



Cabinet Office

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By email: [REDACTED]

FOI Reference: FOI2022/07670

26 May 2022

Dear [REDACTED]

We refer to your request where you asked:

*"Good morning,*

*\*Freedom of Information Act 2000 Request - Rapid Response Unit\**

*Under the FOI Act 2000 I am writing to request documents relating to the Cabinet Office's Rapid Response Unit, specifically:*

- - A copy of any guidance/training/similar issued outlining the how to identify content relating to Covid-19 to be flagged for response [by government or social media companies]*
- - Copies of correspondence during January 2022 between Rapid Response Unit staff and social media companies, where staff from the RRU notified social media companies about content on their sites that potentially breached their Terms of Service and recommended its removal*
- - Copies of any contracts for any third party social media analysis/monitoring tools used by the RRU*
- - Copies of any agreements or similar outlining the RRU's relationship with social media companies [such as 'Trusted Flagger Status'].*

*I look forward to your response within 20 working days and by May 27th at the latest. I would appreciate any advice under Section 16 of the FOI Act if elements of the request are subject to exemptions.”*

We are writing to advise you that following a search of our paper and electronic records, we have established that the Cabinet Office does hold information relevant to your request.

We have addressed each of your questions in turn:

1. We understand your request relates to training or guidance material from the Rapid Response Unit on how to identify online content related to Covid-19 for which a government response may be necessary. The Cabinet Office holds this information and is disclosing the documents relevant to your request.

Please find attached:

- The Rapid Response Unit’s FACT training handout (FACT\_handout\_updated\_Jan22.pdf).
- A guidance document featuring publicly available information about social media platforms’ policies on Covid-19 (Platform policies.xlsx).

2. We have established that the information you requested is not held by the Cabinet Office. There was no correspondence between Rapid Response Unit staff and social media companies in January 2022.

3. The Cabinet Office holds this information, though it is exempt under section 21 of the Freedom of Information Act because it is reasonably accessible to you. You can access this information here: <https://www.gov.uk/contracts-finder>.

Section 21 is an absolute exemption and the Cabinet Office is not required to consider whether the public interest favours disclosure of this information.

4. We have established that the information you requested is not held by the Cabinet Office. The Rapid Response Unit does not have agreements or similar documents outlining its relationship with social media companies.

If you are unhappy with the service you have received in relation to your request or wish to request an internal review, you should write to:

Head of Freedom of Information  
Cabinet Office

1 Horse Guards Road  
London  
SW1A 2HQ

email: [foi-team@cabinetoffice.gov.uk](mailto:foi-team@cabinetoffice.gov.uk)

You should note that the Cabinet Office will not normally accept an application for internal review if it is received more than two months after the date that the reply was issued.

If you are not content with the outcome of your internal review, you may apply directly to the Information Commissioner for a decision. Generally, the Commissioner cannot make a decision unless you have exhausted the complaints procedure provided by the Cabinet Office. The Information Commissioner can be contacted at:

The Information Commissioner's Office  
Wycliffe House  
Water Lane  
Wilmslow  
Cheshire  
SK9 5AF

Yours sincerely


A handwritten signature in black ink, appearing to be 'A. B.', written in a cursive style.

FOI Team  
Cabinet Office

# Misinformation and disinformation: a rapid response guide for government media professionals.

# FACT

The FACT model has been developed by HMG's Rapid Response Unit (RRU) to provide communicators with guidance on how to respond to mis- and disinformation. It consists of 4 key steps which can be tailored to suit organisational capability.

	<h2>Essential</h2> <p>For teams with limited online media monitoring capability</p>	<h2>Intermediate</h2> <p>For teams with some online media monitoring capability</p>	<h2>Advanced</h2> <p>For teams with established online media monitoring capabilities</p>
<h3>1/ FIND</h3> <p>misinformation or disinformation through continuous media monitoring</p>	Check Google Trends. Sign-up to Google Alerts. Use free tools to monitor Twitter.	Actively search for misleading social media posts and online articles.	Identify longer-term narratives and trends (through in-depth analysis and social listening tools), following best practice set out in the GCS RESIST counter disinformation toolkit.
<h3>2/ ASSESS</h3> <p>the risk posed by the identified narrative</p>	Use posts/ tweets found and: - Decide if stories are misleading/ inaccurate - Identify key influencers measure scale of interaction	Use tools to analyse engagement (retweets, shares, views, comments, reactions).	Use the GCS RESIST disinformation toolkit to calculate the long term level of the risk identified.
<h3>3/ CREATE</h3> <p>content to counter this risk</p>	Share existing content.  Simple content, including: - Departmental blog - GOV.UK post - Reactive social media posts	More engaging content: - Videos - Images / graphics - Animations	Multi-channel content that resonates with the affected audience: - Videos and images - Op-eds - Long-term campaigns - Influencer collaboration
<h3>4/ TRACK</h3> <p>to evaluate long-term online narratives and historical perspectives and adjust strategies</p>	- Keep a log of incidents you've found/reported. - Set up specific alerts for repeated themes/topics.  - Use previous incidents to shape upcoming communications plans - particularly considering any information vacuums. Include in OASIS planning.		- Identify key themes and influencer/media outlets in your specialist areas.  - If a misleading narrative is recurring, prepare specifics strategy to counter that misleading narrative over time and with key outputs.

#### ALWAYS CONSIDER:

- What is the source of the misinformation and is it reputable?
- How many people has it reached so far, and what is its potential for growth?
- If you don't respond, what will the impact be?
- Would a political intervention be more appropriate?

Free Tools	Paid Tools	
Tweetdeck Google Trends Twitter/Facebook search Google/YouTube alerts Crowdtangle Chrome plug-in	Buzzsumo* Meltwater** Signal* Brandwatch Analytics**	Newswhip Analytics* Newswhip Spike** Talkwalker**
*not recommended for <b>Essential</b> teams **recommended for <b>Advanced</b> teams only		

**Misinformation** is inaccurate or misleading content.

**Disinformation** is false content deliberately spread with intent to deceive.





**PREVENTION, CURES AND TREATMENTS:** Cures, treatments, tests or prevention methods for covid which have not been recommended by a health authority or false information about them.

Dissemination of prevention methods for COVID-19, such as "hand sanitizer" or "UV light", or other unproven "cures", including but not limited to: use of essential oils, vitamins, minerals, or supplements for prevention or cure of COVID-19. Includes false information that COVID-19 can be prevented by using hand sanitizer, using UV light, or using essential oils, vitamins, minerals, or supplements for prevention or cure of COVID-19. Includes false information that COVID-19 can be prevented by using hand sanitizer, using UV light, or using essential oils, vitamins, minerals, or supplements for prevention or cure of COVID-19. Includes false information that COVID-19 can be prevented by using hand sanitizer, using UV light, or using essential oils, vitamins, minerals, or supplements for prevention or cure of COVID-19.

**Prevention:** Content that encourages the use of home remedies, prayer, or rituals in place of medical treatment such as consulting a doctor or going to the hospital. Content that claims that there is a guaranteed cure for COVID-19. Other content that discourages people from consulting a medical professional or seeking medical advice. Prevention misinformation: Content that promotes prevention methods that contradict local health authorities or WHO. Claims that there is a guaranteed prevention method for COVID-19. Claims that any medication or intervention is a guaranteed prevention method for COVID-19. Diagnostic misinformation: Content that promotes diagnostic methods that contradict local health authorities or WHO. Transmission misinformation: Content that promotes transmission information that contradicts local health authorities or WHO. Claims that any vaccine is a guaranteed prevention method for COVID-19. Claims that a specific treatment or medicine is a guaranteed cure for COVID-19. Discouraging taking home remedies instead of getting medical treatment when sick. Discouraging people from consulting a medical professional if they're sick. Content that claims that holding your breath can be used as a diagnostic test for COVID-19.

**Video alleging that if you avoid face food, you won't get the coronavirus:** Video alleging that eating of face food can clear the air of the virus and will prevent the spread of the virus. **Video alleging that the COVID-19 has a low survival rate:** Video alleging that social distancing and self-isolation are not effective in reducing the spread of the virus. **Video alleging that social distancing is not effective in reducing the spread of the virus:** Video alleging that social distancing and self-isolation are not effective in reducing the spread of the virus. **Video alleging that social distancing and self-isolation are not effective in reducing the spread of the virus:** Video alleging that social distancing and self-isolation are not effective in reducing the spread of the virus.

**CONFIRMING OFFICIAL GUIDANCE:** Content that confirms and endorses official communicable disease risk prevention measures. Content that confirms and endorses official communicable disease risk prevention measures. Content that confirms and endorses official communicable disease risk prevention measures. Content that confirms and endorses official communicable disease risk prevention measures.

**SCIENCE DENIAL:** Content that denies the existence of COVID-19. Content that denies the existence of COVID-19. Content that denies the existence of COVID-19. Content that denies the existence of COVID-19.

**FINE ACCOUNTS/REPRESENTATION:** Content that discourages reporting a government health official or organization such as a family member of a false health official coming from the country's government in suit. Content that discourages reporting a government health official or organization such as a family member of a false health official coming from the country's government in suit.

**REINFORCEMENT, BIAS AND PROMPT:** Claims that people who share a particular characteristic such as race or religion have the virus, created the virus or are spreading the virus. Content that promotes a particular characteristic such as race or religion have the virus, created the virus or are spreading the virus.

**MISERY:** Content that denies the existence of COVID-19. Content that denies the existence of COVID-19. Content that denies the existence of COVID-19. Content that denies the existence of COVID-19.

**VACCINES:** Content that promotes a particular vaccine. Content that promotes a particular vaccine. Content that promotes a particular vaccine. Content that promotes a particular vaccine.

**ESSENTIAL SERVICES:** Content that promotes essential services. Content that promotes essential services. Content that promotes essential services. Content that promotes essential services.

**TRANSMISSION CLAIMS:** Content that promotes transmission claims. Content that promotes transmission claims. Content that promotes transmission claims. Content that promotes transmission claims.

**RECOMMENDATIONS:** Content that promotes recommendations. Content that promotes recommendations. Content that promotes recommendations. Content that promotes recommendations.

**ISOLATION:** Content that promotes isolation. Content that promotes isolation. Content that promotes isolation. Content that promotes isolation.

**TESTING:** Content that promotes testing. Content that promotes testing. Content that promotes testing. Content that promotes testing.

**PREVENTION:** Content that promotes prevention. Content that promotes prevention. Content that promotes prevention. Content that promotes prevention.

**ISOLATION:** Content that promotes isolation. Content that promotes isolation. Content that promotes isolation. Content that promotes isolation.

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