SOCIALLY DETERMINED

NEW POLLING ON HEALTH INEQUALITIES

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Polling suggests that personal experience is increasing public awareness and understanding of the social determinants of health

Key messages

Polling by the Fairness Foundation and Opinium[1] finds that people do recognise the importance of tackling the underlying 'social determinants' of poor health such as poverty, poor housing and pollution, rather than focusing on individual choices and healthcare services, and suggests that an increased awareness of structural influences on health might be due to their personal experiences of health issues.

The survey aimed to find out whether people recognise the impact of social factors on health outcomes when they are presented with specific case studies, and how they compare the impact of those factors to individual choices and healthcare services. It also looked at how attitudes vary based on people's background, beliefs and personal health, and views on the role of the state in addressing health inequalities.

We found that 50% of people believe that their or their families' health has been negatively affected by their economic situation, while a similar proportion cite the negative health impacts of their job. This may help to explain why respondents tended to place more emphasis on social determinants than on individual responsibility when asked to identify the causes of five case studies of ill health.

Main findings and *recommendations for policymakers*

- **Work and poverty are negatively affecting people's health**: 50% say that their jobs negatively impact their and their family's health, alongside 50% citing their economic situation and 62% blaming inadequate healthcare services*. Politicians should be asking businesses to do more to help to address the impact of work on health.*
- **People recognise the socio-economic causes of poor health**: Presented with case studies, people recognise the impact of economic and environmental factors on poor health rather than simply blaming the state of the NHS or individual lifestyles. *We urgently need an ambitious cross-government programme to tackle health inequalities.*
- **People want the government to tackle those causes**: Asked who should fix health inequalities, the most popular answer is individuals, but looking across the top two answers, more people say that government needs to tackle societal issues. *Politicians should not be held back by an unfounded belief that the public oppose state intervention.*
- **Most people are happy to pay to tackle health inequalities**: 52% of Britons support raising taxes to increase spending on health inequalities, including 44% of 2019 Tory voters; only 7% think spending on health inequalities should decrease. *Politicians should consider pledges to spend more on health inequalities, funded by raising taxes if needed.*
- **The NHS cannot address health inequalities by itself:** 23% think reducing health inequalities should be a priority for the NHS - higher than previous surveys, but still a lower priority for most than improving NHS waiting lists and GP appointments. *Addressing the social determinants will help to take pressure off the NHS in the long term by reducing ill health.*

[1] Fieldwork was carried out by Opinium between 7 and 9 September 2023, with a nationally representative sample of 2,038 adults across the UK, weighted to nationally representative criteria and various political criteria. The order of options in each question was randomised.

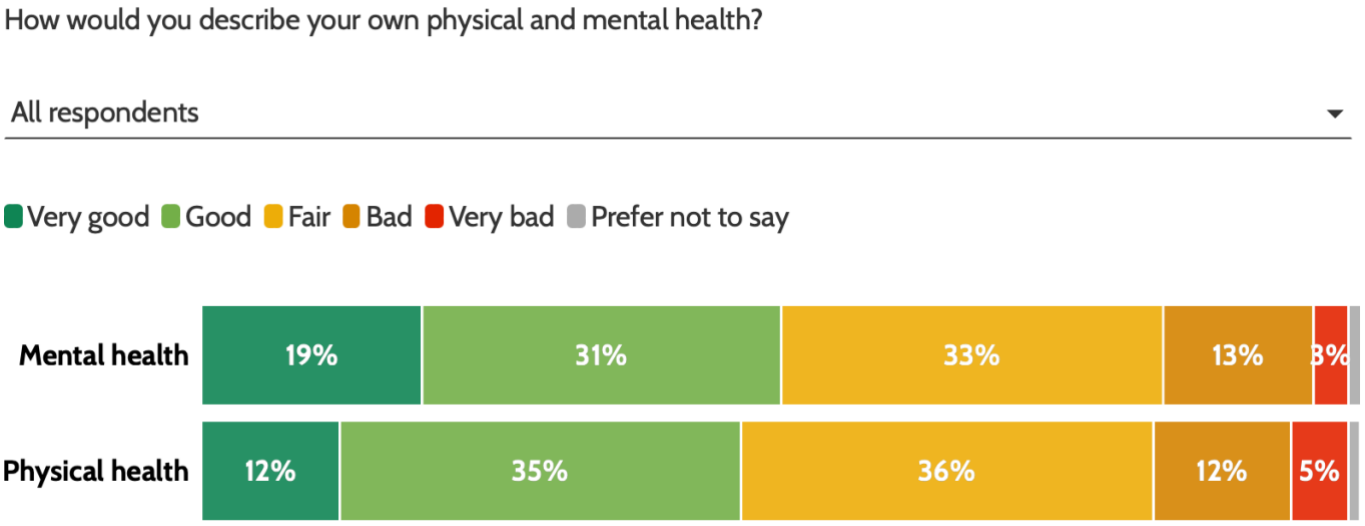
Setting the scene

Health inequalities in the UK are getting worse: people in the least deprived areas of the UK enjoy an average of 18.5 more years of healthy life than those in the most deprived areas. The evidence suggests that these inequalities are caused more by 'social determinants' of health, such as poverty, poor-quality housing, low-paid or unstable jobs, and pollution, than by unequal healthcare provision or different lifestyle choices. Meanwhile, poor health makes people poorer, as well as undermining productivity and economic growth.

A lack of government action to tackle these underlying 'social determinants' can be partly blamed on lack of public pressure. This in turn stems from limited levels of public awareness and understanding of the impacts of social factors on people's health outcomes. In the absence of specific case studies, most people put more emphasis on individual responsibility ('healthy lifestyle choices') and on the quality and availability of NHS services than on social factors when thinking about what makes people ill.

We wanted to find out whether people recognise the impact of social factors on health outcomes when they are presented with specific case studies, and how they compare the impact of those factors to individual choices and healthcare services, as well as who they think should be responsible for addressing the issues, and whether the government should be doing (and spending) more to tackle health inequalities. We also looked at how attitudes vary based on people's background and beliefs.

People's assessment of their own physical and mental health



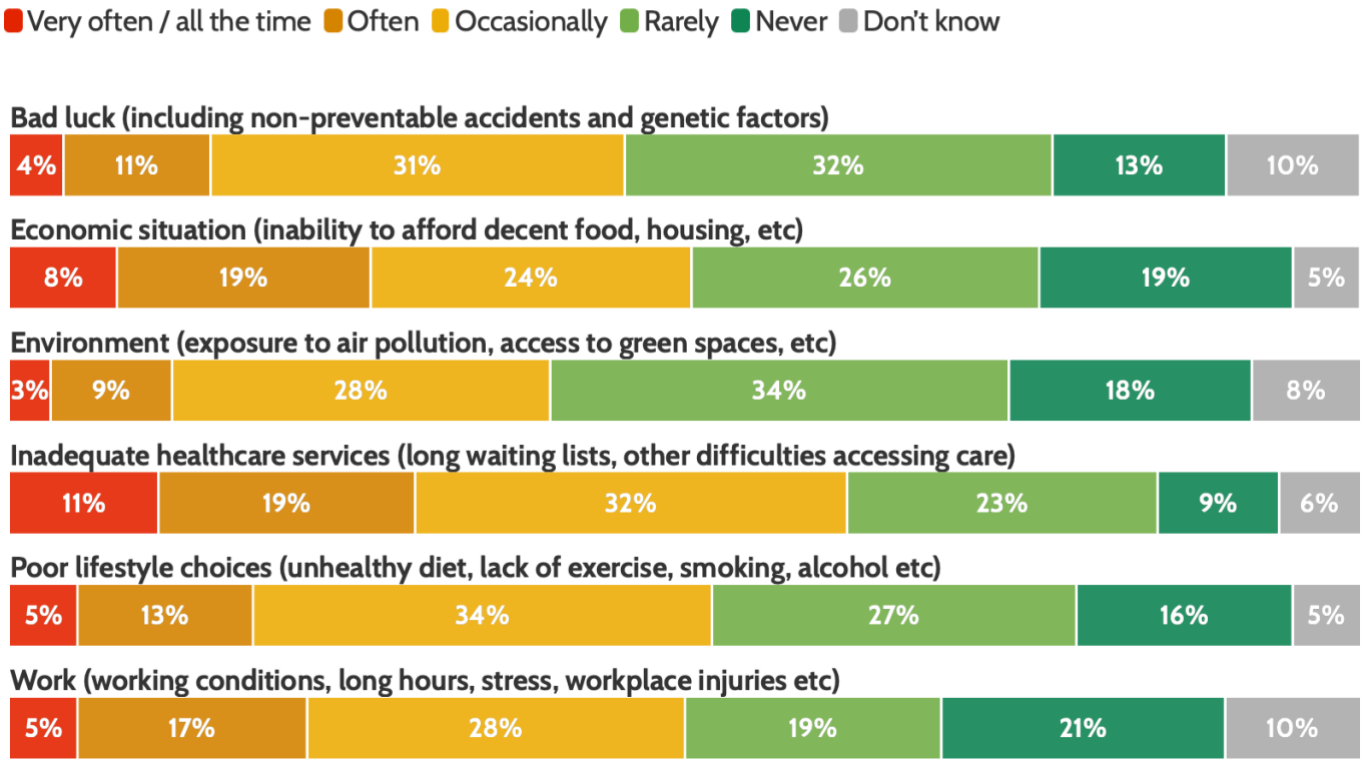
Unsurprisingly, older respondents report worse physical health than younger respondents; however, younger people report much worse mental health than older people. Some groups score themselves as having poor physical *and* mental health, such as people who are out of work, people with disabilities and people on lower incomes. Looking at voter groups, people who voted Conservative in 2019 report slightly better physical health, and much better mental health, than those who voted for Labour. Those who voted Leave in 2016 report similar levels of physical health to those who voted Remain, but much better mental health.

Note: data on physical and mental health has not been age-standardised, so comparisons between groups that have different age structures should be treated with caution.

People's assessment of what factors are undermining their and their family's health

How often, if at all, would you say the following factors have a significant negative impact on the health of you and your family?

All respondents



It is not unexpected that inadequate healthcare services come out on top of the list of factors negatively affecting health (with 62% saying that it affects their or their families' health at least occasionally). However there is a reasonably even spread across all six factors (albeit less for the environment), suggesting that people recognise the importance of social determinants without being primed on them. 52% admit that their own lifestyle choices affect their health, but perhaps even more strikingly, one in two people say that their jobs negatively impact their or their families' health, and the same proportion think that their economic situation is leading to ill health.

Groups with the highest identification of each negative health factor: *62% of people with bad mental health identified* ***bad luck*** *as a negative health influence at least occasionally, alongside 61% of people with bad physical health. 79% of people with bad mental health identified their* ***economic situation*** *as a negative health influence at least occasionally, alongside 62% of people with a disability, 62% of people from ethnic minorities, and 59% of people with a household income of under £20,000 pa. 55% of people in London identified their* ***environment*** *as a negative health influence at least occasionally, alongside 51% of people from ethnic minorities and 51% of people with bad mental health. 76% of people with bad physical health identified* ***inadequate healthcare services*** *as a negative health influence at least occasionally, alongside 76% of people with a disability and 74% of people with bad mental health. 63% of people with bad physical or mental health identified* ***poor lifestyle choices*** *as a negative health influence at least occasionally, alongside 62% of people in Scotland, 61% of 18-to-34-year-olds and 61% of people from ethnic minorities. 69% of 18-to-34-year-olds identified* ***work*** *as a negative health influence at least occasionally, alongside 64% of people who are in work and 64% of people in households earning more than £60,000 per year (compared to 38% of people in households earning less than £20,000 per year, which contradicts the broader finding that people think of work as a source of health inequalities, instead suggesting that people on higher incomes think that stress in the workplace is negatively affecting their health).*

2019 Conservative voters are slightly less likely than the average respondent to recognise the impact of all six factors on their and their families' health: bad luck (6 percentage points lower), poor lifestyle choices (7 pp), inadequate healthcare services (4 pp), work (11 pp), economic situation (11 pp) and environment (7 pp), suggesting that they and their families are either in better health (as suggested by the answers to the previous question) or that they are less minded to think about the causes of their ill health.

Views about factors that influence people's health

How this section of the survey worked

Each respondent was randomly allocated three of the following five scenarios, and answered the next two questions for each of their three allocated scenarios. The full wording of the options presented for the next question is as follows:

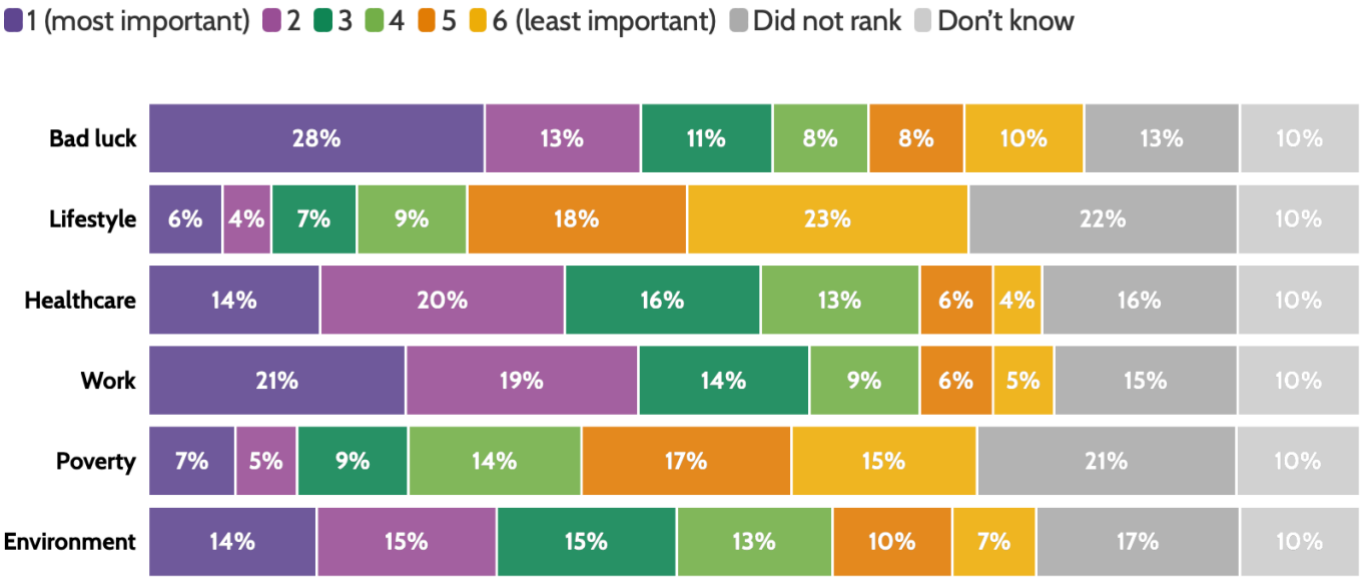
- *Pure bad luck (including non-preventable accidents and genetic factors)*
- *Poor lifestyle choices (unhealthy diet, lack of exercise, smoking, alcohol etc)*
- *Inadequate healthcare services (long waiting lists, other difficulties accessing care)*
- *Employers (working conditions, long hours, stress, workplace injuries etc)*
- *Economic situation (inability to afford decent food, housing, etc)*
- *Environment (exposure to air pollution, access to green spaces, etc)*

Person A: LONG COVID

Person A, aged 45, lives in a city with their partner, in a bustling neighbourhood. They have been with their partner for 10 years and own a two-bedroom house together. This person had been a bus driver for 15 years and were a key worker during the Covid-19 pandemic. As a result, they have developed long covid and are unable to work for the foreseeable future. They previously enjoyed gardening, which allowed them to reconnect with nature. Person A also loves to spend quality time with their young nephews and nieces who live nearby. Nowadays, Person A has low energy levels and finds it more difficult to spend time with their nephews or tend to their garden.

Thinking of the health of person A, which factors do you think had the most impact on the person's situation?

All respondents

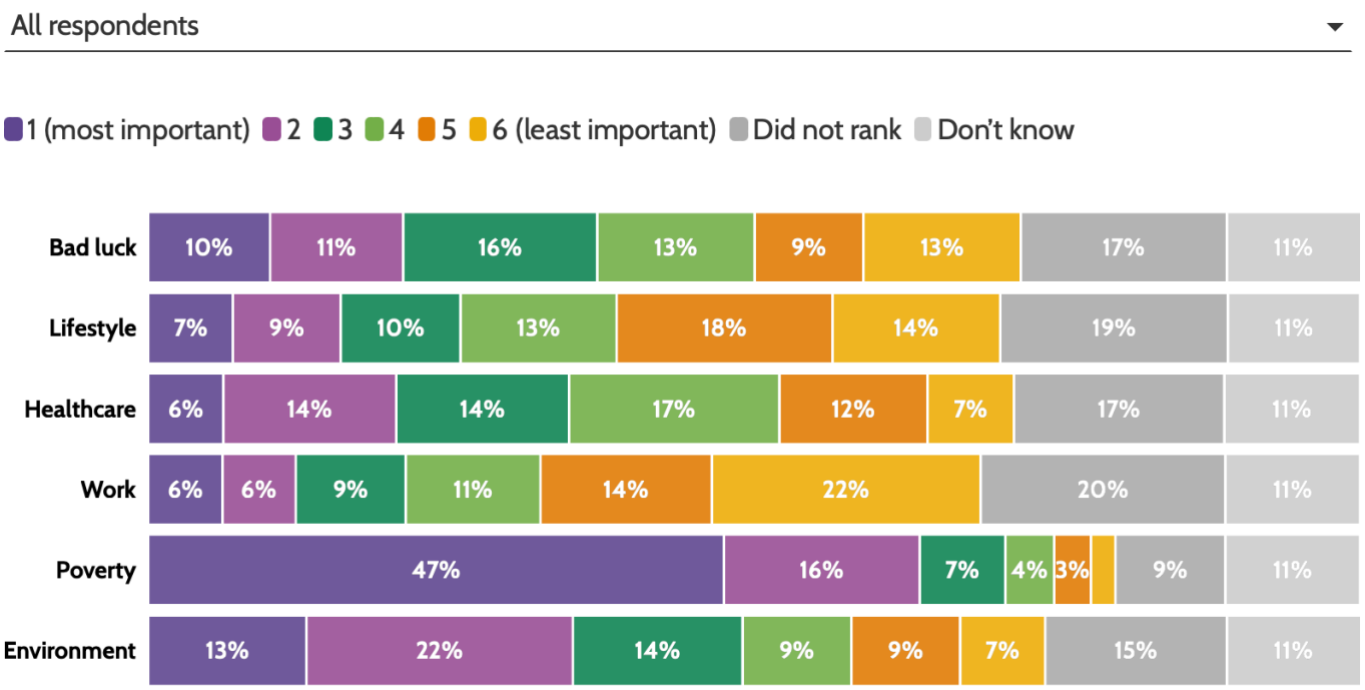


Although the most popular answer overall was bad luck, this scenario attracted the highest proportion of people citing the impact of work on health. We should recognise that the Covid-19 pandemic was an unusual period during which the impact of social determinants on health outcomes were more obvious; this might also provide some useful lessons in how to talk about social determinants in ways that resonate most with people. We do not see major differences of opinion across political or demographic divides for this scenario, although Labour voters are more likely than Conservative voters to focus on the impact of work (as opposed to bad luck) on this person's health, as are younger people and people who are neither working nor retired.

Person B: ANXIETY

Person B, aged 17, lives in an urban area with their parents and two younger siblings. Their flat is small and overcrowded, and in a noisy area, which makes it challenging for them to find a quiet space to study or get a good night's sleep. Person B enjoys reading and drawing in their spare time, and is excited to do an arts degree when they leave school. However, Person B is struggling at school, falling behind on assignments and studying for exams, because of their difficulty in sleeping and in finding somewhere quiet at home to work. They have recently been diagnosed with generalised anxiety disorder, which has made keeping up with school more difficult.

Thinking of the health of person B, which factors do you think had the most impact on the person's situation?



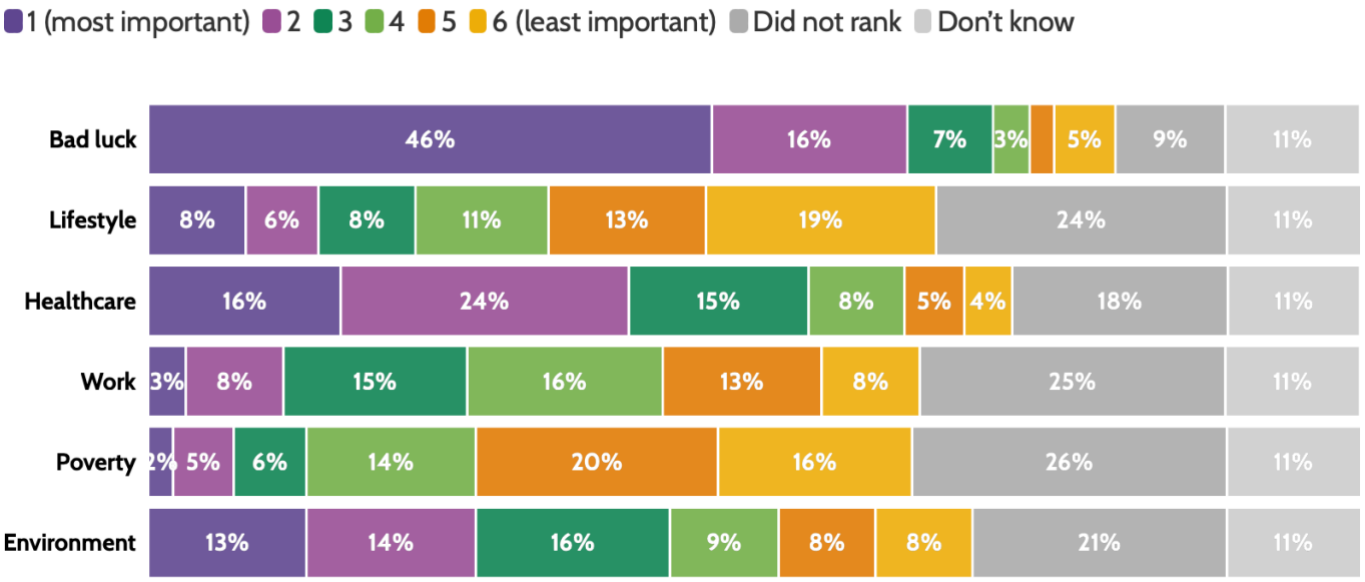
A strikingly high proportion of respondents recognise the impact of poverty on this person's health, and this varies little by politics (with 63% of 2019 Conservative voters and 68% of 2019 Labour voters ranking poverty among the top two factors). There is also consensus on this point across demographic groups - ages, income levels, regions and so on - other than smaller majorities among Londoners (55%), men (55%) and people from ethnic minorities (56%).

Person C: LUNG CANCER

Person C, aged 63, resides in a charming rural village with their spouse. They have been happily married for over 30 years and have a close-knit community of friends. They used to be a primary school teacher, and now, being close to retirement, work part-time at a local library. They've always been a keen swimmer, often taking advantage of a lake nearby. Person C has recently been diagnosed with lung cancer, even though they have never been a regular smoker. Despite the long waiting period for treatment, they remain hopeful and engage in hobbies like reading, knitting, and helping their neighbours with small tasks.

Thinking of the health of person C, which factors do you think had the most impact on the person's situation?

All respondents

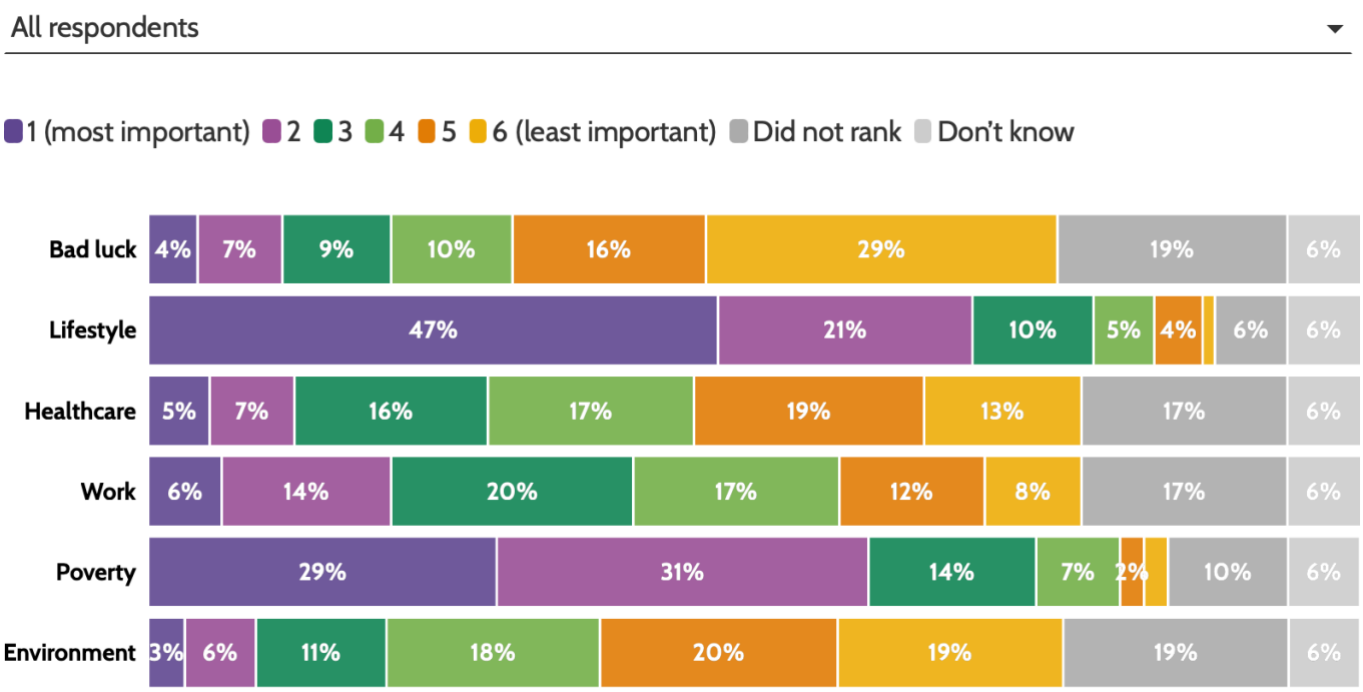


As expected, few people blame this person's lung cancer on their lifestyle, since the scenario specified that they had not been a regular smoker. Instead, most choose bad luck as the main contributing factor, followed by inadequate healthcare services. There is very little variation in views across political and demographic divides.

Person D: TYPE 2 DIABETES

Person D is 40 and lives near a city with their partner and children. They are severely overweight and have type 2 diabetes. Person D grew up in severe poverty. They started working after they completed their GCSEs. Person D works multiple low-paid jobs to make ends meet, as does their partner. They often have limited amounts of time to cook. They shop the basic range at the local supermarket, because they are unable to afford anything more expensive. In their spare time Person D will watch TV, catch up with friends and family, and spend time with their children. The meals they eat are often not nutritious.

Thinking of the health of person D, which factors do you think had the most impact on the person's situation?



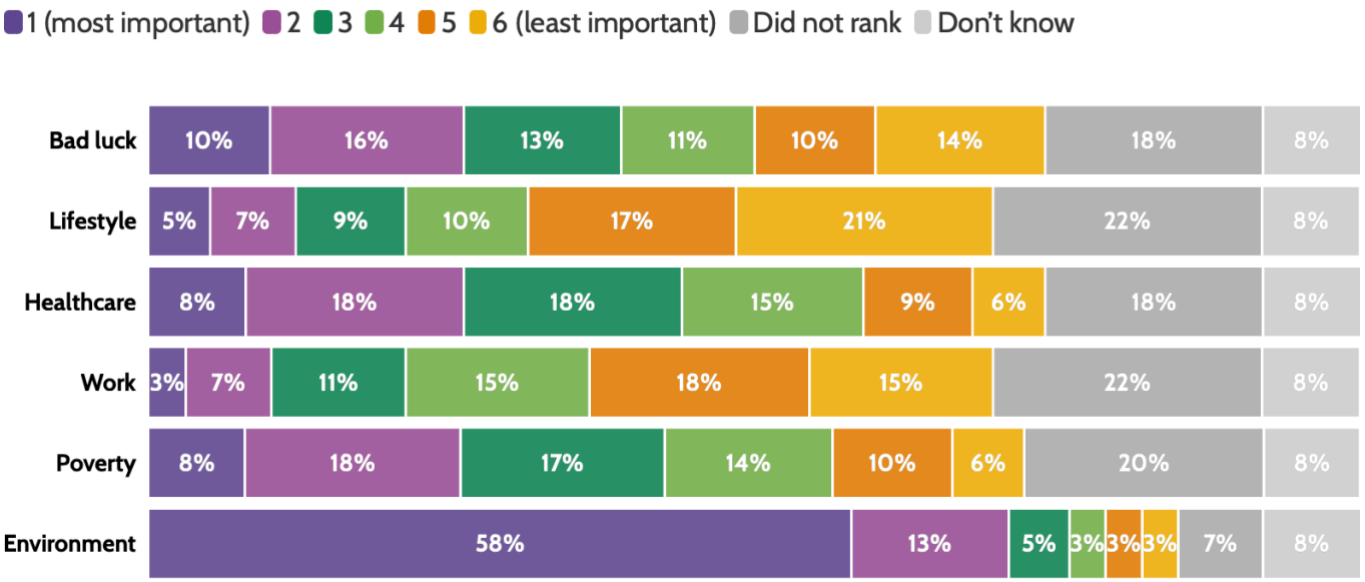
This scenario is the outlier. Almost one in two people (47%) cite poor lifestyle choices as the most important contributing factor, with poverty some way behind this at 29% (although when we look at the top two most important factors chosen, almost as many recognise the role played by the poverty as those citing lifestyle choices, at 60% compared to 68%). This perhaps reflects the resonance of media narratives about food and diet being within people's control, regardless of affordability, and the challenge of cutting through with arguments about the links between poverty, diet and health (even though a recent survey found that one in five Britons are eating more processed foods because they are cheaper). But views on this issue do differ; for example, lower proportions of people aged 18-34 (58%), from ethnic minorities (58%), in London (58%), or in bad physical health (58%) put lifestyle choices in the top two factors, compared to higher proportions of 2019 Conservative voters (80%), 2019 Conservative switchers (86%), people aged 65+ (75%), people in the West Midlands (75%), people in good mental or physical health (73/72%), people who said their own health was rarely or never affected by their lifestyle choices (73%), and people who disagreed with raising taxes (76%) and redistributing income (79%). By contrast, we see less variation in the proportion of people who put poverty in the top two factors, which is above 50% among *all* groups, and in most groups is between 55% and 70%.

Person E: ASTHMA

Person E, aged 32, lives in a deprived urban neighbourhood in a small apartment with one other flatmate. They have always loved films and have been working at their local cinema for the last five years. In their spare time, they love keeping up with all kinds of sports, including football and cricket. They also play football in a local five-a-side team with some neighbours and colleagues on weekends. Lately they have been finding it harder to play football because of their severe asthma that is triggered by high levels of air pollution in their local area.

Thinking of the health of person E, which factors do you think had the most impact on the person's situation?

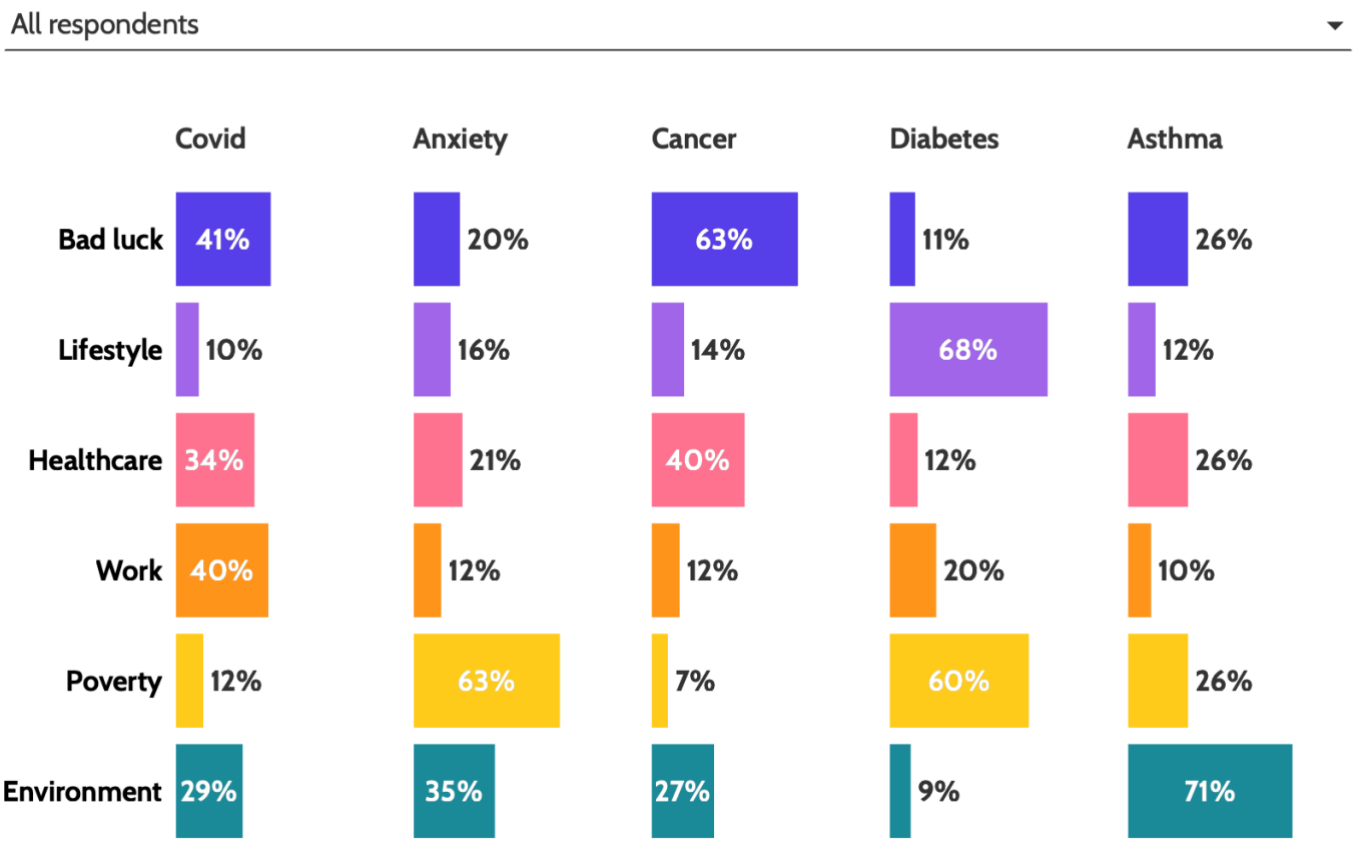
All respondents



Responses to this scenario are again fairly consistent across political and demographic divides, with very large majorities of people recognising the impact of the person's environment on their health. However, few people (among any respondent group) recognise the underlying impact of poverty, with this option scoring the same as bad luck and inadequate healthcare services, reinforcing the low level of public awareness of the links between deprivation and poor air quality.

Comparisons between views on these five scenarios should be made with caution, since responses will inevitably have been influenced by the precise wording of the question, despite our best efforts to present the scenarios as neutrally as possible. With this caveat in mind, however, the graph below shows how views on the causes of ill health varied across the five scenarios presented.

Percentages refer to % of respondents who included this factor in the top two most important factors

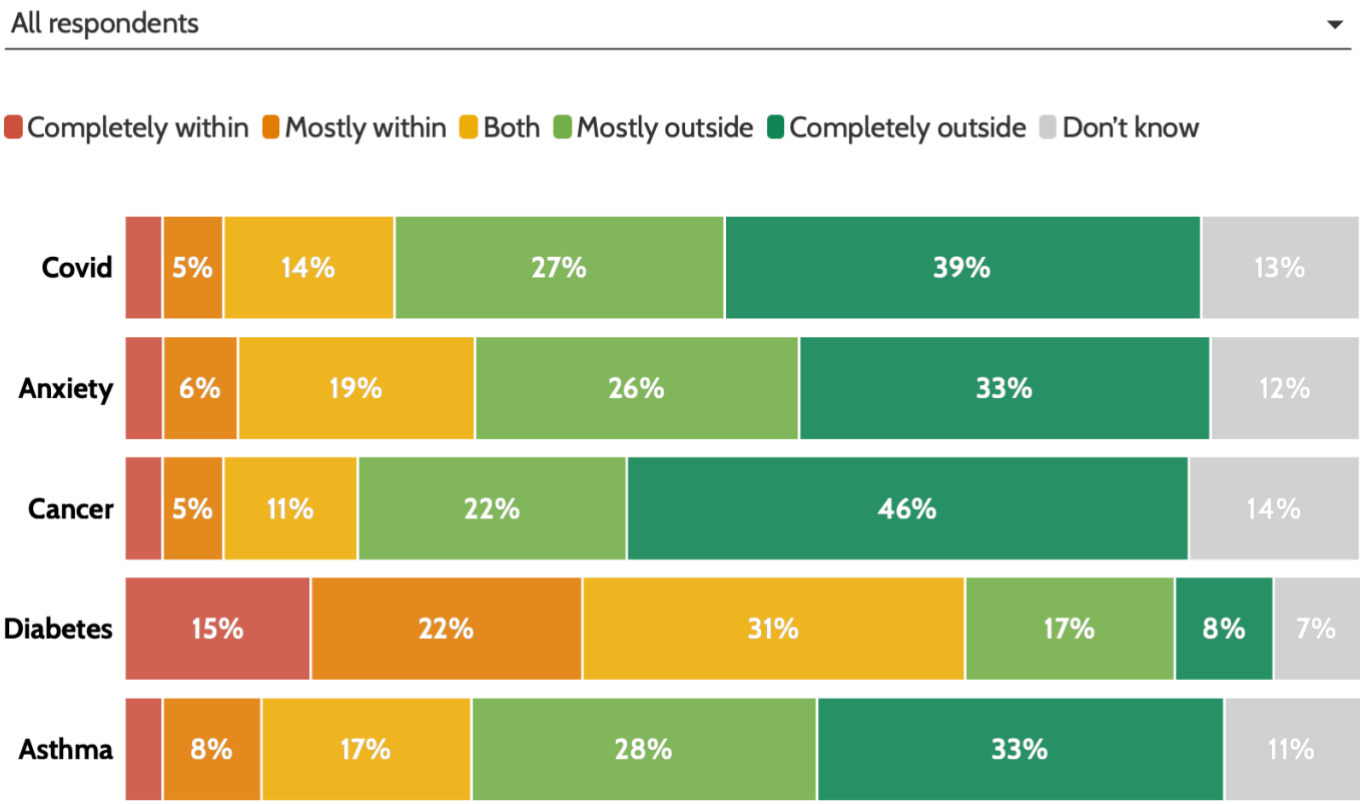


People recognise that social determinants go hand in hand with individual lifestyle choices in impacting on people's health. Overall, individual responsibility (i.e. poor lifestyle choices) ranks fairly low (with an average of 24% of respondents choosing this as a 'top two' factor across all five scenarios), higher only than employers (19%) but below inadequate healthcare services (also quite low at 27%), and bad luck (32%). Poverty and environment are at the top of the table (both with an average of 34% of respondents choosing these as 'top two' factors across all five scenarios, although these averages are inflated by very high scores for anxiety and asthma).

Views do vary by political preferences and demographic factors such as age, income and health. However, in general (and with the exception of diabetes), there is a high degree of consensus across respondent groups, and this polling does not uncover consistent patterns between groups and across scenarios (such as people with lower incomes or poorer health being more likely to focus on social determinants, for example).

We also asked, for each of the five people, whether respondents thought that their current health was mostly due to factors within or outside their control.

Thinking of the health of [person X] and their [condition], do you think this person's current health is mostly because of factors within their control, or outside their control?



With the exception of person D (diabetes), large majorities think that the health conditions described are mostly caused by factors outside the person's control. There are also striking degrees of consensus across political lines, other than for person D (where 48% of 2019 Conservative voters see this as down to individual responsibility, compared to 32% of 2019 Labour voters and 37% of all respondents). However, some patterns of differences between groups can be identified, as detailed in the box below.

Attitudinal patterns across demographic groups and scenarios

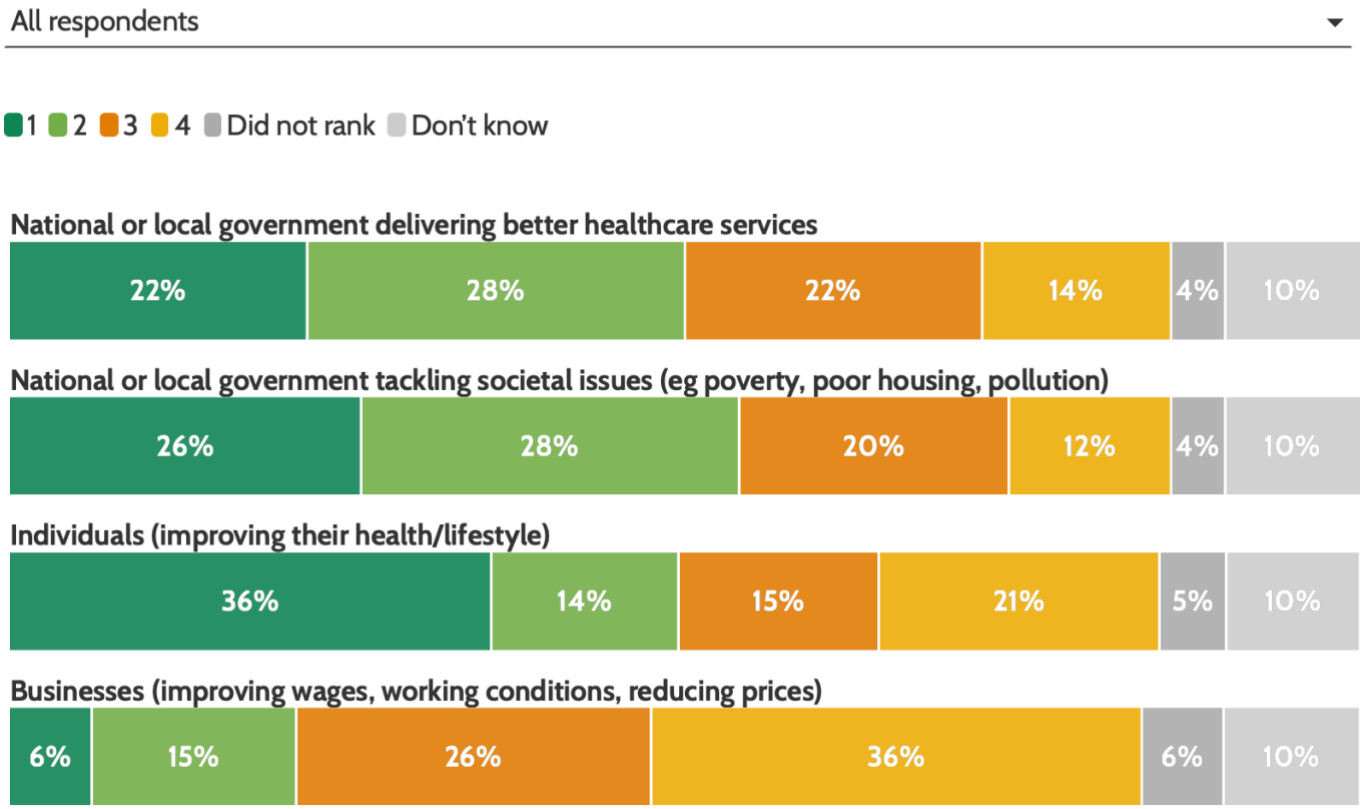
The following groups are more likely than others to say that factors outside people's control are more important influences on their health than factors inside their control:

- ***Voting history**: People who voted Labour or Lib Dem in 2019 or Remain in 2016*
- ***Politics**: people who agree with the three BSA/BES questions below (about increasing taxes and spending, redistributing income and people not getting their fair share)*
- ***Age**: Older age groups (except for the 'type 2 diabetes' scenario)*
- ***Gender**: Female (except for the 'type 2 diabetes' scenario)*
- ***Education**: People with higher levels of education*

For other breakdowns (ethnicity, household income, region, social grade, mental and physical health, and so on) there are less consistent patterns across the five scenarios.

Views about who is responsible for tackling health inequalities

Please consider the following groups in society and rank them from most responsible (1) to least responsible (4) in addressing negative health outcomes



Looking at the percentage of respondents who ranked each group as 'responsible' (1 or 2), the most popular choice is 'national or local government tackling societal issues' (54%), suggesting that when people are presented with examples of how social determinants affect health outcomes, most recognise the importance of focusing on tackling those determinants. However, the data also suggests that more than one in three respondents think that individuals should bear primary responsibility for looking after their own health, regardless of the context, which is the most popular answer when looking purely at the top rankings. Looking at ranks one and two together, the differences between the top three options (social, NHS and individuals, on 52%, 50% and 50%) are unlikely to be statistically significant. However, it is interesting that people consider business to have by far the least responsibility for tackling health inequalities, even though 50% of people say that their work is negatively affecting their health.

Attitudinal variations across political and demographic groups

*Variations by **voting history** are smaller than might be expected. For example, 48% of 2019 Conservative voters ranked 'national or local government tackling societal issues' 1 or 2, compared to 61% of 2019 Labour voters and 54% of all respondents. However, 61% of 2019 Conservative voters ranked 'individuals' 1 or 2, compared to 41% of 2019 Labour voters and 50% of all respondents.*

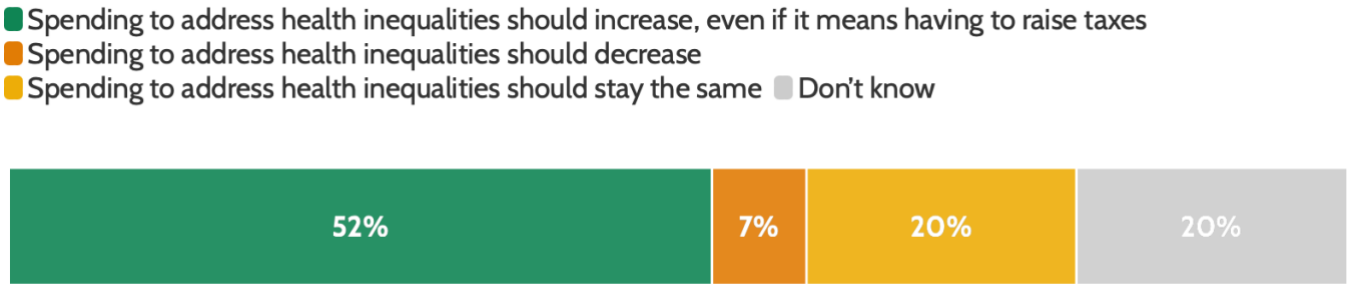
*Variations by **demographic characteristic** are generally fairly minor, although some patterns can be identified. For example, people with bad physical or mental health are almost 20 percentage points less likely than people with good physical or mental health to rank individuals 1 or 2, although they are not correspondingly more likely to rank government near the top, either for tackling societal issues or delivering better healthcare services.*

Note: data on physical and mental health has not been age-standardised, so comparisons between groups that have different age structures should be treated with caution.

Views about government spending on health inequalities

Do you think the Government should increase or decrease spending allocated to addressing health inequalities?

All respondents



It is striking that a majority of respondents are in favour of increasing spending on health inequalities, even if it means paying more in tax to fund it.

The question did not make clear what "spending on health inequalities" means, and each respondent will have had a different understanding of this that may have influenced their answers. Many respondents might have assumed that this would involve an increase in the NHS budget, even though spending on other areas such as social security or housing would arguably be more likely to directly impact health inequalities.

Attitudinal variations across political and demographic groups

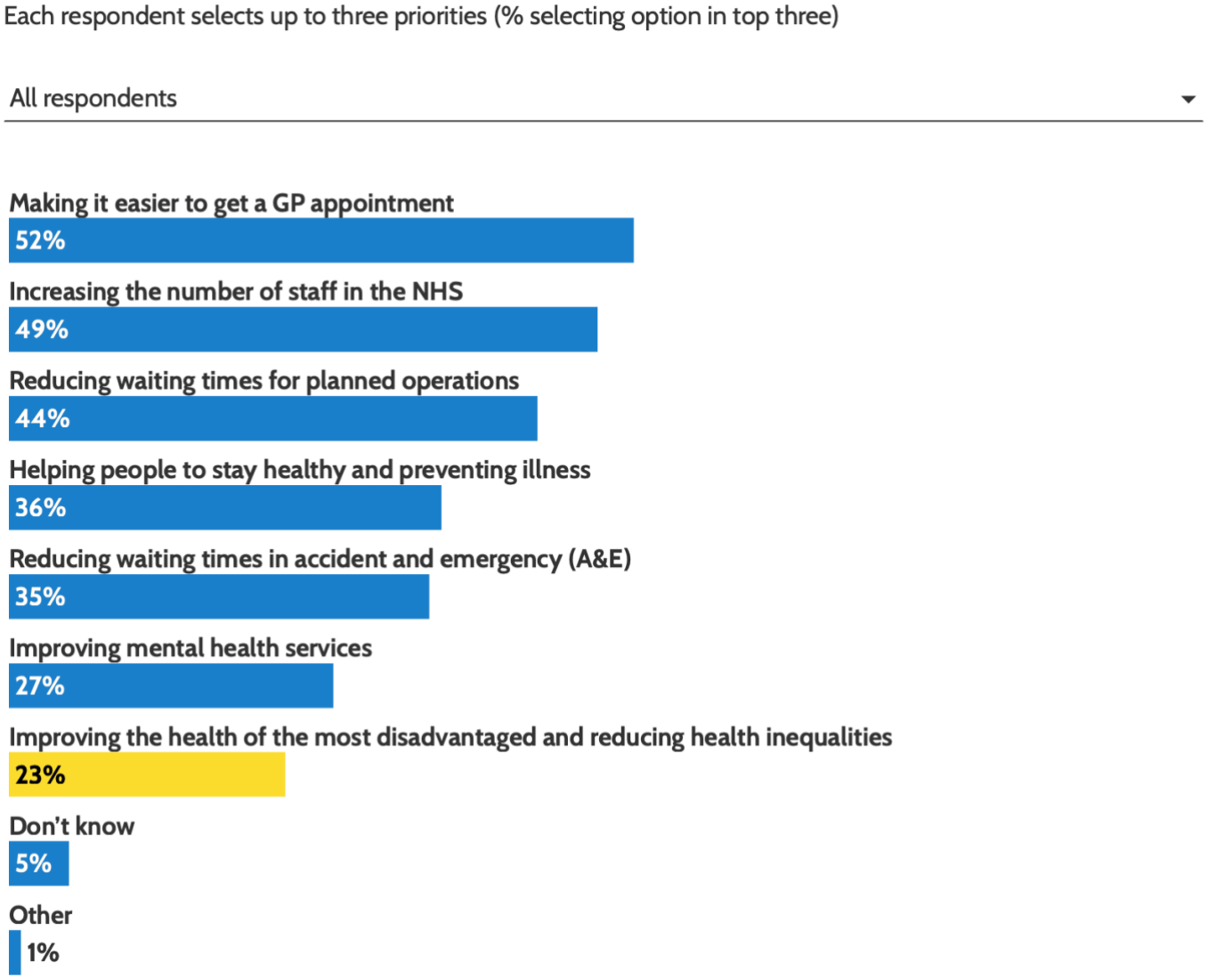
*Looking at **voting history**, while a higher proportion of 2019 Labour voters agree with this (72%), 2019 Conservative voters are not that different from the national average, with 44% being happy to pay higher taxes to support more spending on health inequalities and only 6% wanting spending in this area to decrease. A majority (51%) of respondents who voted Conservative in 2019 but are planning to vote for other parties in the next election support increased spending.*

*Looking at **demographic breakdowns**, support for increasing spending on health inequalities is higher among older respondents than the young, among people with high levels of education than low, among white respondents than people from ethnic minorities, among people with poor mental or physical health than those with good health, among those on low incomes than those on high incomes, and among people in the devolved administrations and the north of England than people in the south. It is puzzling that increasing spending is favoured by the highly educated more than the less educated, and by people on lower incomes more than people on higher incomes, since there is generally a correlation between education and level of income.*

Our overall findings for this question correspond with British Social Attitudes data on public support for increased spending (and our summary of the latest BSA findings), which finds that 55% of Britons now think that the government should increase taxes and spend more on health, education and social benefits (up from 31% in 2010, and compared to 36% who think taxes should stay the same and 8% who think they should be reduced).

However, the answers to this question in our survey contrast strikingly to the answers to some standard questions that we asked in the same survey, which are borrowed from previous British Social Attitudes and British Election Study surveys to give a sense of respondents' general views about the economy (and to provide another way of analysing people's views on the other questions in this survey). The 55% who support increasing spending on health inequalities (and raising taxes to fund it) is much higher than the 29% who support raising taxes to spend more on health and social services in the question below. This may be because of the stronger wording of the question below ('government should raise taxes a lot and spend much more on health and social services'), or because the public are more supportive of spending on the NHS in particular than on health and social services, or because people assume that spending on health inequalities would be a small fraction of government spending and so would not lead to a noticeable increase in taxes.

Views about the most important priorities for the NHS



These are broadly consistent with answers to the same question asked by the British Social Attitudes survey in 2021/22 (figure 24), although the proportion choosing health inequalities as a priority is a few percentage points higher in our case, probably simply because our survey has been focused on this issue. The variation could also be explained by changing attitudes over time, or by the fact that other surveys asked the same question at a different point during the survey. Nonetheless, the low priority accorded to health inequalities seems at odds with the broad recognition of the importance of social determinants in the previous question. This may reflect the fact that concern about health inequalities is 'crowded out' by the more visible issues (and concerns) around the availability of NHS services, alongside the difficulty of finding a way to talk about social determinants that really resonates with a broad cross-section of people.

Attitudinal variations across political and demographic groups

*Looking at views around the **top priorities for the NHS**, there is a split between people who voted Conservative and Labour in 2019, with the former group (including those who are not planning to vote Conservative in the next election) prioritising GP appointments, followed by waiting times for operations, while the latter are more focused on increasing NHS staff numbers.*

*Looking at variations in support for **prioritising NHS action on health inequalities**, there are predictable differences by voting history, with 16% of 2019 Conservative voters and 33% of 2019 Labour voters prioritising health inequalities, compared to an average of 23% among all respondents. Support for prioritising NHS action on health inequalities is also higher among people who voted Remain in 2016 than Leave, among younger respondents than the elderly, among people with high levels of education than low, among people with good physical health than bad, and among people in Scotland, London, the North East and Wales than in other parts of England or in Northern Ireland.*

Understanding why people think what they think

We asked a 'free text' question asking people to explain their views about whether the government should spend more on health inequalities. Here are some quotes from people with a range of voting histories and intentions.

A healthy population is a productive population.

2019 Conservative voter, voting intention not stated

Everybody deserves to live a long healthy life, no matter how rich or poor they are.

2019 Conservative voter, intending to vote Conservative

The more equal the opportunities afforded to all, the less at risk our health will be, and the less we will need to spend on maintaining an adequate level of healthcare for all.

2019 Conservative voter, intending to vote Lib Dem

If spending on this isn't increased it will lead to more strain on the NHS, as people generally will become ill more often.

2019 Conservative voter, intending to vote Labour

In the long term it will pay for itself and reduce costs.

2019 Conservative voter, intending to vote Reform

Because health inequalities increase costs across the system and cause bigger costs in future.

2019 SNP voter, intending to vote Green

Everyone benefits from a healthy population - productivity increases and less money is spent by the NHS treating preventable illnesses.

2019 Labour voter, intending to vote Labour

It is a major problem not just for individuals but also the wider economy, so it's important for government to act.

2019 Lib Dem voter, intending to vote Lib Dem

Methodology

The questions were designed in consultation with a range of organisations working on health inequalities, and with input from polling experts. Thank you to the many experts who commented on both the survey design and the interpretation of the results.

Fieldwork was carried out by Opinium between 6 and 8 September 2023, with a nationally representative sample of 2,038 adults across the UK, weighted to nationally representative criteria and various political criteria. The order of options presented in each question was randomised. Download the data tables (XLS)

Existing research

Existing attitudinal research shows that attitudes to health inequalities tend to be framed more in terms of individual responsibility and healthcare services than the social determinants of health.

There is very high public support for the NHS, with 88% agreeing it should be taxpayer-funded and free at point of use, and 64% supporting tax rises to pay for it (Ipsos/HF 2017).

The public are pessimistic about the NHS, but want more funding to support it (Ipsos/HF 2022). Nine in 10 people disagree with the government's handling of the NHS (Ipsos/HF Feb 2023). Public satisfaction with the NHS is at an all-time low (KF/NF/BSA 2022).

Few people think improving the health of the most disadvantaged should be a priority for the NHS (KF).

Almost 1 in 5 people (17%) do not think there are differences in health by sex or gender, and around 1 in 8 (13%) do not think there are differences by ethnicity (HF/Ipsos 2021).

Most participants are unaware of the extent of inequality in health outcomes, and many are sceptical about the data while some participants explained the differences in mortality rates between men and women in terms of men visiting the doctor less, being less hygiene conscious and being less compliant with the rules (HF/Kantar 2021 and GGF).

There is a mismatch between the public's perceptions of what influences health (namely individual behaviour and access to care) and the clear evidence base demonstrating the significance of wider determinants of health; people tend to filter nuanced messages about health through either an individualistic or structural lens (HF 2022).

Polling in Scotland found that 48% of people both recognise the existence of health inequalities between deprived and affluent areas and consider them to be a big problem (Bardsley et al., 2016).

In February 2021, a study of public attitudes after COVID-19 by King's College London found that 81% of people surveyed said it would be a very big or fairly big problem if inequalities in life expectancy worsened between more and less deprived areas of the country, while 76% said it would be a very big or fairly big problem if inequalities in life expectancy worsened between rich and poor.

For structuralists, around 75% believe people with money are a lot better able to live healthy lives; for individualists, views are spread on whether there is a different law for rich and poor, whether money facilitates a healthier lifestyle, and whether society was equal before COVID-19 – in all these domains, there is a slight tendency to recognise the inequality, but there is also quite a lot of endorsement for responses that deny these inequalities (KCL/IFS 2021).

There is some nuance to the public's views: Garthwaite and Bambra (2017) find that initial responses tended to invoke lifestyle factors, but further probing showed respondents had more nuanced understandings that incorporated material causes such as income and housing, and psychosocial causes such as stigma and community connections.

Different lived experiences seem to be related to different understandings of the causes of ill health. Focus groups conducted with more affluent participants talked about the role of poor choices in health outcomes, while similar focus groups with less affluent participants gave more attention to structural or environmental causes. The latter group did consider lifestyle and health behaviour, but in the context that these were constrained directly by economic circumstances and indirectly by the effect of these circumstances on mental well-being and especially stress (Davidson, Kitzinger and Hunt, 2006).