



COronavirus Vulnerabilities and INFOrmation  
dynamics Research and Modelling

**How  
to build and  
how to lose trust.  
Lessons learned and  
resident perspectives on  
crisis communication.**

Bi-Monthly Report: 18

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To cite this report: Adler V., Götz V. & Bagheri R. (2023). How to build and how to lose trust. Lessons learned and resident perspectives on crisis communication. Bi-monthly report 18, October. COVINFORM H2020 Project No. 101016247

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This project has received funding from the European Union's Horizon 2020 Research and Innovation Programme under Grant Agreement No 101016247.

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# INTRODUCTION



Trust is a fragile yet vital component of society, especially during times of crisis. The COVID-19 pandemic highlighted the importance of trust in governments, in science and (independent) media. A well-developed crisis communication management is crucial to create meaningful impact through crisis communication. Here too, trust is crucial, particularly in relation to adherence to public health advice. There are many factors that can lead to successful crisis communication such as a well thought out crisis communication plan, the distribution of responsibilities, the handling of false- and misinformation, the way crisis communication is put into practice and how different segments of society are reached.

Work package 7 of the COVINFORM project is concerned with the COVID-19 pandemic response on communication and information, particularly in relation to vulnerable groups. In our deliverables (D7.1- D7.8) as well as other outputs such as our whitepaper (see [Covinform.eu](http://Covinform.eu)) we have discussed good and bad communication practices as well as lessons learned and recommendations from the past three years. This bi-monthly report focuses on COVID-19 communication and trust with a focus on the experiences and perceptions of vulnerable groups. The aim is to illustrate the voices of vulnerable groups, in particular, of women of low socioeconomic background in Austria, Belgium, England, Germany, Greece, Italy, Portugal, Spain, Sweden, and Wales. We use these experiences and perceptions to highlight the lessons learned and

recommendations that we identified through our desk-based research and expert interviews (see D7.8, WP7 whitepaper). Additionally, they highlight that our interlocutors are not a homogenous group and trust is relational, contextual and situational. The purpose of this report is to show a different side of this crisis and highlight the experience of those who carried the disproportionate load of the pandemic consequences.

The COVINFORM project interviewed 120 women of low socioeconomic status (in each country 12 women). We recruited them through civil society organisations (CSO) and governmental organisations providing financial and material support. We conducted semi-narrative, semi-problem focused interviews which lasted between 20-60 minutes each. The interviews were tape recorded, transcribed and translated into English. The aim was to understand the lived experiences of people who are affected by multiple forms of disadvantage. Prior to this the COVINFORM project conducted in-depth country analysis drawing on secondary sources and interviews with experts (20 experts in each country) in each of the ten countries.

# HOW DID VULNERABLE GROUPS PERCEIVE COVID-19 CRISIS COMMUNICATION



Reasons for trust in authorities and media as well as reasons for the erosion of trust over time, were diverse. For example, mistrust was created through contradictory messages, instrumentalising the pandemic for political aims, dishonesty of politicians, exaggeration of information instigating fear, lack of information or an oversaturation with information, everchanging information as well as rules and regulations without guidance on how to navigate these changes. Trust, however, was created through consistency, transparency and through a good rapport with people that were considered trustworthy including the government. However, this level of trust already needed to be there prior to the pandemic. In D7.8 and our whitepaper ‘Inclusive communication in times of crisis’ we identified a few key points that led to a decrease of trust as well as crisis communication rules that foster trust particularly when communicating with vulnerable groups.

## Factors that could lead to mistrust:

- Political scandals, changes in the government, inconsistency in governmental rules and regulations including often changing measures as well as sudden changes in political strategies regarding the pandemic
- The involvement of too many actors in the crisis communication who send contradictory messages as well as a lack of coordination between state institutions
- An undifferentiated one-size-fits-all communication approach. Such an approach may be insufficient in addressing the diverse needs of the public and result in mistrust among certain groups.
- Negative, one-sided or sensational reporting about the pandemic often led to unnecessary panic and fear among the public and further created mistrust.
- A lack of scientific journalists who could explain the scientific aspects of the pandemic in an accurate and understandable way.

## We identified a few factors leading to positive outcomes and trust:

- Actionable communication and setting clear expectations what residents should do
- Providing understandable scientific and statistical evidence
- Providing transparency by being consistent and explaining the motives behind certain decisions and messages
- Aiming for understandable and inclusive communication tailored to the specific needs of certain groups
- Prioritising timely and relevant information to minimise the risk of overwhelming the audience

The selected quotes below reflect on these lessons learned and recommendations and substantiate those with the voices of the vulnerable groups we interviewed to present the residents' perspective to our findings of WP7. Additionally, they highlight that our interlocutors are not a homogenous group and trust is relational, contextual and situational.

## Trust in official COVID-19 communication from a resident's perspective

In general, the women we interviewed had trust in the information communicated by governments, media and health experts. One of the findings of our interviews was that our interlocutors, in many instances, talked interchangeably about trust in government, media and science. A reason might have been that people may have conflated the messages sent by the government via the media with the media itself. This conflation needs to be kept in mind when interpreting the statements of the women in relation to their trust to the media. Finally, the women we interviewed also expressed trust in social workers, friends, family members and their gut feeling.

There was a general sense that governments, and even more so public health authorities could be trusted, even if not all would agree to this statement.

*I: And did you trust the information?*

*R: Yes, from the government I did. (Resident 3 Belgium)*

*R: I usually consulted pages of the national health system. (Resident 3 Portugal)*

As one woman from England explained, the official state homepages felt safe in terms of finding reliable information particularly in comparison to information she could find on social media.

*I felt like with the NHS and the government website, they would provide the most accurate information. Whereas, if I was to look online, or even social platforms, not a lot of them - they wouldn't give you what you needed, and often exaggerate things. So I was actually avoiding those kinds of platforms. (Resident 2 England)*

One resident also explicitly mentioned a municipal authority as a good and trustworthy source of information, while others only stated to trust information disseminated by the government. Interestingly most interlocutors did not give a reason why they would trust state authorities.

*We decided that the only source of reliable information was what the mayor said. And when he wrote there that we can get together, well, we get together. If he says that we can't get together yet, then no. If he says we can go to the social club, then we go. (Resident 5 Spain)*

Particularly in the German interviews that we conducted we could observe that trust in scientists was higher. In particular, Christian Drosten from the Charité in Berlin in Germany or Karl Lauterbach, a German politician with a professional background in medicine.

*I: How do you decide that, that's a difficult thing. How do you decide what information you trust?*

*R: Well, I want to say the virologists and the scientists and so, I think they're saying so largely the right thing. (Resident 8 Germany)*

Trust in science, among some residents, also extended to medical personnel such as general practitioners – especially in regard to the vaccination:

*I only trust my doctors and filtered everything [out] that we were told by non-experts with no medical background. (Resident 12 Greece)*

Another category of trusted sources is built through social networks such as social workers, family and friends

*[...] Or the manager of the house [social worker]. If he said something, that was also a matter for me, yes. Because he is a very thoughtful person and you can believe what he says. 100 percent. (Resident Austria 4)*

Finally, we could observe that our interlocutors told us that they trusted their friends and their gut feeling. This was often a reaction to being overwhelmed by the information provided by media, social media and officials.

*[...] The information, the first information, above all from friends, from people you know and people you know who know about the subject. With all these things that I've told you about the concealment of facts and things that didn't add up for me every time. I trusted less what was said on TV, more than anything else because you could also see something completely different on the street. Therefore, I paid more attention to the people we understood and who were friends. (Resident 3 Spain)*

### **Mistrust in official COVID-19 communication from a resident's perspective**

As already mentioned, some residents seemed not to fully trust politicians in general. This was also reflected in their lack of trust during the pandemic.

*I believe that we are in the hands of politicians, that we have to act according to what they tell us and they are not always trustworthy. So, that means to me, well, we will do what they tell us and we will never know if they have interests behind all that they have told us. (Resident 6 Spain)*

In some cases, residents' mistrust is almost conspiratorial. Conspiratorial mistrust was in these cases, most likely already existent prior to the COVID-19 outbreak. However, the pandemic and its complexity may have reinforced these tendencies.

*No, no. I didn't care and I don't care because they are all bullshit. This is a scientific war, it's a war that they have invented. They have taken the disease head-on to frighten the population. Because we are all scared, aren't we? We have prepared ourselves for the worst of what is happening to us, which is the increase in prices and all these things. It is the whole circle of politicians who have done this. (Resident 4 Italy)*

The following quote illustrates how disappointment in politicians could have contributed, with time, to a loss of trust in government. As in many instances inconsistency in communication but also in action led to mistrust.



*You know that time with Boris Johnson when he went on the - I think he had his party or - I don't know, that office party thing. For me that was kind of like, oh, how serious is this thing? Because obviously, you're telling us we need to stay home and do all of these things. But the same rules don't really apply to you. So is it as serious as you're telling us it is? Or have you got some other motive? So it wasn't - yeah, that didn't really feel - I didn't feel reassured about that, to be honest. I think that was the only time. (Resident 2 England)*

What also factored into the rising mistrust against the governments' handling of the crisis were the constantly changing measures and rules to confine the spread of the virus. These changes elicited the feeling that the government itself did not know how to deal with the crisis or was having political motives behind their decisions. Additionally, it made it difficult to adhere to the rules as residents were confused about the timeliness.

*There was a time when I didn't trust much of what they were saying, first they said that now everything had to be disinfected and then, suddenly, they said that it wasn't necessary. (Resident 6 Spain)*

Changes in information often occurred due to new scientific insights. However, we have found that, in many countries, the official COVID-19 crisis communication did not succeed in guiding residents through these new information and respective changes to rules and regulations. This was particularly the case in relation to the vaccine. Although residents often received a lot of information, they did not know how to navigate it. For many an additional challenge was their irritation around how to engage with the continuously new information. Many felt lost and confused as expressed in the quote below.

*And also they told, yeah, this vaccine works for this one, but for the next one it didn't work. It will not, or it doesn't or it didn't, also like uhm we don't know. Uhm, and then you kind of get your vaccination but you are still unprotected, or you are still protected or we don't know if you are protected. So, it was... and I think I do understand why there is a lot of scepticism about vaccines showing up because you know if you took three vaccines and you are still not protected you are asking like, excuse but for what I did this for, like explain to me. (Resident 1 Austria)*

Our interlocutors also expressed mistrust towards the media. Interviewees assumed that the media exaggerated or manipulated information to control public opinion rather than serving as a reliable source of news. Some interviewees perceived that (political) motives might influence the information and decisions made by government officials and that the media was complicit. Moreover, multiple suspected ulterior motives behind pandemic-related information, perceiving it as a tool to manipulate public opinion and restrict freedom rather than a means to ensure public safety.

*I tried not to give it too much importance, because behind the truth, the real numbers, there is a lot of speculation. You will never know the right number of infected, as well as the true action of vaccines. Let's just say there's a lot of people profiting from these kinds of situations. (Resident 3 Portugal)*

In a similar manner, several interlocutors stated that, in their opinion, the media had exaggerated the crisis by unnecessarily instigating fear:

*And also sometimes they exaggerate it by the tone of voice they give you. So, sometimes I used to say to my daughter, turn it off, let's see the main thing the president says, how much progress has been made, but I got tired of him saying so many deaths in such and such a department, so many deaths in so many provinces, I had it, my God, and that. (Resident 11 Spain)*

Furthermore, in some instances, the residents we interviewed reported that this alarmism made them shy away from seeking and obtaining information on COVID-19 altogether:

*I would avoid the news like a plague because I think I feel like it was ...it was tragic, but they overdramatize everything. I actually watched this funny video where this guy was saying how if the BBC I recording will always hear them talking in a certain tone, that always recording by a hospital that always tells you about deaths that always use the word tragic. And it was .... it was a funny video, but it was so relatable. And I avoided the news because I felt like it was just causing people anxiety. And it was just overdramatic. Like I'm not saying those things didn't happen. People didn't lose their lives. Of course they did. But the way they bought the news every single day, like it just was not called. I just feel like it made me feel worse. (Resident 2 Wales)*

In other cases, they felt that they could not handle the sheer amount of bad and alarming news.

*[...] we didn't want to check up. So it was quite a depressing time, so in the end you stopped caring a little about the information because it was so depressing. (Resident 7 Sweden)*

In our interviews we could observe that our interlocutors also struggled with contradictory information. Interlocutors were exposed to different opinions and instructions that they have heard from various sources such as the government, the media and other channels they used to inform themselves including friends and families. It made it hard to know which information to trust and which to ignore.

*Sometimes one writes like this, and then the other writes like that. And what are you supposed to believe there? (Resident 5 Austria)*

*No, that was so contradictory. One said that vaccination was absolutely necessary. The other said... then I read on the internet, of course, like everyone [did], you have to be careful with these drugs. So now you're standing there. (Resident 9 Austria)*

We have seen that many of the points that we identified throughout our research such as political scandals, negative and sensational reporting, inconsistency or feeling of being overwhelmed by conflicting or too much information were also addressed by women of low socioeconomic background in the 10 COVINFORM countries. Of course, this is a very diverse sample even more so given that the women all lived in different countries. Nonetheless, it highlights commonalities and issues that occurred across Austria, Belgium, England, Germany, Greece, Italy, Portugal, Spain, Sweden, and Wales. It also showed that the women we interviewed trusted in consistent and clear communication. Interesting was also the high trust in friends and families regardless of their actual knowledge on the given topic.

# The COVINFORM project

<b>Acronym</b>	COVINFORM
<b>Title</b>	COronavirus Vulnerabilities and INFOrmation dynamics Research and Modelling
<b>Coordinator</b>	SYNYO GmbH
<b>Reference</b>	101016247
<b>Type</b>	Research and Innovation Action (RIA)
<b>Programme</b>	HORIZON 2020
<b>Topic</b>	SC1-PHE-CORONAVIRUS-2020-2C Behavioural, social and economic impacts of the outbreak response
<b>Start</b>	01 November 2020
<b>Duration</b>	36 months

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