

# Communications and the Covid-19 Pandemic

Rapid insights from practitioners and research

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This report is an independent commission by Shaun West and completed by the C19 National Foresight Group.

In the spirit of continuous learning and reflection, this document is to be shared with LRFs, Partners and Government Departments.

# Title: Communications and the Covid-19 Pandemic: Rapid insights from practitioners and research

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## Context

Due to the increase in viral transmission rates within the community and subsequent enhanced public health protection measures a rapid initial review was commissioned by the C19 National Foresight Group to explore communications with the public. This report draws on the dataset collected on Wednesday 16 September 2020 from over 160 delegates contributing through the *10kv Cloud* methodology and a rapid review of the relevant academic literature on communications. This report identifies important findings to inform a holistic communication strategy regarding the pandemic. A full and detailed analysis of the third rapid review will be forthcoming.

## Findings

The following emergent themes are developing through the initial first stages of analysis and the third rapid review and an academic search.

### Initial Themes

- 1) Integrity and Trust is Being Eroded**
- 2) Communicate the Strategy**
- 3) The Important Premise of Subsidiarity is Eroding**
- 4) Concerns about the Immediate Future**
- 5) Create a Unified Public Health Communications Strategy**

### 1) Integrity and Trust is Being Eroded

This applies at two different levels; national and local.

#### National Integrity and Trust is Being Eroded

The style, pace and timings of communications were discussed throughout the dataset. This mostly focussed around rhetoric, over-promising and timing (where late night national announcements created negative impacts

on the relationship with the public). Apparent conflicting activities (were two announcements seem to contradict) and stating ambitious targets that are then not achieved were aligned to eroding trust with the public.

*"The risk is that we are starting to lack integrity with the public and will ultimately lose their trust."*

*"Feels lacking in agreement on a broad communications plan - tone, wording, how we agree central social media messaging - more cohesion would help the public."*

*"Humility - agree mistakes, admit its tough - remove the pointless hubris of saying we can get this right all the time...just say we are doing our best - this is going well - this needs work - have a dialogue with the public not talk at them."*

Solutions discussed in the data included an approach with more humility, open discussion of how hard managing the pandemic is, an increase in using straight forward language, the removal of all hyperbolic language and rhetoric, a return to weekly or twice weekly briefings as England enters the second wave, and an open dialogue rather than speaking at the public. This latter concept of a dialogue and collaborative approach to managing the pandemic is best done through local structures and bodies who are already engaged in this way. There was also discussion on the need to increase the simplicity of the restrictions and a call to establish and focus on what people can do rather than what they cannot. There is a call in the data for government to spend time and thought in re-establishing trust with the public.

## Trust and Integrity in the Local Response

There is a clear theme that the LRFs and local response do not feel understood or trusted by central government and ministers. This is our third rapid review over six months and the third time we have reported that ministers and some government departments do not understand what LRFs and SCGs are, what they can and cannot do, and what the difference is between an LRF and an SCG. This hampers the ability to integrate the national and local approach, as the expectations from the national decision makers are misplaced or misaligned with the civil contingencies frameworks, or guidance materials are incorrectly named or the detail is incorrect.

The lack of trust in the local structures from ministers and government departments and representatives also impacts on their ability to feel included as part of a greater UK wide management of the pandemic. This is because the local decision makers cannot commit to a local leadership perspective or philosophy of approach, as they feel the national will not see or recognise that approach, or that developing a local approach and associated communications will be pointless due to the announcement led communication strategy of the national. This undermines any building of integrity and trust in the local as they are the public face of the government approach at local level.

*"I have been exceedingly disappointed by the lack of understanding shown in relation to the LRF structures especially by people who work in government departments or have a responsibility as an MP for work in this area. This has led to feeling of a lack of trust and confidence from those people in the incredible ability of people working at a local level to deal with the situation."*

*"There is too much reliance on national leadership and failure to perhaps see, or trust in local innovation opportunities to "get ahead"."*

This is highly related to the following theme which was present in the data.

## 2) Communicate the Strategy

In order to enhance the ongoing management of the pandemic, participants called for wider dissemination and communication of a strategic plan for the emergency management community and the public.

*"Clarity of the National strategy - are we trying to eradicate, contain, live with..... COVID each has a very different style of response. If we can understand the long term strategy we can be proactive and supportive to align our actions and plans.*

*This lies at the heart of the issue. There is no national strategy which means we are lurching all over the place. One minute it will all be over by Christmas, the next minute Christmas is cancelled. We are seemingly no longer even following the science. The public is bemused and becoming very angry and public messages have lost credibility. Time to pause and develop a proper strategy.*

*Agree - it would really help if we could get a clear steer from HM Government on the priorities and what this means for LRFs / SCGs. appreciate there will be local connotations but at present it feels like we are trying to do this with hands tied behind our backs."*

The need for HM Government to clarify their strategy is called for in order for the local management to align with their efforts and nuance their plans accordingly. If the general direction and aims are shared then they can do this, if not, then they cannot support the national direction and strategy. The nuances within decision making at local level will look very different depending on the particular strategy adopted. Is HM Government working towards Zero Covid compared with an acceptance of a margin of background deaths, mitigation compared with suppression, these strategic positions are not known by the delegates which has challenged the effectiveness of the response.

By communicating the overarching goal, then articulating how the policy decisions to date align with that, will allow the communications from local teams to provide a rational and motivating reason ('we are working to

achieve zero Covid to protect everyone's health'), in addition to the direction ('so please remember hands, face, space') and associated justification for that ('so you protect yourself and others from getting the virus'). Presently, they cannot state the 'why', only the 'what' and 'how'. For communication content to be accepted and acted on, the rational as to why things need to be completed should be given to provide enough weight to counter the personal sacrifices made by individuals and their families. Particularly as we enter the second wave and the public have lived through collective financial hardship, bereavement, academic denial, disruption of family life, loss of opportunities, psychological impacts and health impacts of the presence and management of Covid-19.

The focus of HM Government presently is on the 'what' and 'how' rather than the 'why'. What is the strategy and what is the rational for why that strategy was selected? This could simply be a half page of a strategy with annexes outlining how the policies and guidelines support the selected strategy. The importance of this is demonstrated in the next initial theme.

### **3) The Important Premise of Subsidiarity is Eroding**

The premise of subsidiarity is fundamental to how the resilience and civil contingencies structures are organised and function. This premise (according to the doctrine) is that decisions are taken at the lowest appropriate level (local), with coordination at the highest level (national). What the data suggest is that this has become confused, or changes very quickly.

As seen in section 2, the participants felt there was no overall strategy to align to. This meant decision-making at the local level struggled to align across local (horizontal) or national (vertical) strategies and actions. This limits the coordination of the aggregated decisions across the country. To move towards fixing this, a national strategy needs to be provided which the local decision makers could then use as a framework of assumptions to make decisions that align and are developed in consultation with their communities. Not only does the strategy need to be clarified regarding Covid-19, but the strategy needs to be re-affirmed regarding the central premise of the emergency management structures, namely subsidiarity.

Local decision makers feel that they are not being consulted or notified on a plethora/number of issues. This is an issue to resolve, but it has a consequence that the central premise of subsidiarity is rotated and the management and flow between the structures have become confused. To clarify, the feeling is that decisions are being taken at the highest level (national), with coordination at the highest level (national), and then those decisions and coordination is being re-made at the lowest level (local) when the national solution does not provide a workable solution within their local context. This creates additional work and the coordination is challenging for the local structures (such as LRFs) to take on as they do not have a legal status.

As other structures have been developed such as Joint Biosecurity Centre (JBC) and Incident Management Teams (IMT) so this becomes even more confused. Local decision makers have seen challenges (and have also felt supported by) these new structures. Some are not clear on their role, and many participants called for the need to refine and clarify escalation processes, docking levels and processes, as well as where and who makes decisions about what. Ensuring that activation/escalation triggers are aligned across local structures, and then calibrated with sub-national structures such as JBC and IMTs and the national strategy would

significantly help the communications, approach and planning at local level.

*"It feels like locals have been given the responsibility but are constantly over ridden by London who make decisions but don't take the hit if it doesn't work out. Local service providers are taking complaints for national decisions. Not fair."*

## 4) Concerns about the Immediate Future

Local decision makers are significantly worried about the coming months with the conflation of EU Transition, severe winter weather, a second wave of Covid-19 and seasonal influenza. They feel that all these aspects converge on them in a way that this is not felt at national level due to the policy leads being spread across different government departments.

### People

They have had little respite for nearly a year and large sections of their teams have not had leave as there are limited people who can cover absences. This also means they have not had time to grieve, rest, or spend time with their families. They have no people and limited energy to prepare for the upcoming months. There was significant discussion about the psychological impacts (burnout, fatigue) and the impact of the longevity of the situation (career changes due to seeing no change in the future) on those involved in the management of Covid-19. They report that their families and personal relationships are starting to feel the strain and they are not sure how they are going to manage through the coming few months. Recognising that this is hard not only on the health ecology, but on the emergency and essential services across the country is important for ministers and government departments to do. Further to this, working with those sectors to devise a structured, long-term solution would address this (see C19 NFG Wellbeing Papers exploring the impact on emergency management personnel).

There is also the recognition with the end of the job retention scheme and the reluctance to introduce restrictions as much as the first national lockdown, that the availability of volunteers will be significantly reduced for the second wave. Delegates were highly concerned that overall capacity of people in the whole system will be reduced, and yet the conflation of demand will be higher than Spring/Summer of 2020.

### Capacity

They have plans for each aspect of the coming demands (severe weather, EU Transition, Covid-19 second wave, health capacity not reducing, winter pressures regarding seasonal influenza) but these need to be planned and exercised as an *integrated whole* rather than a silo approach.

Currently they are discussed in policy and response terms as individual risks only. The individual risk and also the aggregated impact should be considered. There is also a significant discussion that although plans are developed, the capacity of staff and resources to deliver them is doubtful.

They have run out of people, resources and spare capacity as they are now managing so many elongated demands. For example, the SCG Chair role, or the LRF Chair role are now discussed as being full time roles. This

also relates to health, the health service is not pausing scheduled demand during the second wave. This means that capacity of people and NHS service will be reduced as there is likely to be no reduction in demand. There is no extra capacity across the whole system to release to increase capacity.

## **Equipment**

There was some discussion regarding supply chains of essential goods with the conflation of EU transition and Covid-19, this is both regarding the procurement of goods and the potential impact of stockpiling.

## **Request for Resources**

Participants used the rapid review to seek reassurance that there will be additional resources, funding and recognition by central government to support their management of this conflation of demand in the coming months through to next Summer. If there was resolution to the aspects described in 1-3, this would help local emergency management structures to withstand the challenges described in section 4.

## **Multi-Agency Working**

Across the partnerships no one appears to know where the responsibility or coordination of mental health support lies. This was seen as one of the biggest challenges looking forward, but the discussion was firmly focussed on not knowing who or which partnerships at local or national level are responsible for the planning and delivery of support. Mental health was discussed as not being on anyone's agenda.

Health are also talked about and referred to frequently as being insular and inward looking, withholding vital information from trusted partners. There was a perception offered that health would keep things within health and not see the point of sharing information or activities with a wider partnership. This also includes policy development and the management of associated health risks of the pandemic.

## **5) Create a Unified Public Health Communications Strategy**

A unified public health communications strategy that is clear and consistent is vital for increasing trust in the government, reducing confusion, creating a sense of national social identity and increasing adherence to recommendations and restrictions. As well as reflecting the emerging findings this section contains additional evidence from academia on communications to support thinking around this emerging theme.

### **The Importance of Clear, Consistent and Co-ordinated Communications**

A clear and consistent communications strategy is vital for increasing adherence to and engagement with protective health behaviours. Research has consistently found that advocating for clear information and coordination between health authorities and the media promoted adherence to preventive behaviour. Recent research states that

public-spirited behaviour is most likely when there is clear and frequent communication, strong group identity, and an understanding of new social behaviours that enable compliance.

Kim and Kreps (2020) argue that the important role of government to unify and motivate public groups is crucial during national emergencies to promote health risk prevention, response, and recovery from severe damage. Effective government communication performs a major role in informing key public audiences about impending threats and good practices to minimise harm during emergencies. This involves internal government communication within and between government agencies and external communication with the public, the media, and other organizations, as well as with representatives of other countries who share similar health risks. Due to the interconnectedness of these different groups and organisations, government communication must be highly effective and well-coordinated to provide the best available information and advice to help manage pandemics.

If government leaders do not communicate effectively (clearly and coordinated) in response to local, national, and global public health threats, society inevitably becomes chaotic and anarchical as people experience instability. This is because they have limited reliable information and recommendations for how they can respond meaningfully to the crisis. Research reports that inconsistent and misleading messages from governmental authorities across countries have contributed to confusion, frustration, and spurred public protests against regulations to prevent viral contagion, such as social distancing.

## Social Identity

Social identity theory describes the way in which individuals develop their self-concept from their perceived membership of social groups. Individuals may have multiple social identities based on a range of different group membership, and their behaviour will be affected by which social identity is currently prominent and active.

Jetten et al (2020) propose that unless people (a) see themselves as part of a larger collective ‘we’ (e.g., as ‘us New Yorkers’) and (b) identify with the cause of that collective, then they are unlikely to compromise on their personal self-interest. Therefore, an identification with a national social identity would increase adherence to restrictions. A unified national communications strategy would help to develop this sense of collective group membership. Jetten et al (2020) outline three key ways in which leaders can achieve this:

- (a) by representing ‘us’,
- (b) by doing it for ‘us’, and
- (c) by crafting and embedding a sense of ‘us’.

This should not involve pitching groups against each other. The purpose is unification as a collective, not establishing unification through division, so great care should be taken to do this. SPI-B have created some great advice on this through SAGE, so have Independent SAGE.

A unified, consistent communications strategy would allow for the development of a national social identity which would likely increase prosocial protective health behaviours due to a sense of group membership and solidarity.

## **Trust**

Research has established that trust in government is a vital factor influencing individuals' adherence to recommended health behaviours.

When information related to an evolving crisis comes from multiple potentially conflicting sources, people are more likely to believe the information from the one they consider to be most trustworthy. Consistent, clear and reliable communications are needed to create this trust in government and increase adherence to recommended behaviours.

Kim and Kreps (2020) report that abundant evidence exists from the past few decades that many local, national, and international governmental agencies have made serious public communication errors in responding to complex public health emergencies, disseminating inconsistent, incorrect, and contradictory messages. These communication errors not only indicate the failure of governmental systems, which greatly undermines public trust in the government, but also drastically increases public apprehension and confusion about the Covid-19 health risk. A unified communication strategy would reduce apprehension and confusion caused by inconsistent or conflicting messages, and increase trust in government, consequently increasing adherence to recommendations and restrictions.

## **Clarity and Comprehension**

### *Social Influence:*

Individual's processing of risk information is highly social. After receiving information about possible risks, the individual interprets the information and formulates a personal understanding, and then communicates with their own personal networks to verify their understanding and determine whether the risk is credible and relevant to them personally (Zhong, 2016). Inconsistent or conflicting messaging may reduce the effectiveness of the communications as personal meaning is constructed between individuals within a social network receiving different information.

### *Information Overload:*

During a pandemic, people often experience sudden information overload coming from many communication channels, such as social media, television, radio, and interpersonal communication with acquaintances. The information overload creates critical problems, including missing important information, misunderstanding, selective exposure, emotional and mental fatigue and stress about the topic, and self-blocking of information related to the topic.

When an individual is exposed to too much information (information overload), it is less likely that the individual will be able to choose correct information among many and, often, contradicting messages.

For example, in the early period of the Covid-19 pandemic, people were confused as to whether they should wear masks or not because information from different communication channels provided different recommendations (Kim & Kreps, 2020). A unified communications strategy would reduce this informational overload and make it easier for individuals to understand and follow recommendations and restrictions.

To facilitate this, Kim and Kreps (2020) recommend that governments:

- 1) Centralize information management to allow the governmental leadership to filter inaccurate information and provide the public with the best scientific information available.
- 2) Establish information diffusion strategies to control flows and the contents of scientific messages to eliminate any communication noise that may confuse the public.
- 3) Create a direct communication channel with the public to listen to their needs, questions, and feedback on governmental services.
- 4) Construct a holistic government health risk communication system that connects the public, local government, central government, and governments of other countries.

## Different Populations

A unified strategy should not ignore diversity. Instead, it should incorporate consistent recommendations for how to individualise the key messages of the communication strategy to different populations.

### *Demographics and Culture:*

Different subgroups can respond differently to communication during a crisis, which is important for at risk groups but also helpful for good crisis communication. Making communication sensitive to the demographics of the intended recipient helps people to feel that society is more prepared. Messages specific to ethnic groups can also improve engagement. For example, African American women were more likely to test for HIV after viewing a video featuring a presenter matching their gender, and more likely still when the context of the message was framed in a culturally relevant way.

### *Local Restrictions:*

During national lockdown, there may have been a strong national social identity, with the feeling that we are ‘all in it together’. This strengthened the ‘norm internalisation’ of social distancing practices and subsequent behaviour. However, in the context of local restrictions, individuals may not have access to this social identity and therefore may be less likely to compromise their own self-interest. Furthermore, local lockdowns risk individuals affected by restrictions feeling unfairly singled out and targeted. Jetten et al (2020) write that people want to be respected and treated fairly in terms of a group membership that they share with policy makers, and that if they feel that they are disrespected or treated unfairly, they are unlikely to fall in line (Tyler & Blader, 2003).

Social identity theory therefore suggests that it is important for leaders to act as ‘identity entrepreneurs’ or ‘identity impresarios’ who strive to build and then embed a shared sense of ‘us’ within the individuals affected by local lockdown restrictions (Haslam et al., 2020; Jetten et al, 2020). A unified and clear communication strategy would facilitate the development of this national identity, maintaining a national sense of ‘us’ and to prevent feelings of exclusion or unfair treatment.

## **Initial Recommendations**

1) Recognition of this situation is paramount. This can be achieved by ministerial communications and narratives to acknowledge those who have contributed to the full scope of the emergency management, not just those individuals in the NHS, would bring significant energy to this depleted workforce. On Thursday 24 September 2020, it will have been 6 months since the Prime Minister declared a 'moment of national emergency' in his broadcast address to the nation from Downing Street. We advocate that on Thursday 24 September a recognition is given in a speech or written communication, to those members serving in the emergency management structures across the UK, in local response and recovery and their partner organisations. Particularly those who have, or continue to serve in the Local Resilience Forums. This should be sent out through RED Control to the LRF secretariat.

2) Creating a unified holistic health risk communication system should be developed as a matter of priority that connects the public, local government and central government noting the content and process issues detailed in this document.

## **Summary**

There are significant challenges and worries represented in the data from our third rapid review. Government ministers need to be briefed about these challenges and take action to resolve them. More detail will be provided in our full analysis report which will be released the week commencing 31 October.



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