it is critically important to improve vaccination rates (especially in low-uptake Pakistani Muslim-heritage communities). Ofcom needs to ensure that it is specifically targeting these groups; for example, one of the aforementioned subcommittees could be exclusively dedicated to tackling disinformation which looks to exploit forms of political disaffection and institutional distrust within Britain's ethnic- and religious-minority populations.

A fit-for-purpose education system: The UK Government's efforts to foster a more resilient counter-disinformation framework must be reflected in its education system. Britain's young population is incredibly hyper-diverse in terms of racial background, ethnic ancestry and religious affiliation. British schools – especially in more urbanised and diverse localities – ought to be hubs of robust intellectual thinking and productive cultural exchange. These educational institutions – in the spirit of social responsibility – should be encouraged to develop institutional initiatives which are designed to heighten young people's awareness of extremist conspiracy theories which aim to drive a wedge between themselves and peers of different backgrounds. Young people should also be knowledgeable regarding the channels available to them to report and tackle suspected forms of disinformation in both their local communities and the online space – with their schools framing such action as a key skill (such as digital literacy) and an important element of 'civic duty'. Parenting classes and wider-community involvement should be incorporated into these counter-disinformation schemes for modern-day Britain.

Endnotes

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