RESEARCH REPORT

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Maintaining trust during the COVID-19 pandemic

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Eurofound

European Foundation for the Improvement of Living and Working Conditions

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Country clusters

Cluster	Countries
Nordic	Denmark, Finland, Sweden
Continental and Ireland	Austria, Belgium, France, Germany, Ireland, Luxembourg, Netherlands
Western Mediterranean	Italy, Malta, Portugal, Spain
Central and eastern Europe	Croatia, Czechia, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia, Slovenia
Eastern Mediterranean and Balkan	Bulgaria, Cyprus, Greece, Romania

Source: *Eurofound (2014)*

Executive summary

Introduction

The COVID-19 pandemic and ensuing severe lockdown measures led to the largest crisis in the EU since the Second World War, both in terms of the loss of life and the socioeconomic consequences. At the same time, Europe was grappling with another fast-spreading phenomenon: the proliferation of both misinformation (incorrect or misleading information) and disinformation (deliberately deceptive information) on social media.

These developments put national and supranational institutions to the test. As compliance with lockdown measures was a first line of defence against COVID-19, maintaining trust in institutions – including the government, science and the media – was vital to ensure an effective response. However, given the rampant spread of misinformation, governments had to act fast to convince citizens of the need for restrictive measures and the importance of vaccinations.

Policy context

In response to the socioeconomic consequences of the COVID-19 restrictions – such as forced inactivity in the labour market – and in a bid to keep businesses and livelihoods afloat, governments were quick to introduce compensatory measures. The EU provided €723.8 billion through the Recovery and Resilience Facility to support reforms and investments in EU Member States and make European economies and societies more sustainable, resilient and better prepared for the green and digital transitions.

Key findings

Using data from Eurofound's *Living, working and COVID-19* e-survey, this report shows that **trust in national institutions** fell sharply between April and July 2020, following the first surge of the pandemic, and continued to decline between October 2020 and March 2021, during the second pandemic surge at the end of 2020 and the third surge in spring 2021. Evidence from focus group interviews indicated that during the first surge of the pandemic, the initial 'rally around the flag effect' (increased support for governments because of the unprecedented nature of the situation) faded fast. The interviews testified to growing discontent as individuals became concerned about limitations on their freedoms and rights and questioned the effectiveness and consistency of policy responses.

Trust in the EU followed a very different path. The NextGenerationEU initiative, a more than €800 billion temporary recovery instrument, triggered a rise in trust among citizens. The greatest increase in trust in the EU was found in the western Mediterranean cluster of countries. This cluster includes Italy and Spain, the two largest beneficiaries of NextGenerationEU funding, and also includes Portugal, another major beneficiary.

The research found that any improvement in trust levels, in particular with trust in national institutions, resulted in a higher rate of **satisfaction with government's policy responses to the pandemic**. Similarly, any decline in trust led to higher rates of discontent with government policy.

The study found that individuals with a high degree of trust in institutions were more likely to be vaccinated, even if they reported being reluctant at the beginning of the **immunisation campaigns**. Respondents with high levels of trust in national institutions responded positively to all of the cited reasons for getting vaccinated, except for it being required at work and social pressure. The strongest reasons for getting vaccinated included 'protecting myself and others' and 'ending the pandemic'. The same respondents only considered one reason for not getting vaccinated: having already had COVID-19. These respondents with high levels of trust did not believe that the COVID-19 vaccine would make health issues worse.

Levels of **social trust,** which refers to respondents' views on whether other people can be trusted, are not related to the likelihood of having a COVID-19 vaccination. Individuals showing higher levels of social trust may have been more likely to get vaccinated to protect others. However, they equally may also have been less likely to get vaccinated because they were counting on other people to reach herd immunity (a sort of free-rider effect).

In terms of **trust in the media**, traditional media is more trusted by those who cite it as their main news source, and similarly, social media is trusted more by those who prefer using it. The latter group tended to have lower institutional trust and lower satisfaction with their governments' measures to contain COVID-19.

In the focus groups, some participants felt that the media provoked fear through daily news stories on mortality rates. At the same time, some participants felt that **traditional media** did not answer their questions or inform the public clearly. For this reason, they preferred to get their information from other sources, including newer media channels and **social media**.

Policy pointers

- Policy actors in most countries did not immediately understand the urgency of the situation, which delayed the implementation of precautionary measures. Future crises of this complexity will require new and better forms of crisis management.
- The mix of measures that governments took during the pandemic, including restrictions and compensatory measures, may not have always benefited everyone who needed them. Therefore, measures taken should be evaluated for their effectiveness, efficiency and proportionality.
- Non-pharmaceutical actions, including lockdowns and social distancing, had far-reaching effects on individuals. After the initial phase, these measures prompted outbursts of 'reactance', a strong emotional rejection of the measures, and eroded trust in institutions. This suggests that sufficient attention must be paid to devising and implementing responsible exit strategies and communicating clearly about changing circumstances.
- The communication strategies adopted by institutions can influence trust. Tackling both misinformation (incorrect or misleading information) and disinformation (deliberately deceptive information) on social media platforms should be a priority.
- The evidence shows that low institutional trust is linked to low rates of vaccination uptake. Given that trust in the health system and the pharmaceutical industry is particularly pertinent in this context, policymakers should engage in clear and continuous communication about vaccines and their side-effects.
- Addressing the economic concerns of citizens is crucial. Governments must ensure a fair and inclusive recovery from the pandemic, providing equal access to education and training, employment, affordable housing and social security in the context of the just transition framework, where no person or region is left behind.
- During the pandemic, trust in the EU remained quite high, and even increased with the announcement of its recovery plan, indicating that the EU can play an important role when crises occur.

Introduction

In 2018, Eurofound reviewed the dynamics of trust in institutions in EU Member States to observe changes in the level of trust in the aftermath of the financial crisis (2007–2008). Despite frequent reports of an erosion in trust, the review found no uniform levels of declining trust in national institutions and noted that, in many countries, any changes in trust were temporary (Eurofound, 2018).

With the sudden emergence and rapid spread of COVID-19 in 2020, the question of trust in institutions – including national governments, the EU, science and the media – arose again. Across the globe, lockdown measures to contain the spread of the virus were imposed. In the EU, COVID-19 led to the largest crisis since the Second World War, not only in terms of the loss of life but also in socioeconomic terms.

At the same time, Europe and the world were grappling with another fast-spreading phenomenon: an overabundance of information available through social media platforms. COVID-19-related news became so pervasive that the Pan American Health Organization (PAHO) characterised the situation as an 'infodemic'. Some of the information is accurate, however:

> *Misinformation and rumours appear on the scene, along with manipulation of information with doubtful intent. In the information age, this phenomenon is amplified through social networks, spreading farther and faster like a virus.*
>
> (PAHO, 2020)

Governments were struggling to convince citizens of the need for restrictive measures, as misinformation instilled doubt about governments' efforts to safeguard the health of their populations. These two parallel developments put national and supranational institutions to the test. As compliance with lockdown measures was a first line of defence against COVID-19, maintaining trust in institutions was vital for ensuring a coordinated and comprehensive response to the pandemic.

Policy context

The uncertainty caused by the COVID-19 pandemic compelled decision-makers to take a mix of policy measures that pushed the boundaries of democratic politics. Most countries turned, in the first instance, to non-pharmaceutical interventions primarily aimed at limiting contact between individuals, including hygiene measures.

To prevent the circulation of the virus, avoid a collapse of their public health systems and effectively flatten the curve of COVID-19 cases, the EU Member States had to rely on unprecedented measures, which profoundly limited the economic and social lives of individuals. This eventually led to an economic contraction, which in turn spurred governments into taking measures aimed at curtailing the social and economic consequences of the COVID-19 measures, including forced inactivity in the labour market. In addition to their intended effects, the COVID-19 measures may also have had unintended consequences on trust, including strong negative attitudes towards government measures which were recorded in some countries.

All EU Member States were affected by the pandemic, yet not all countries followed similar trajectories in the timing, sequence, capacity and stringency of their responses to COVID-19 (Engler et al, 2021; Hale et al, 2021). Research has found that institutional, political and societal factors help explain governmental responses to COVID-19 (Maor and Howlett, 2020; Toshkov et al, 2022). Moreover, countries' degrees of preparedness and their experience with similar crises, as well as different policy perspectives, affected state-level responses (Capano et al, 2020).

At EU level, NextGenerationEU, including the Recovery and Resilience Facility, provided a much-needed boost to the recovery. The swift deployment of new EU instruments, including the European Instrument for Temporary Support to Mitigate Unemployment Risks in an Emergency (SURE) and the Coronavirus Recovery Investment Initiative (CRII), softened the impact of the crisis. The Recovery and Resilience Facility supported reforms and investments in the EU Member States through grants and loans. In addition, the 2022 Conference on the Future of Europe presented an opportunity for EU citizens to have their voice heard.

Structure of the report and methodological note

This report examines how institutional and social trust, which refers to respondents' views on whether other people could be trusted, developed during the COVID-19 pandemic in 2020 and 2021, and how misinformation and disinformation on social media may have affected trust. Based on an extensive literature review, Chapter 1 defines the meaning of trust and discontent and outlines how they are typically measured in population studies.

Chapter 2 outlines the levels of trust and discontent during the pandemic. Chapter 3 examines the dynamics of trust in the context of the COVID-19 pandemic, including the evolution of trust during this period. Chapter 4 explores the relationship between trust and the COVID-19 vaccination rollout, including people's behaviour and attitudes. Chapter 5 looks at the use of media during the pandemic and explores the connection between social media and levels of trust and discontent.

The data analysed in these chapters come from the first four rounds of the *Living, working and COVID-19* (LWC-19) e-survey. Eurofound launched this online survey on 9 April 2020, amid the first wave of the pandemic, and fielded a second round in June and July of that year, when the first wave had subsided. A third round of the survey was fielded from February to March 2021, when the pandemic was back in full force, and a fourth round was carried out from October to November 2021. Data from the fifth round of the survey – fielded in spring 2022 – are not included in this report (Eurofound, 2022). The survey offers a large cross-country panel dataset from which it is possible to derive insights on trust and discontent. In this report, both cross-sectional and panel data from the LWC-19 e-survey are analysed.

Participants were asked about their basic sociodemographic characteristics, their levels of personal well-being and trust, their vaccination intentions, their working situation (especially relating to their work–life balance during the COVID-19 pandemic) and the quality of public services during COVID-19. The combination of the multi-period interview design and the various measures of trust were used for an analysis of the evolution of trust both during the first phase of the pandemic and over the two years after the first COVID-19 case was discovered. Moreover, questions on vaccination status and reasons to get vaccinated were asked in the third and fourth round of the e-surveys, creating an opportunity to understand individuals' motivation for vaccination and to assess the extent to which trust affects vaccine hesitancy and actual uptake of the vaccine.

Chapter 6 draws parallels between the patterns of COVID-19 policy measures and the levels of trust and discontent in the EU Member States between March 2020 and December 2021. In the wake of the pandemic, all EU countries took measures to inhibit the spread of COVID-19. Unlike a traditional policy analysis that evaluates these measures in terms of their effectiveness, efficiency and proportionality, the focus here is on the impact of such measures on citizens' trust in their institutions and in the EU. Based on four focus group interviews organised in Belgium and Greece, institutional and social trust are contextualised, with specific attention devoted to the effect of lockdowns, the relaxation of measures in summer 2020, vaccination strategies and the perceived role of institutions and the EU.

The results of the regression analysis provided in the figures in this report are available upon request.

1 Understanding trust and discontent

What is trust?

Trust can be defined as:

> *The willingness of an entity (trustor) to become vulnerable to another entity (trustee), in taking this risk the trustor presumes that the trustee will act in a way that is conducive to the trustor's welfare despite the trustee's action being outside the trustor's control.*
>
> (Schilke et al, 2021)

Scholars make a distinction between generalised and particularised trust (Yamagishi, 2011; Schilke et al, 2021). Generalised trust is the trust that an actor places in another, independent of the nature of the trustee or the nature of the situation (Cook et al, 2005). There is considerable interest in the concept of generalised trust, in part because it appears to remain relatively stable over time, yet it differs significantly across nations. Based on this, many have argued that generalised trust, at least in part, explains variations in economic prosperity (Tabellini, 2008, 2010). Generalised trust also correlates with lower risk perception and higher optimism (Siegrist et al, 2005).

To better understand the role of generalised trust, it is useful to invoke the concept of social capital which refers to 'the ability of actors to secure benefits by virtue of membership in social networks or other social structures' (Portes, 1998). Measures of social capital often incorporate trust (Paxton, 1999; Alesina and La Ferrara, 2000; Putnam, 2000) and therefore social capital has been identified as a source of political and civic participation (Krishna, 2002; Larsen et al, 2004; Son and Lin, 2008) that improves the effectiveness of institutions (Putnam et al, 1993). In the context of COVID-19, one would expect social capital to have played a central role in how societies coped with the pandemic.

In contrast with generalised trust, particularised trust is directed at a specific actor and a particular action (Schilke et al, 2021). For instance, the ways individuals report their trust in specific institutions, such as governments, the media, the health system, the legal system or parliaments, are examples of particularised trust. Whereas generalised trust often correlates with institutional trust, which plays a central role in facilitating the information flow from institutions to citizens (Rothstein and Stolle, 2008), particularised trust is less stable and is much more reactive to the actions that those institutions take. Particularised trust is hugely important, however, because there is a strong relationship between institutional trust and citizens' compliance with policy interventions. As will be demonstrated in this report, institutional trust changed substantially during the COVID-19 pandemic and played an important role in the success of vaccine uptake.

What is discontent?

Discontent is a term used to reflect citizens' lack of satisfaction with institutions, the government or political leadership. It is closely related to political trust. The literature identifies two possible perspectives on political trust: Cultural theories view trust as a character trait learned early in life that stays with a person throughout their life, while institutional theories consider trust to be a consequence of institutional performance (Mishler and Rose, 2001). Macro-level institutional theories of political trust emphasise the importance of political and economic performance in the levels of political trust in a country, which in turn gets expressed in terms of discontent (Przeworski et al, 1996; Diamond, 1999; Mishler and Rose, 2001). Micro-level institutional theories, instead, identify the source of political trust as subjective evaluations of institutional performance (Williams, 1985; Mishler and Rose, 2001).

Contentment with economic and public policies and satisfaction with institutional performance are, therefore, factors that influence levels of trust. In the context of the COVID-19 pandemic, it is likely that governments' response to the crisis were reflected in terms of expressed discontent, and therefore had an impact on levels of trust in institutions.

Measuring trust and discontent

The LWC-19 e-survey includes a set of questions that measure trust.[1] Consistent with many other well-established surveys, the question on trust was worded as follows: 'Please tell me how much you personally trust each of the following institutions'.

1 The questions were taken from the European Quality of Life Survey, which uses the same structure as many other cross-national surveys featuring large samples. For instance, similar phrasing is used by the European Social Survey for trust in the police, the government and the European Parliament; the European Union Statistics on Income and Living Conditions for trust in the government; and the New Zealand General Social Survey for trust in the police, the media and the health system. However, in these surveys, answers are given on an 11-point Likert scale from 0 ('no trust at all') to 10 ('trust completely').

The following institutions were provided as possible responses: 'The news media', 'The police', 'Your country's government', 'The European Union' and 'The healthcare system'. Possible answers were on a scale from 1 ('Do not trust at all') to 10 ('Trust completely'). Starting from the third round of the e-survey, three additional items were included: 'Social media', 'Science' and 'Pharmaceutical firms'. At this stage, a question on social trust was also asked: 'Generally speaking, would you say that most people can be trusted, or that you can't be too careful in dealing with people?' For this question, 10 Likert-type scale answers were possible, ranging from 1 ('You can't be too careful') to 10 ('Most people can be trusted').

Discontent is the term used to reflect citizens' lack of satisfaction with institutions, the government or political leadership. From the second round of the e-survey, satisfaction with democracy was assessed through the following question: 'On the whole, how satisfied are you with the way democracy works in your country?' Answers ranged from 1 ('Very dissatisfied') to 10 ('Very satisfied'). According to some scholars, this question cues the respondent to evaluate the outcome of incumbent authorities and serves as a good measure of political discontent (Dalton, 1999; Canache et al, 2001). In the fourth round, several other measures reflecting discontent were added, all of which were measured through individuals' reported satisfaction. These include respondents' satisfaction with a set of variables capturing the government's handling of the pandemic, such as the roll-out of COVID-19 vaccines, measures to prevent the spread of COVID-19, the involvement of citizens in the decision-making process, the provision of financial support to people, measures to ensure education and the overall reaction to the pandemic.

Developing indices to measure trust and discontent

Although trust in the LWC-19 e-survey refers to different institutions, it is a well-known phenomenon that responses to these items tend to be correlated, and this is also likely to be the case in this survey. This is important because someone reporting high trust in a particular institution tends to trust other institutions too. Similarly, a low level of trust in an institution is reflected in distrust in other institutions. When applying what is known as factor analysis, one tries to identify which items correlate.[2] The following is a list of indexes used throughout this report.

Trust in national institutions: With the LWC-19 e-survey, levels of trust in the police, government and health system have the highest correlation among the trust variables; therefore, they are combined in the report. It is reliable with strong internal consistency.

Trust in medical institutions: Trust in science and trust in pharmaceutical firms are also highly correlated, although with slightly lower levels of reliability, and are combined in this report.

Trust in the EU: This type of trust does not correlate strongly with the other trust variables. Consequently, this item is kept separate from the other indices.

Social trust and trust in social media: Both have weak correlation with the other trust items and are kept separate from the other indices.

Satisfaction with government response: This index is used to understand the relationship between trust and discontent in the LWC-19 e-survey sample (see Chapter 2), and to measure discontent. The index includes all discontent variables present in the fourth wave of the survey, namely satisfaction with democracy and six variables measuring satisfaction with the government's response to the pandemic in different respects (see Annex 1 for the list of all variables). Correlation between these items is high; therefore, this index is used as the first factor in the factor analysis of the seven (dis)content variables considered.

2 The aim of factor analysis is to group several trust variables into a new trust index when the correlation among the items is high.

2 Trust and discontent during COVID-19

Levels of trust during the pandemic

Clearly, people differ in their level of trust. For instance, when analysing fourth-round data from the LWC-19 e-survey, differences in responses from both education and gender can be seen. Those with a higher level of education tend to report higher levels of trust, in both national institutions and the EU, and women report higher levels of trust than men. In terms of the relationship between institutional trust and age, trust is highest among young adults and respondents over the age of 60. Moreover, employees and retired respondents reported higher levels of trust than self-employed and unemployed individuals. There are also clear differences across country groups. Nordic countries display much higher levels of trust in national institutions than other groups of countries, but also higher levels of trust in the EU. Central and eastern European countries record the lowest level of trust for national institutions (Annex 2).

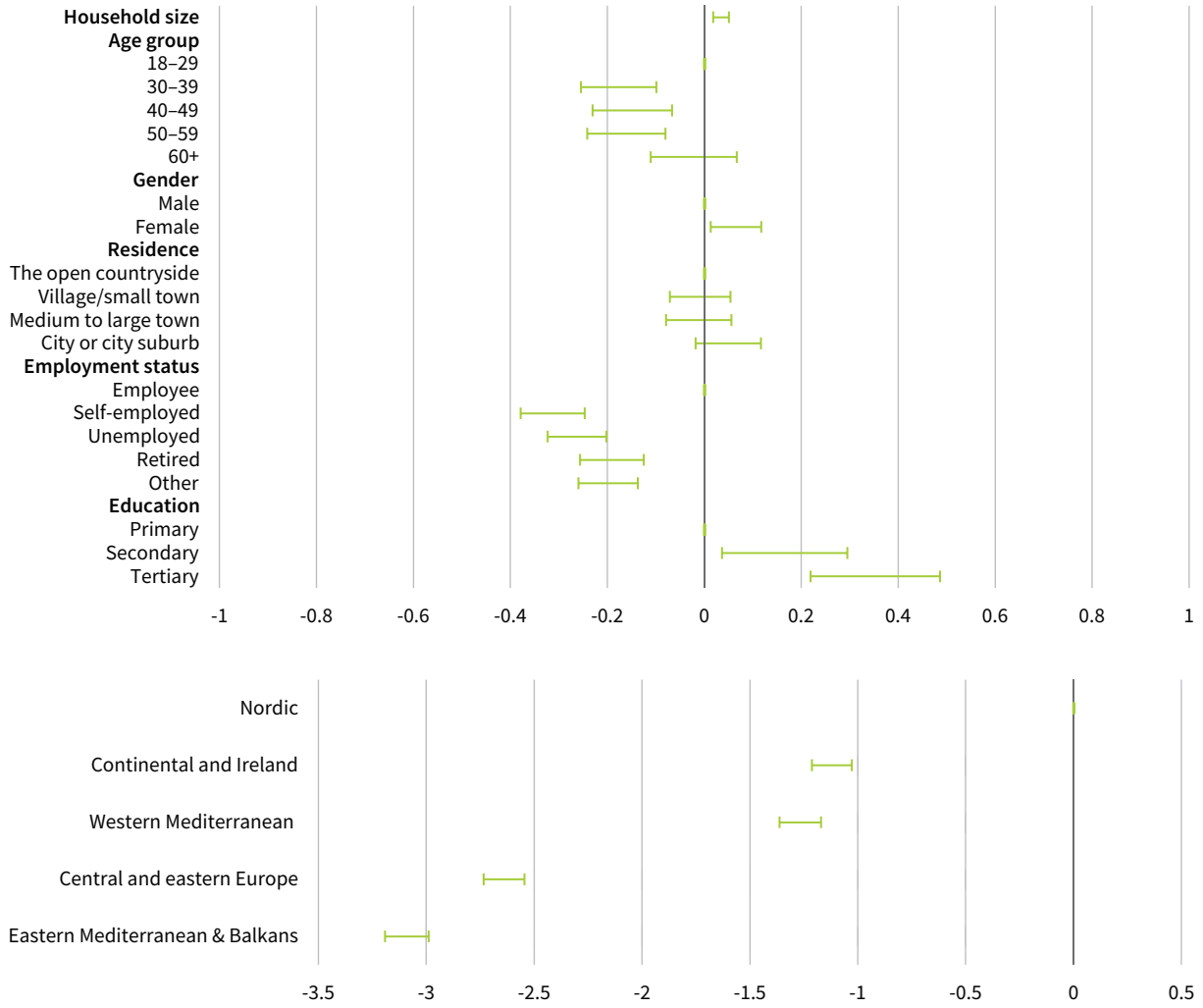
There are some very significant differences in trust across key groups in the LWC-19 e-survey sample (Annex 2). However, the insight that is obtained from these overall averages is limited because many of the variables are correlated. For instance, there are some differences in trust across age groups, but also across educational levels. However, age and education are a prime example of two variables that correlate. Given a steady trend of educational expansion over the last four decades, young individuals tend to have a higher education level than older individuals. Therefore, it would be useful to report differences in trust across age groups after accounting for their educational level. For this purpose, regression models are implemented, which have the benefit of providing predicted levels of trust (for example, for age groups) while controlling for other characteristics of individuals. In other words, within the reported trust levels predicted from the regression model, the composition of the sample based on the explanatory variables is accounted for. In addition, the regression model provides confidence levels associated with the predicted levels, which are important because differences are not always significant.

Trust in national institutions

Figure 1 shows coefficients of trust in national institutions for the following variables: household size, age group, country group, gender, residence, employment status and education. The following levels of trust according to sociodemographic characteristics were recorded.

- Respondents living in large households have higher institutional trust than those in smaller households, although this effect is very small in magnitude.
- When age differences are considered, it can be seen that middle age groups (30- to 59-year-olds) report lower trust than the youngest age group (aged 18–29), while there is no significant difference between the youngest and oldest (aged over 60) age groups.
- The continental and Ireland cluster (Austria, Belgium, France, Germany, Ireland, Luxembourg and the Netherlands) and the western Mediterranean cluster (Italy, Malta, Portugal and Spain) have less trust in national institutions than the Nordic countries, followed by the central and eastern European cluster (Croatia, Czechia, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia and Slovenia). The eastern Mediterranean and Balkan cluster (Bulgaria, Cyprus, Greece and Romania) is the group with the lowest level of trust.
- Women show higher levels of trust than men, although the estimated difference is hardly significant.
- There are no differences in trust by place of residence.
- In terms of employment status, respondents who are employed have higher levels of trust in national institutions than those who are unemployed, retired or have other occupational statuses, such as students or homemakers. Respondents who are self-employed and unemployed have the lowest levels of trust.
- Among the educational levels, respondents with tertiary education have the highest levels of trust.

Figure 1: Coefficients of trust in national institutions by sociodemographic characteristics (regression analysis), EU27



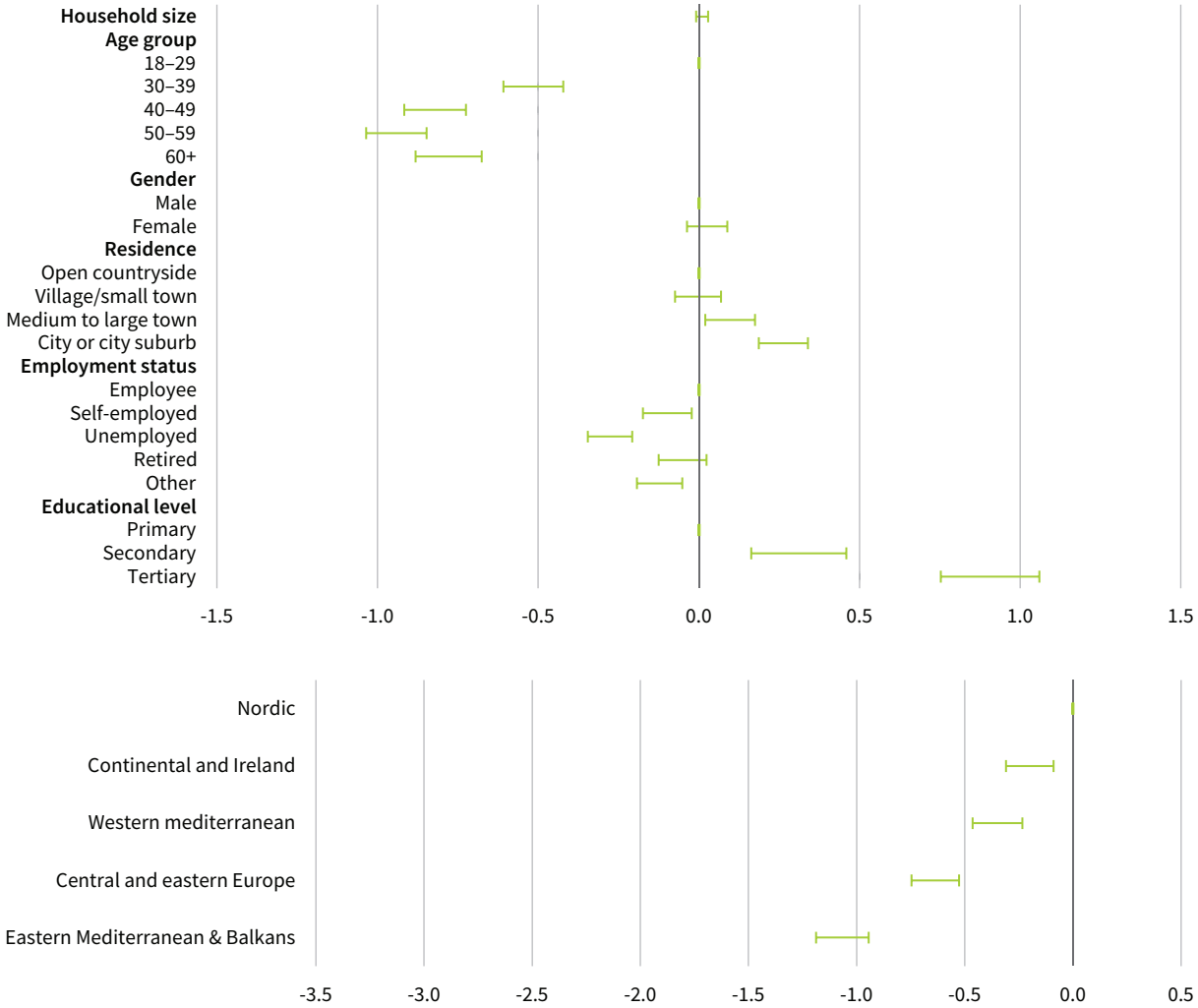
Notes: *The figures shows estimated coefficients when the trust variable is standardised with a mean of zero and a standard deviation of 1. As regards the country groups, the Nordic countries (Denmark, Finland and Sweden) are used as a reference category (set to zero in Figure 1). Confidence bars indicate the highest and lowest trust levels, of 95% of observations, for the two groups while controlling for sociodemographic characteristics.*
Source: *Rounds one (April 2020), two (June–July 2020), three (February–March 2021) and four (October–November 2021) of the Living, working and COVID-19 e-survey series*

Trust in the EU

Figure 2 shows coefficients of trust in the EU with the following findings.

- The youngest respondents trust the EU far more than any of the other age categories; those aged 30 to 39 are the second most trusting group.
- Nordic countries are still the group with the highest levels of trust in the EU; however, the differences from other groups are smaller. The continental and Ireland cluster is the second most trusting group, followed by the western Mediterranean cluster and the central and eastern European cluster. The eastern Mediterranean and Balkan cluster is the group with the lowest levels of trust.
- There are no strong differences between genders.
- There are some differences by residence. Those living in cities have a somewhat higher level of trust in the EU than those living in rural areas and small towns.
- Unsurprisingly, those who are unemployed trust the EU less than those who are employed.
- Educational level has a particularly clear gradient: those with tertiary education trust the EU far more than those with secondary education, who in turn have a higher level of trust than those with primary education only.

Figure 2: Coefficient of trust in the EU by sociodemographic characteristics (regression analysis), EU27



Notes: *The figure shows estimated coefficients when the trust variable is standardised with a mean of zero and a standard deviation of 1. As regards the country groups, the Nordic countries (Denmark, Finland and Sweden) are used as a reference category (set to zero in Figure 1). Confidence bars indicate the highest and lowest trust levels, of 95% of observations, for the two groups while controlling for sociodemographic characteristics.*
Source: *Rounds one (April 2020), two (June–July 2020), three (February–March 2021) and four (October–November 2021) of the Living, working and COVID-19 e-survey series*

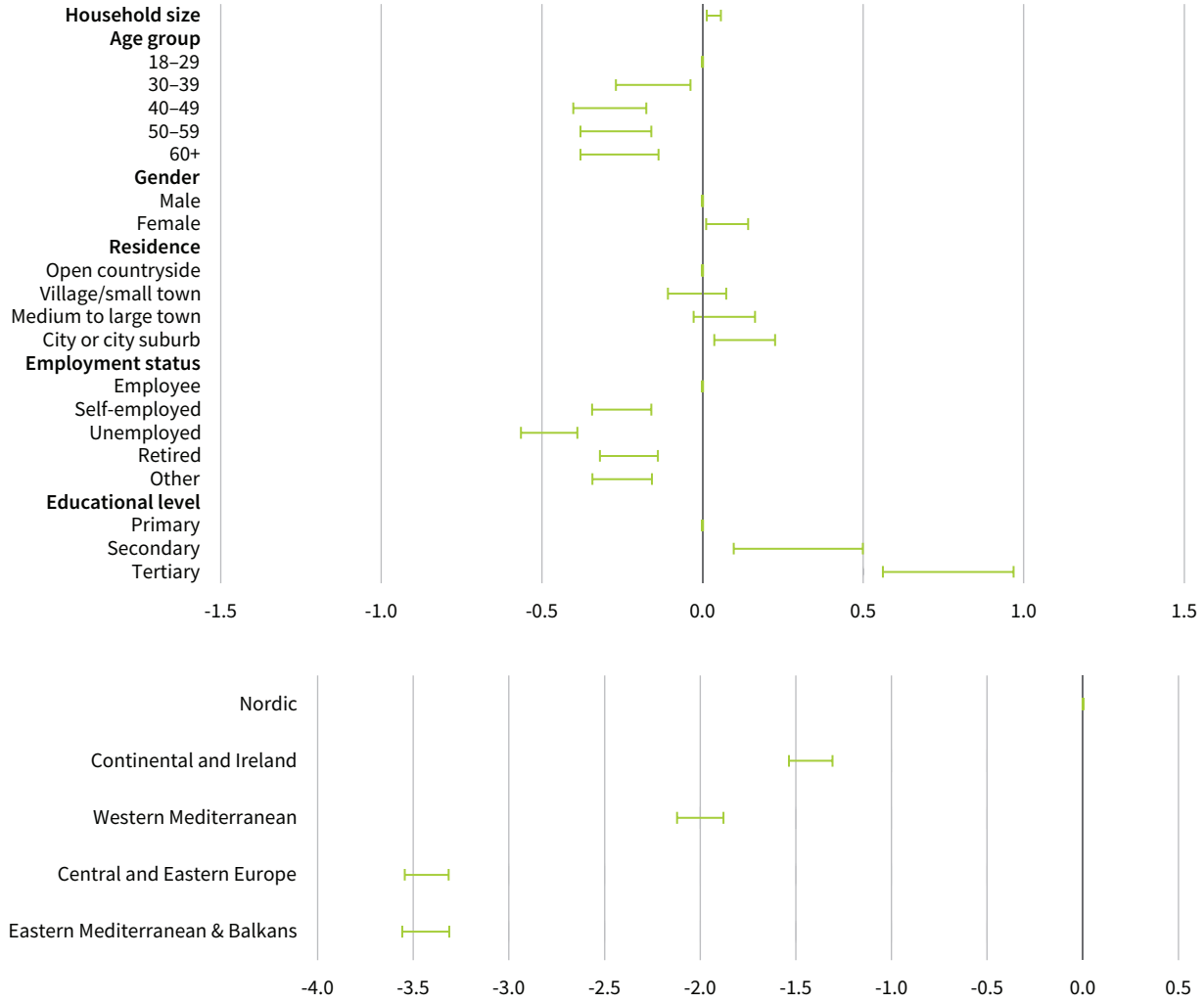
Levels of discontent with democracy during the pandemic

People also differ in the extent to which they are satisfied with the way democracy works in their country. The data from the fourth round of the LWC-19 e-survey show that differences in satisfaction with democracy mirror those in trust, suggesting that the two concepts are related.

Figure 3 shows coefficients of satisfaction with democracy with the following findings.

- The highest levels of satisfaction with democracy was found in the youngest (18–29 years) and oldest (60+ years) age groups. However, only the youngest age group has significantly more satisfaction with democracy than the other age groups.
- There is no significant difference in satisfaction with democracy in terms of gender.
- Higher educated individuals are more satisfied with the way democracy works than those with a lower level of education.
- Satisfaction with democracy is higher for employees and lower for those who are unemployed.
- People in Nordic countries show the highest levels of satisfaction, followed by respondents in the continental and Ireland cluster and the western Mediterranean cluster. People are least satisfied in the central and eastern cluster and the eastern Mediterranean and Balkan cluster.
- The more urbanised the area that respondents live in, the more satisfied they appear to be.

Figure 3: Coefficients of satisfaction with democracy by sociodemographic characteristics (regression analysis), EU27



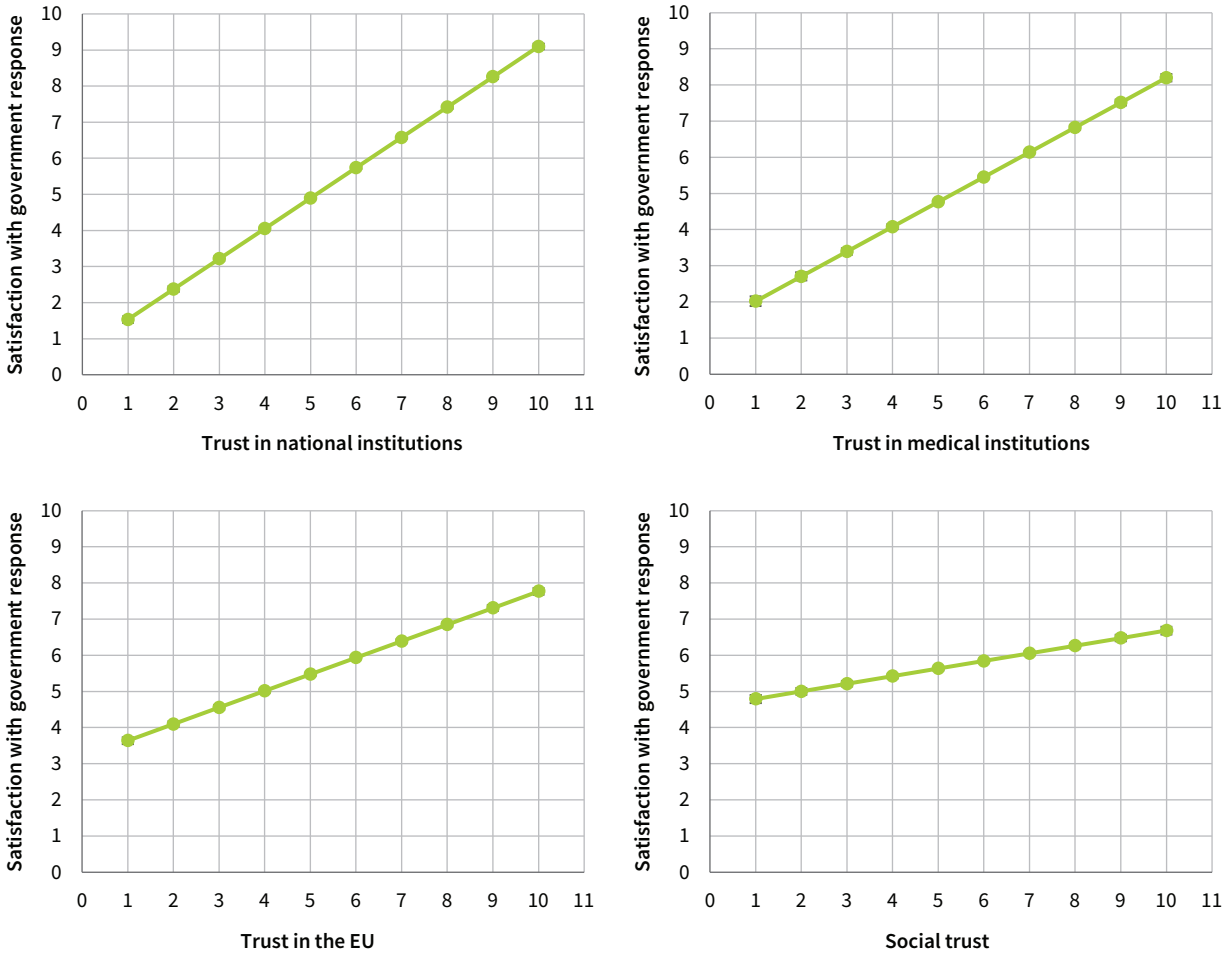
Notes: *The figure shows estimated coefficients when the trust variable is standardised with mean zero and standard deviation of 1. As regards the country groups, the Nordic countries (Denmark, Finland and Sweden) are used as a reference category (set to zero in Figure 1). Confidence bars indicate the highest and lowest trust levels, of 95% of observations, for the two groups while controlling for sociodemographic characteristics.*
Source: *Rounds two (June–July 2020), three (February–March 2021) and four (October–November 2021) of the Living, working and COVID-19 e-survey series*

Relationship between trust and discontent

Figure 4 shows the relationship between trust and discontent in the fourth round of the LWC-19 e-survey. As mentioned, discontent is measured based on satisfaction with the government response to COVID-19. Trust in national institutions, medical institutions, the EU and social trust are included in four separate analyses. This makes it possible to map out how different types of trust affect discontent while, at the same time, controlling for a large set of other explanatory variables that capture individual socioeconomic and demographic characteristics that may also affect discontent.

According to Figure 4, low levels of trust in national institutions result in high levels of discontent with government responses to COVID-19 (a low degree of satisfaction). The incline is rather sharp and highly significant. The same pattern is apparent for trust in medical institutions, although the relationship is weaker, as seen by the slightly less steep incline of the predicted curve. Trust in the EU again follows the same pattern, while for social trust, the gradient is rather flat, suggesting that social trust has less of an impact on satisfaction levels with government responses to

Figure 4: Degree of satisfaction with the government response by levels of trust, EU27



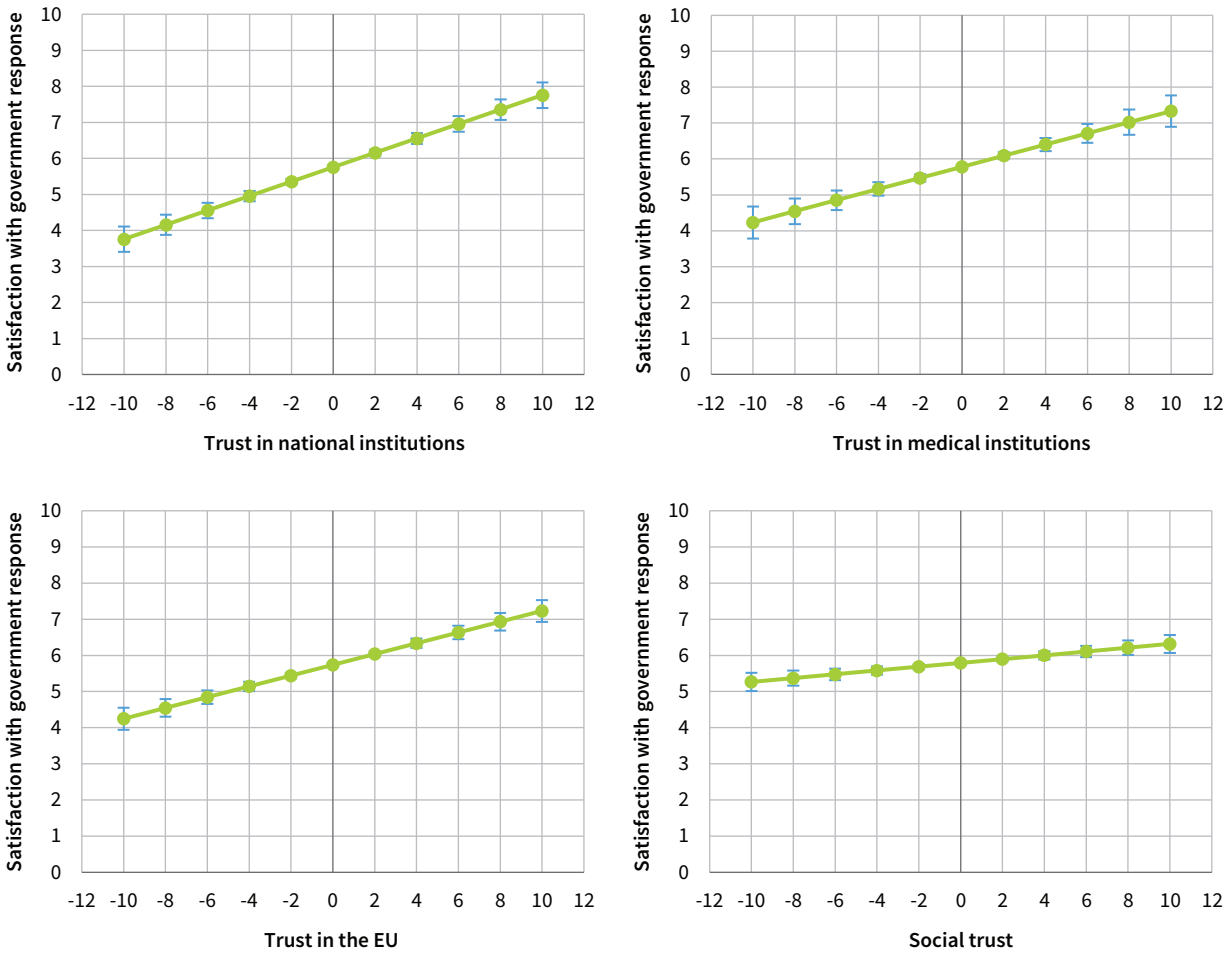
Note: *10-point Likert-type scale, ranging from 1 ('Do not trust at all') to 10 ('Trust completely').*
Source: *The fourth round (October–November 2021) of the Living, working and COVID-19 e-survey series*

COVID-19. Respondents report higher satisfaction when they see direct policy response to contain the pandemic – independent of their reported trust – and lower satisfaction rates when COVID-19 mortality rates are surging.[3]

Figure 5 shows the relationship between changes in trust and satisfaction with the government response to the pandemic. It shows that any increase in trust levels of institutions results in higher satisfaction (lower discontent). In contrast, a negative change in trust results in lower satisfaction (greater discontent). Comparing the four types of trust in Figure 5, the incline is strongest when it comes to trust in national institutions, meaning trust has a significant impact on satisfaction levels. The incline is weakest for social trust, implying it does not seem to have a large effect on discontent.

3 The technique of regression analysis shows that discontent was lower when the national institutions imposed their policies to contain the pandemic. Discontent is positively related to COVID-19 mortality rates. The findings show that discontent is negatively related to the Oxford Government Response Tracker containment and health index. The Oxford Covid-19 Government Response Tracker (OxCGRT) collects systematic information on policy measures that governments have taken to tackle COVID-19.

Figure 5: Degree of satisfaction with the government response by levels of change in trust, EU27



Note: *10-point Likert-type scale, ranging from 1 ('Do not trust at all') to 10 ('Trust completely'). Confidence bars indicate the highest and lowest trust levels, of 95% of observations, for the two groups while controlling for sociodemographic characteristics.*
Source: *Rounds one (April 2020), two (June–July 2020), three (February–March 2021) and four (October–November 2021) of the Living, working and COVID-19 e-survey series*

3 Dynamics of trust during COVID-19

There is a growing body of literature studying the dynamics of trust in the context of COVID-19, where scholars analyse both the role that trust played in shaping societal responses to the pandemic and the way the pandemic itself affected individuals' trust.[4]

What emerges from this literature is that the current COVID-19 crisis could either affect trust directly or as a result of the responses by one or more institutional actors. The literature concerned with the effects of the pandemic focuses on increased trust because of the 'rally around the flag' effect and the consequences of direct COVID-19 exposure – people being diagnosed with COVID-19 or having a person in their network diagnosed.

Trust and the 'rally around the flag' effect

The 'rally around the flag' effect implies an increase in support for the political incumbent during a crisis (Mueller, 1970), and can also result in an increase in trust in institutions such as the government, the media and the judicial system (Hetherington and Nelson, 2003; Dinesen and Jæger, 2013). There are three motivations behind the 'rally' effect. The first focuses on the perception of being part of a group struggling against an external common threat, which induces an increase in trust towards in-group members (Tajfel, 1982). Second, increasing trust in institutions could be seen as a way to develop security to cope with a situation of uncertainty (Doty et al, 1991). Third, emotions of fear, anger and anxiety could lead to an increase in trust (Lambert et al, 2011). However, the rally effect does not always materialise. After economic crises, such as that in 2008, it was seen that a reduction in trust in national and supranational institutions can result as a consequence of economic hardship (Owens and Cook, 2013; Algan et al, 2017; Lechler, 2019; Margalit, 2019).

Scholars have identified evidence of a rally effect caused by the COVID-19 pandemic (Esaiasson et al, 2020; Gambetta and Morisi, 2020; Schraff, 2020; Battiston et al, 2021; Daniele et al, 2021; Erhardt et al, 2021; Kritzinger et al, 2021). This phenomenon positively affected people's trust in the government but also their trust in other institutions, such as scientists and the police. In addition, evidence points towards an increase in individuals' social trust as a result of the pandemic.

However, the effect is not necessarily universal. Erhardt et al (2021) found the rally effect to be present only for some subgroups in the population. In some cases, when individuals experience feelings of fear, but not of anger, trust in the government is reduced. In addition, the rally effect is typically short lived (Kernell, 1978; Hetherington and Nelson, 2003). Johansson et al (2021) argue that, in Sweden, COVID-19 induced a rally effect that followed three phases: in the first phase, the rally effect dominated over standard determinants of trust and political support; in the second phase, the saliency of the crisis reduced and it became politicised, while citizens started evaluating how the crisis was managed; and, finally, in the third phase, the crisis was normalised and the routine perception of politics returned.

As the saliency of the pandemic diminished, the rally mechanism may have lost relevance in favour of more traditional factors shaping trust. Schraff (2020) notes that as COVID-19 cases increased, standard determinants of political trust lost explanatory power in the first phase of the pandemic (March 2020). Battiston et al (2021) found that trust in scientists reduced in late March 2020 in Italy, and Kritzinger et al (2021) highlighted how the rally effect in Austria declined in June and July 2020. Moreover, Daniele et al (2021) showed that priming individuals to think about COVID-19 health concerns increased trust in the police and scientists with a rally effect, but also reduced trust in other institutions including the media, politicians and the EU. On the other hand, priming respondents to think about COVID-19 economic concerns produced a reduction in all measures of trust (in scientists, the police, the media, the EU, politicians, society and the government). Delhey et al (2021) found that economic insecurities reduced trust in the government and in the health system, while health concerns were associated with an increase in confidence in these institutions.

Scholars have found evidence that lockdown policies led to an increase in trust in the government (Bol et al, 2020; Sibley et al, 2020; Groeniger et al, 2021), in the

4 The literature on the consequences of the pandemic draws on studies of previous crises, including economic crises (Owens and Cook, 2013; Algan et al, 2017; Lechler, 2019; Margalit, 2019), natural disasters (Nicholls and Picou, 2013; Dussaillant and Guzmán, 2014; Toya and Skidmore, 2014), conflicts (Bauer et al, 2016) and terrorism (Hetherington and Nelson, 2003; Dinesen and Jæger, 2013), but especially past epidemics such as the Ebola outbreak in 2014 and the Spanish flu (Blair et al, 2017; Aassve et al, 2021).

police (Perry and Jonathan-Zamir, 2020; Sibley et al, 2020), in science (Groeniger et al, 2021) and in the prime minister, parliament and the media (Baekgaard et al, 2020). This lockdown effect is explained by the fact that such policies were perceived as necessary to reduce the pandemic threat (Bol et al, 2020). Fetzer et al (2020) found that the positive effect of stringent containment policies on trust in the government was present in countries with previous high levels of institutional trust. Indeed, the positive effect on trust was stronger for people who were either old or in poor health and were, therefore, more likely to positively evaluate stay-at-home orders.

Impact of institutional communication on trust

The communication strategy adopted by institutions, as well as the messages delivered, could influence trust. Information disclosure by institutions could give citizens cues to make judgements on the trustworthiness of the institution itself. Studies show that trust in the institution increases when the information is detailed and decreases when the information is incomplete or inaccurate (Cook et al, 2010; Grimmelikhuijsen, 2012; Grimmelikhuijsen and Meijer, 2014). When an institution provides information, it is going to be perceived as open and honest and, thus, trustworthy. Furthermore, citizens may interpret messages through the lens of their prior beliefs and, through confirmation bias, use the messages to reinforce their high levels of trust or, by contrast, reduce their already low levels (Grimmelikhuijsen and Klijn, 2015).

Other factors related to institutional communication that the literature found to affect trust are the source and the content of the message. For instance, scientific messages that are perceived as uncertain reduce trust in science (Oreskes and Conway, 2010; Lewandowsky et al, 2013; McCright et al, 2013), while a perception of scientific consensus increases trust (Lewandowsky et al, 2013). When the public is ideologically closer to the source of the message, they tend to trust the information more and therefore tend to be influenced by it (Cucciniello et al, 2017). An aggressive communication strategy could backfire and reduce trust (Nyhan et al, 2013).

Studies on the COVID-19 pandemic have indeed demonstrated that the disclosure of pandemic-related information fuelled trust in the government in high-trust individuals, while it reduced trust for low-trust respondents (Crepaz and Arikan, 2021). Criticism and uncertainty regarding scientific models reduced support for science-based policymaking and trust in science (Kreps and Kriner, 2020). Deslatte (2020) highlighted that the provision of public health messages increased trust in the source of information.

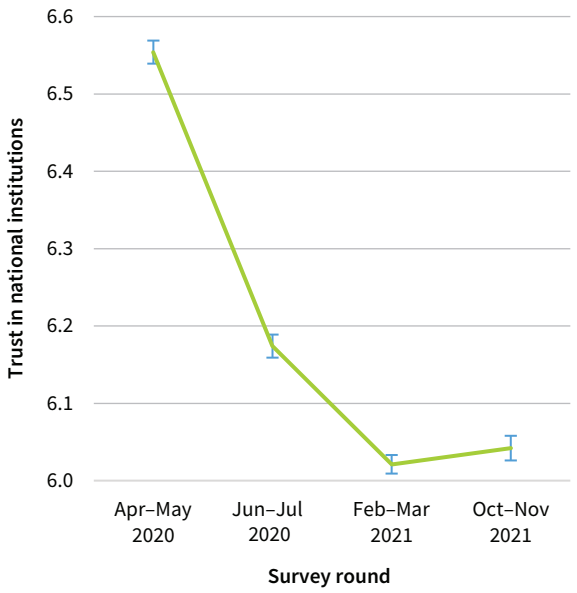
Finally, Filsinger et al (2021) have shown how positive information on social cohesion and solidarity during a crisis increases social trust, especially for people with a low socioeconomic background. In addition, these people were also prone to a decrease in social trust when exposed to negative information on social cohesion.

Evolution of trust during the pandemic

Evolution of trust in national institutions

Before examining trends in trust in national institutions (the police, national governments and health systems), it is important to recall that the first-round data of the e-survey were collected from 9 April 2020 onwards, which was exactly one month after the first national lockdown was implemented in Italy (the first European country to introduce restrictive measures). However, the reported levels of trust in this round may not reflect the trust people had prior to the pandemic. In the first round, trust might actually have been higher than before the pandemic because of the 'rally around the flag' effect. Figure 6 shows a dramatic decline in individuals' trust in national institutions, especially from the first to the second wave. One would have expected a higher level of trust, as by June and July 2020 restrictions were being lifted and pandemic-related deaths were declining sharply. However, what is observed instead is a decline from the initial rally effect, rather than it being related to the actual policies put in place or to COVID-19 mortality rates.

Figure 6: Trust in national institutions during COVID-19, EU27



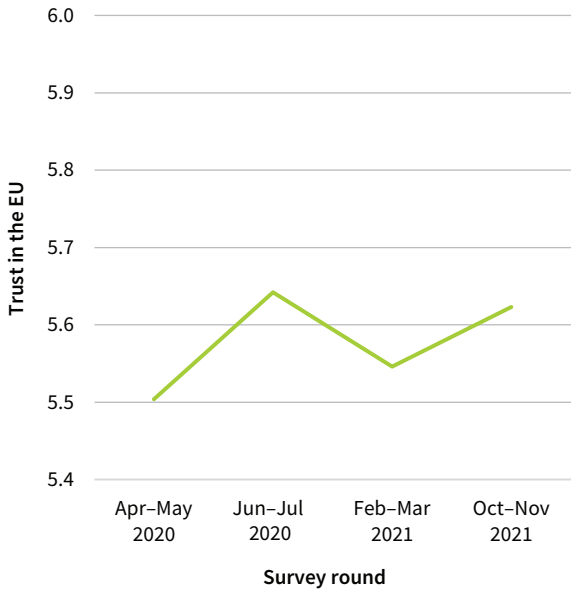
Notes: *The figure shows the predicted marginal effects based on the regression analysis. Mean score based on a snapshot (6.0-6.6) of the 1-10 point scale. Confidence bars indicate the highest and lowest trust levels, of 95% of observations, for the two groups while controlling for sociodemographic characteristics.*
Source: *Living, working and COVID-19 e-survey series*

On the other hand, the decline in trust in national institutions continued in the period between the second and third survey rounds, which was characterised by the second pandemic surge at the end of 2020 and a third peak around March 2021. The final interval considered in the analysis was marked by a modest recovery in trust in national public institutions. This trend in declining trust does not seem to be driven by the response of national institutions to the pandemic, as we have accounted for the policy interventions that took place in this period. Nor was this trend driven by pandemic surges, as the trend appears independent of COVID-19 deaths. It could, in turn, indicate a general dissatisfaction, and therefore discontent, with national institutions.

Evolution of trust in the EU

Trust in the EU follows a very different evolution. Figure 7 shows that the average level of trust in the EU increased between the first two waves of the survey, then declined from July 2020 to March 2021, before returning to the same level as that in summer 2020 by the end of 2021. In contrast to trust in national institutions, there is little evidence of a rally effect for the EU and therefore the same dramatic decline is not observed. There is also no strong evidence that the movements are driven by the intensity of the pandemic. The trend is still visible once the regression analysis is applied that controls for the severity of the pandemic. The increased trust between the first and second rounds of the LWC-19 e-survey might be a result of the NextGenerationEU rescue package, introduced in May 2020, that was expected to generate an unprecedented coordinated fiscal expansion (Mahieu et al, 2021). Thus, this might have caused the increase in the reported trust in the EU in the second round of the survey in June and July 2020. This increase may in fact resemble a rally effect. As seen in Figure 7, trust in the EU faded somewhat when compared with the reported level in the third round of the e-survey in February and March 2021 (Hooghe and Marks, 2005; Armingeon and Ceka, 2014). Nevertheless, compared with trust in national institutions, the changes in trust in the EU are of a much smaller magnitude.

Figure 7: Trust in the EU during COVID-19, EU27



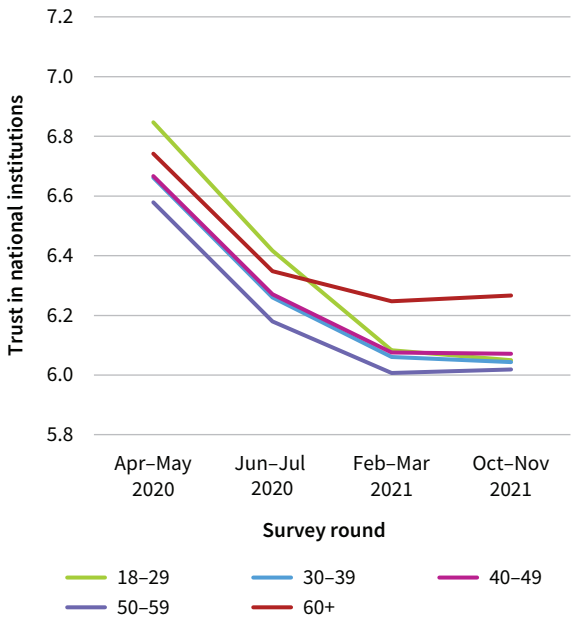
Notes: *The figure shows the predicted marginal effects from the regression analysis. Mean scores (scale 1–10).*
Source: *Living, working and COVID-19 e-survey series*

Evolution of trust for different sociodemographic groups

Trust in national institutions

Figure 8 shows the average levels of trust in national institutions for the different age groups. There is a broad decline in trust for all age groups between April to May and June to July 2020. The declining trend slowed down after this time for all age groups over 30 years.

Figure 8: Trust in national institutions during COVID-19 for different age groups, EU27



Notes: *The figure shows the predicted marginal effects from the regression analysis. Mean scores (scale 1–10).*
Source: *Living, working and COVID-19 e-survey series*

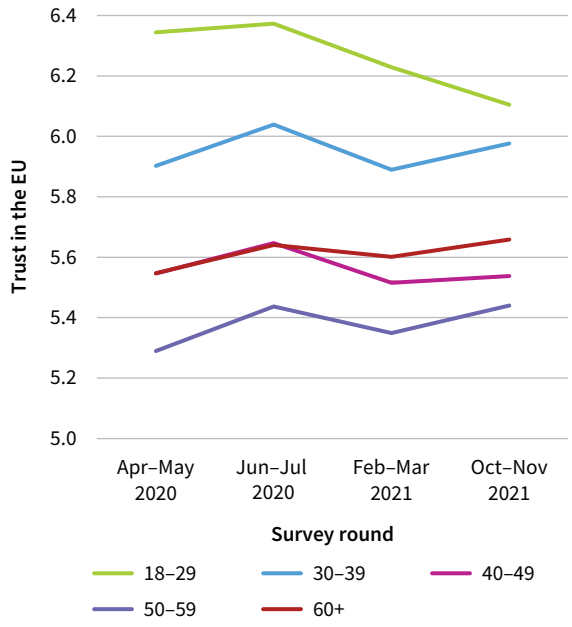
The most remarkable change here concerns the youngest age group (18–29 years). In the first round, they reported a higher level of trust than any of the other age groups. The decline in trust among this group continued between the second and third rounds and, in the fourth round, their trust was at a very similar level to that of the other age groups. In the final (fourth) round, the age group showing the highest level of trust was those aged 60 and over. One could of course argue here

that the 'rally around the flag' effect was strong among the young during the first round, but that the decline in trust in the second round was very similar across the age groups. It is between the second and third rounds that the sharpest decline was seen in the youngest age group.

Trust in the EU

Figure 9 shows the evolution of trust in the EU for the same age groups as Figure 8. Here, there are clear differences, with the youngest age group (18–29 years) having the strongest trust in the EU throughout the period analysed. Those aged between 50 and 59 years had the lowest trust. However, there was also a downward trend in trust among the young and, by the final round in October 2021, there was no difference between the youngest age group and those aged between 30 and 39 years. Trust in the EU among the oldest age groups (50–59 years and 60+ years), but especially among respondents in their 50s, stabilised at higher levels in November 2021 than the levels reported 1.5 years earlier. By contrast, people aged 30–39 and 40–49 years tended to fluctuate around the same level of trust throughout the survey. In general, trust in the EU increased among the lowest trusting group (50–59 years) and decreased among the most trusting group (18–29 years).

Figure 9: Trust in the EU during COVID-19 for different age groups, EU27



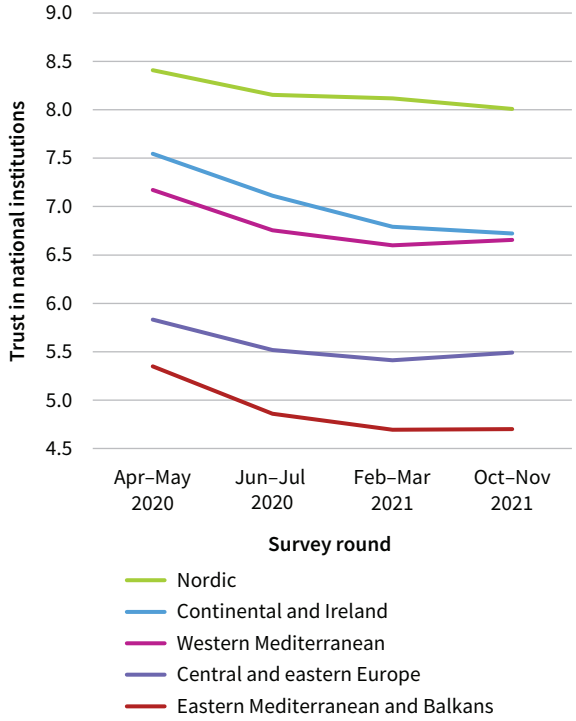
Notes: *The figure shows predicted marginal effects from the regression analysis. Mean scores (scale 1–10).*
Source: *Living, working and COVID-19 e-survey series*

Evolution of trust across countries

Trust in national institutions

Figure 10 shows trends in trust in national institutions across the five country clusters. Although the Nordic countries display the highest level of trust in their institutions, there was a drop in levels of trust in these countries between the first two survey rounds. It then stabilised, followed by a further, albeit smaller, decline between the final two survey rounds. A similar trend is seen for all other country clusters: a drop in trust in national institutions in late spring 2020, followed by a modest decline between June and July 2020 and the beginning of 2021, and a stabilisation in the second pandemic year. The western Mediterranean and central and eastern European clusters are an exception, as these countries experienced a modest recovery in trust between the final two rounds of the survey.

Figure 10: Trust in national institutions during COVID-19 for different country groups, EU27



Notes: *The figure shows predicted marginal effects from the regression. Mean scores (scale 1–10).*
Source: *Living, working and COVID-19 e-survey series*

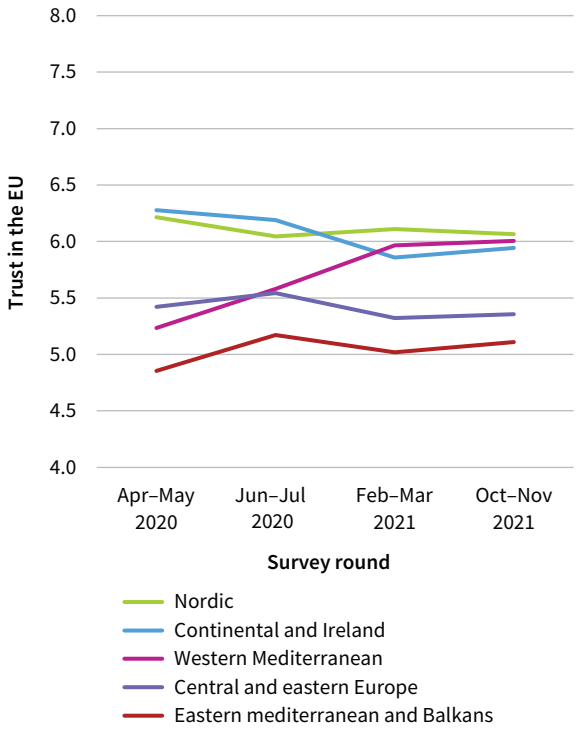
Trust in the EU

Figure 11 demonstrates country differences in trust in the EU. The largest contributor to increased trust in the EU was in the western Mediterranean cluster. This cluster includes the two largest beneficiaries of NextGenerationEU in terms of the funds expected to be received: Italy and Spain. It also includes Portugal, which, after Greece, is the second largest beneficiary of funds as a percentage of gross domestic product (GDP).

The trends shown in Figure 11 support the idea that increased trust in the EU is coming from the NextGenerationEU solidarity initiative.

While the Nordic cluster appears rather stable in this measure, the continental and Ireland cluster experienced a decline in trust in European institutions in the final part of 2020 after an initially small decline. On the other hand, the western Mediterranean cluster shows a rise in trust in the EU until March 2021, followed by stabilisation at a high level between the final two survey rounds. The trends in trust in the EU for the eastern Mediterranean and the Balkans and the central and eastern European clusters are parallel, gently fluctuating around low levels of trust. In these clusters, an initial growth in trust levels was followed by a small drop between the second and third rounds, before slightly rising again in 2021.

Figure 11: Trust in the EU during COVID-19 for different country groups, EU27



Notes: *The figure shows predicted marginal effects from the regression analysis. Mean scores (scale 1–10).*
Source: *Living, working and COVID-19 e-survey series*

The influence of trust in complying with COVID-19 measures

The previous section showed how the pandemic impacted on trust. At the same time, trust itself may have influenced how individuals and societies coped with the pandemic. For instance, Norris et al (2008) affirm that trust in information sources and in others is a crucial determinant of disaster readiness and resilience. Devine et al (2021) divide the literature concerning how trust affects pandemic responses into four branches: the effect of trust on risk perception; how trust influences compliance with regulations and guidelines given by authorities; the relationship between trust and the choice of the policies implemented; and the association between trust and mortality rates.

Institutions such as the government and the media are typically responsible for providing information on how to cope with a hazardous situation. Individuals who trust these institutions and their messages are going to have a stronger risk perception than distrusting individuals (Kasperson et al, 1988; Siegrist and Cvetkovich, 2000). On the other hand, when trust in authorities is based on a perception that they are competent and fair, or when institutions communicate that they have a good risk management system in place, this trust could lead people to underestimate risk – that could result in reduced risk perception (Siegrist et al, 2000; Wong and Jensen, 2020). Dryhurst et al (2020) found trust in science and medical professionals to be positively related to COVID-19 risk perception, while trust in the government was related to low risk perception. Trust in the government has been found to correlate with low risk perception in a study from Singapore (Wong and Jensen, 2020). By contrast, Ye and Lyu (2020) found that both trust in the government and trust in the media increased risk perception in China. In Switzerland, trust in the government and in pharmaceutical companies helped to increase perceived risk (Siegrist et al, 2021).

In order to safeguard the health of their citizens and to prevent the collapse of the health system amid the COVID-19 pandemic, governments and authorities issued guidelines and rules to reduce the spread of the disease. To guarantee the effectiveness of such interventions, it is necessary for citizens to comply with these new regulations. When it comes to the way trust affects compliance, theoretically, mixed results can be expected. Trust could affect adherence to such measures directly or indirectly through risk perception, which is positively related to compliance (Prati et al, 2011; Dryhurst et al, 2020; Ye and Lyu, 2020; Plohl and Musil, 2021; Siegrist et al, 2021). The direct link between institutional trust (trust in the government, politicians, science and the media) and compliance is expected to lead to higher compliance with guidelines issued by

these institutions and authorities. The direct effect of social trust is ambiguous. Reduced trust in others could reduce sociability and therefore encourage a lack of trust in individuals to practise social distancing. On the other hand, social trust could hinder collective action, encourage a free-rider effect whereby people do not get vaccinated and wait for herd immunity and reduce compliance (Yamagishi and Cook, 1993; Gilson, 2003). The literature on the consequences of trust for compliance is scarce; however, there is evidence supporting the hypothesis that both social trust and institutional trust favour compliance (Scholz and Lubel, 1998; Levi and Stoker, 2000; Lindström, 2008; Marien and Hooghe, 2011).

Studies focusing on the COVID-19 pandemic found a positive relationship between trust in politicians and compliance with social distancing (Olsen and Hjorth, 2020) and found that higher levels of trust in the government were associated with the use of contact tracing applications (Goldfinch et al, 2021). More generally, Han et al (2021) affirm that trust in the government was positively related to the adoption of health-protective and pro-social behaviours. The adoption of such behaviours declines more slowly over time for highly trusting individuals than for those with low levels of trust. Dohle et al (2020) found that trust in science and trust in the government were the strongest predictors of the adoption and acceptance of preventive measures. Algan et al (2021) report that individuals with a high level of trust in science are more compliant with restrictions and non-pharmaceutical interventions than those with a low level of trust in science, while the relationship between trust in the government and compliance is more ambiguous.

On a societal level, regions with high levels of trust in the government and science reduced their mobility more than other regions during lockdowns (Bargain and Aminjonov, 2020; Borgonovi and Pokropek, 2020; Brzezinski et al, 2020; Goldstein and Wiedemann, 2021). Furthermore, Pohl and Musil (2021) affirm that trust in science had both direct and indirect (through risk perception) positive effects on compliance with COVID-19 prevention guidelines. On the other hand, people's trust in private news media and social networks were negatively related to adherence with social distancing measures (Fridman et al, 2020). Social trust appeared to be negatively related to the willingness to adhere to social distance measures and comply with restrictions (Olsen and Hjorth, 2020; Algan et al, 2021) or had no correlation with support for COVID-19 regulations (Romano et al, 2021). Moreover, regions with high levels of social capital (used as a proxy for social trust) showed the strongest reduction in mobility following shelter-in-place orders (Goldstein and Wiedemann, 2021).

4 Role of vaccinations

There is a growing number of studies analysing the impact of trust on the COVID-19 vaccination roll-out. Vaccine uptake has been found to be more likely among people who show higher trust in scientists, health authorities and health workers for H1N1 influenza (swine flu), human papillomavirus (HPV), Ebola and measle vaccines (Gilles et al, 2011; Karafillakis et al, 2019; Vinck et al, 2019; Wilder-Smith and Qureshi, 2020). Similarly, data from the early stages of the COVID-19 pandemic support the idea that people who have more trust in the government, science and experts are more willing to take a COVID-19 vaccine when available (Allington et al, 2021; Attwell et al, 2021; Lazarus et al, 2021). In addition, social trust has been found to be a predictor of vaccine uptake (Algan et al, 2021). Toshkov et al (2022) found that countries with lower levels of political and social trust acted faster in implementing pandemic control policies. The authors argue that one of the reasons for this might be that high levels of perceived government competence and fellow citizens' sense of responsibility provided a false sense of confidence and thus reduced risk perception, ultimately resulting in a delayed response to the pandemic threat. Similarly, Borgonovi and Pokropek (2020) show that countries with higher levels of societal trust in science implemented fewer stringent policies to control the diffusion of COVID-19.

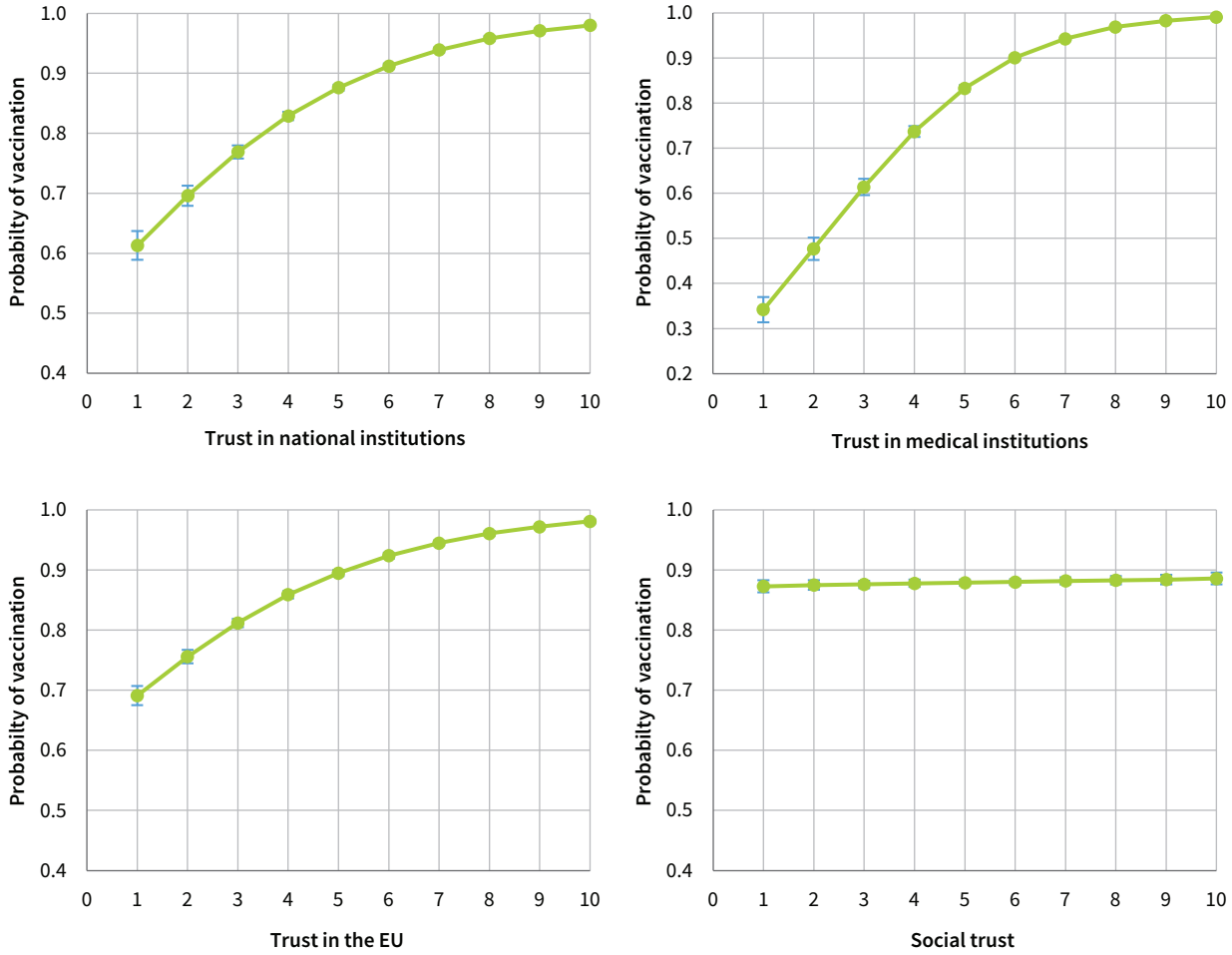
Trust and vaccination intentions

Data from the LWC-19 e-survey make it possible to assess the extent to which trust matters for the vaccine roll-out. At the time of the third round of the e-survey from February to March 2021, very few people had the possibility of getting the vaccination; therefore, only 8.63% of the sample reported they were vaccinated in that round. However, respondents were also asked about their attitude towards the vaccine. During the fourth round of the e-survey from October to November 2021, all respondents had free access to the vaccine; at this stage, 85.98% of individuals were vaccinated. Those who had not had the vaccine during the fourth survey round were asked to choose from a range of possible reasons. In addition, vaccinated respondents had to evaluate the importance of a selection of reasons as to why they got vaccinated (Annex 1). Therefore, fourth round data are extremely useful for analysing the profiles of those who decided to get vaccinated and those who did not.

In relation to the role trust plays in the immunisation decision, Figure 12 displays the predicted probability of being covered by a COVID-19 vaccine in October to November 2021 according to the levels of trust in national public institutions, medical institutions and the EU and social trust recorded at the time of the third round of the e-survey in February–March 2021. Figure 12 shows a clear positive relationship between institutional trust – trust in national public institutions, medical institutions and the EU – and vaccination: having a higher level of trust considerably increases the likelihood of being vaccinated at the end of 2021. This is backed up by literature which finds that trust in public institutions – especially the health sector – has been associated with an increase in vaccine intentions (Allington et al, 2021; Lazarus et al, 2021), as has trust in medical institutions – science and pharmaceutical companies (Attwell et al, 2021; Troiano and Nardi, 2021).

Interestingly, levels of social trust are not related to the likelihood of having a COVID-19 vaccination. Individuals showing higher levels of social trust may have been more likely to get vaccinated to protect others (Algan et al, 2021). However, they may also have been less likely to get vaccinated because they were counting on other people to reach herd immunity (a sort of free-rider effect).

Figure 12: Predicted probability of being vaccinated against COVID-19 based on levels of trust recorded from October to November 2021, EU27

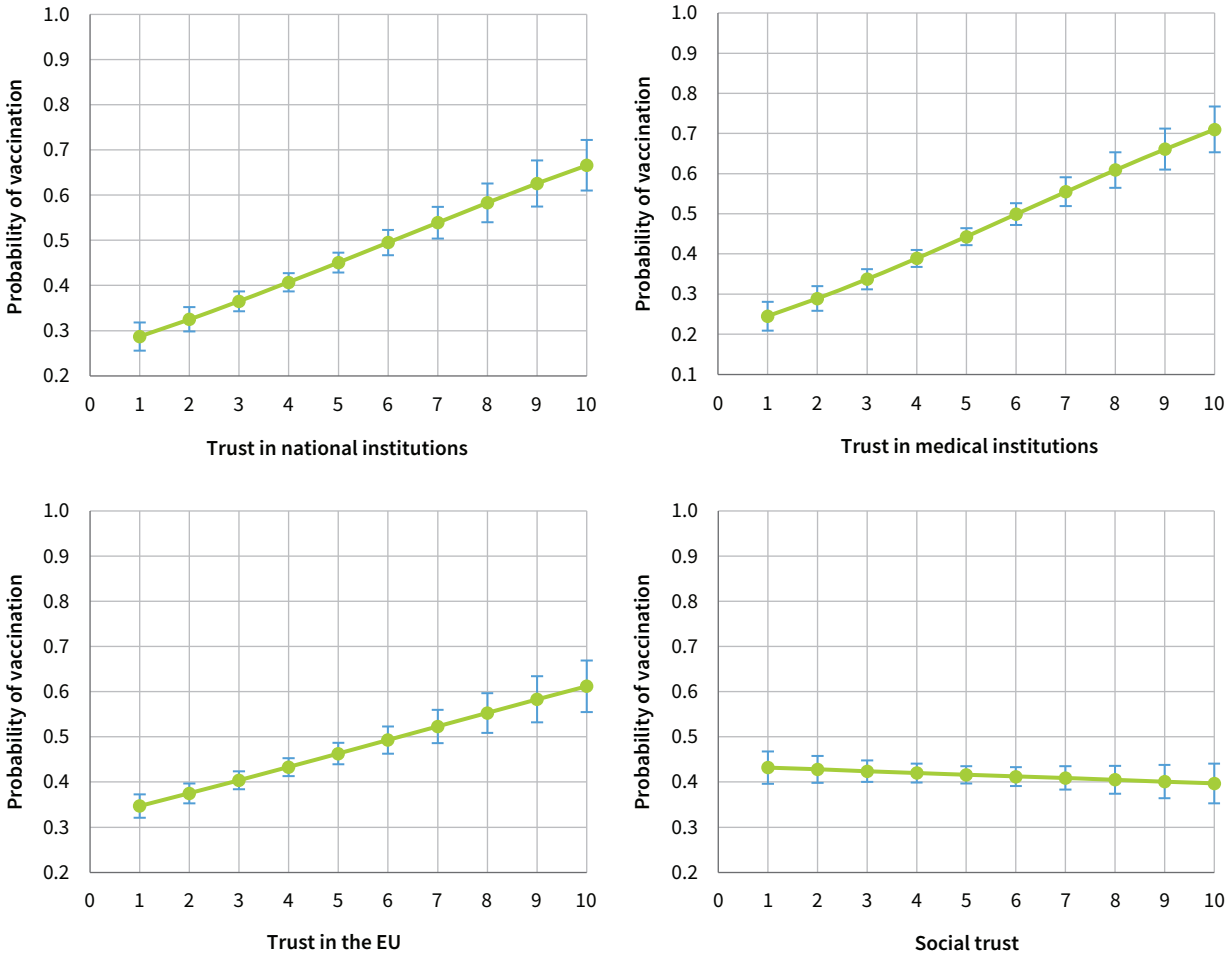


Note: *Mean scores (scale 1–10). Confidence bars indicate the highest and lowest trust levels, of 95% of observations, for the two groups while controlling for sociodemographic characteristics.*
Source: *Living, working and COVID-19 e-survey series*

In the third round of the LWC-19 e-survey (February to March 2021), respondents were also asked how likely they were to get vaccinated. Observing the final vaccination decision of respondents who had previously reported that they were 'unlikely' or 'very unlikely' to get vaccinated provides an understanding of the role trust plays in convincing vaccine-hesitant people.

Figure 13 shows the probability that vaccine-hesitant respondents actually took the vaccine, according to their level of trust from October to November 2021, when they reported being either 'unlikely' or 'very unlikely' to take the vaccine. Individuals showing a high level of trust in national institutions, medical institutions and the EU are more likely to get a COVID-19 jab even if they reported being reluctant to take a vaccine at the beginning of the immunisation campaigns. There is no relationship between this probability and social trust.

Figure 13: Predicted probability of being vaccinated against COVID-19 for vaccine-hesitant respondents based on levels of trust from October to November 2021, EU27



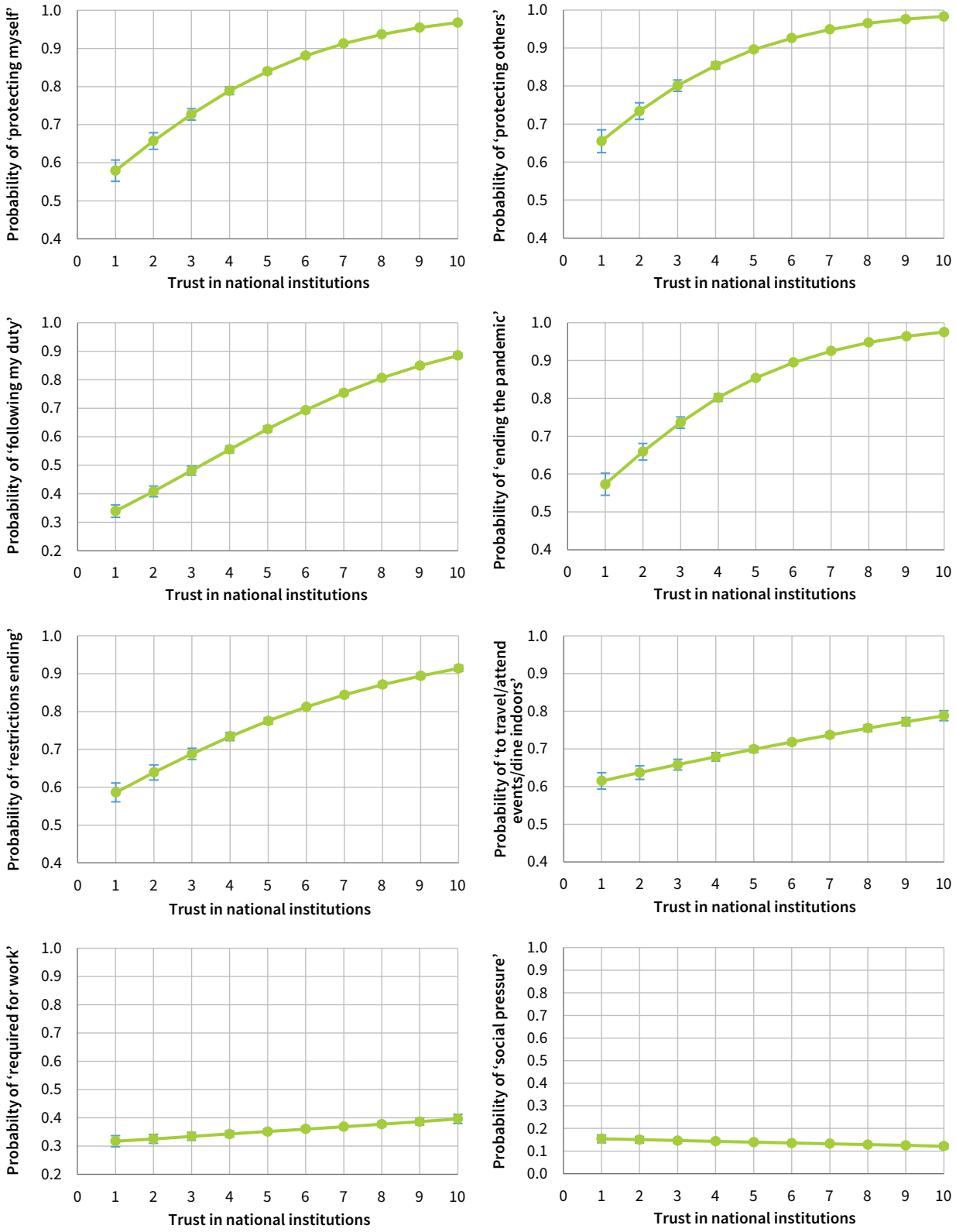
Note: *Mean scores (scale 1–10). Confidence bars indicate the highest and lowest trust levels, of 95% of observations, for the two groups while controlling for sociodemographic characteristics.*
Source: *Living, working and COVID-19 e-survey series*

Trust and reasons to get vaccinated

A trust gradient is also found for the reasons to get a vaccine. During the fourth round of the e-survey from October to November 2021, vaccinated respondents were asked 'How important is the reason in question to getting a vaccine?'. Figure 14 shows the predicted probability of answering 'very important' or 'important' for the following range of reasons: 'protecting themselves from getting infected', 'protect others from COVID-19', 'follow their duty as a citizen', 'help end the pandemic', 'help remove restrictions', 'be able to travel/attend events/indoor dining' and the vaccine being 'required for work' and 'social pressure'.

The figure shows a positive association between trust in national institutions and all of the reasons to get vaccinated, except for it being required at work and social pressure. The gradient of the association is particularly strong for the reason 'protecting myself and others', as well as for the reason 'ending the pandemic'. Social pressure appears to be slightly negatively related to institutional trust.

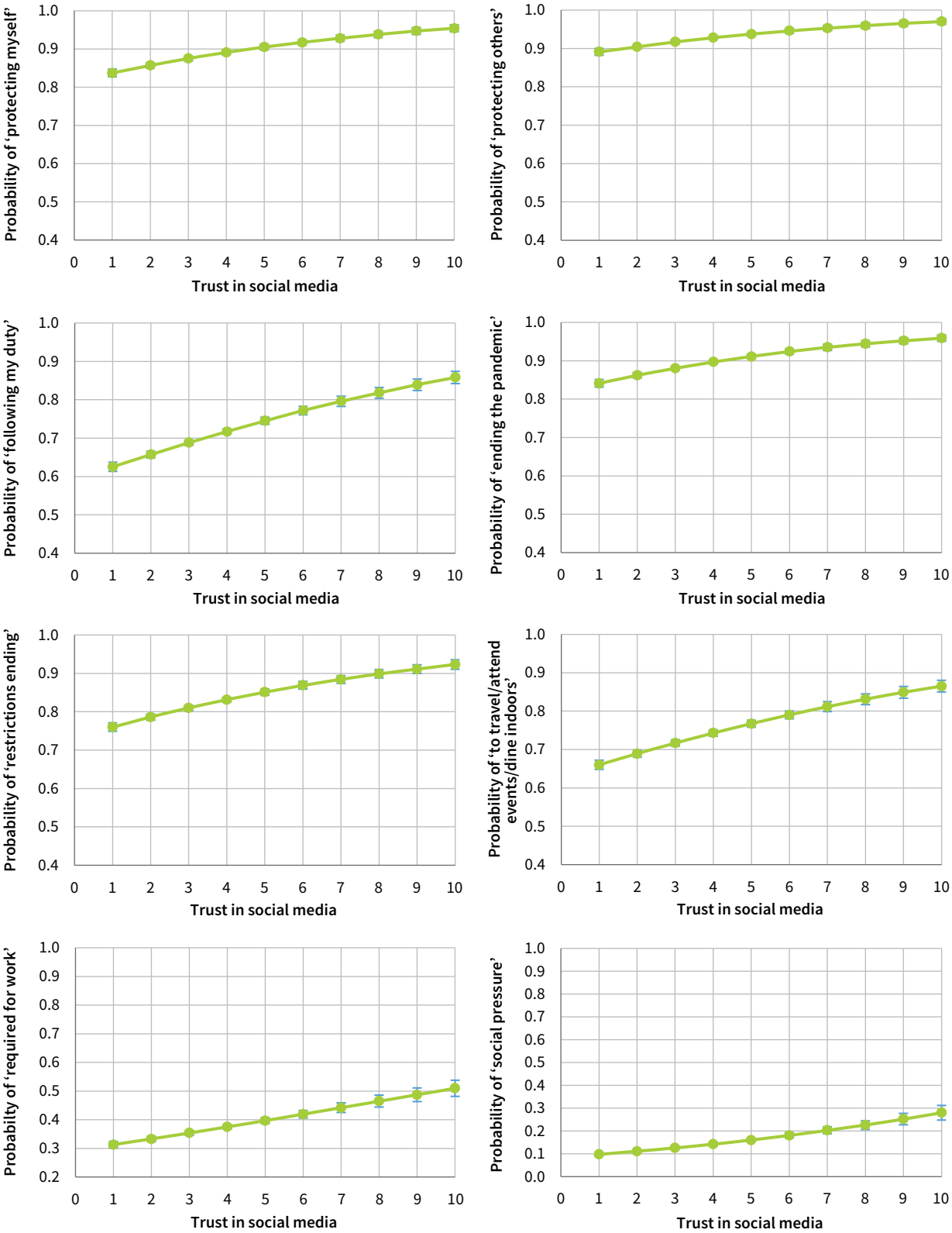
Figure 14: Probability of indicating different reasons to get vaccinated as 'important' or 'very important' by the levels of trust in national public institutions in October to November 2021, EU27



Note: *Mean scores (scale 1–10). Confidence bars indicate the highest and lowest trust levels, of 95% of observations, for the two groups while controlling for sociodemographic characteristics.*
Source: *Living, working and COVID-19 e-survey series*

Figure 15 provides interesting insights regarding the relationship between trust in social media and reasons to get vaccinated. Having a high degree of trust in social media is associated with being more likely to consider the following factors important, although the gradient is less than for trust in institutions: 'protecting myself or others', 'following my duty' and 'ending the pandemic or restrictions'. With the reason 'to travel, attend events or

Figure 15: Probability of indicating different reasons to get vaccinated as 'important' or 'very important' by the levels of trust in social media in October to November 2021, EU27

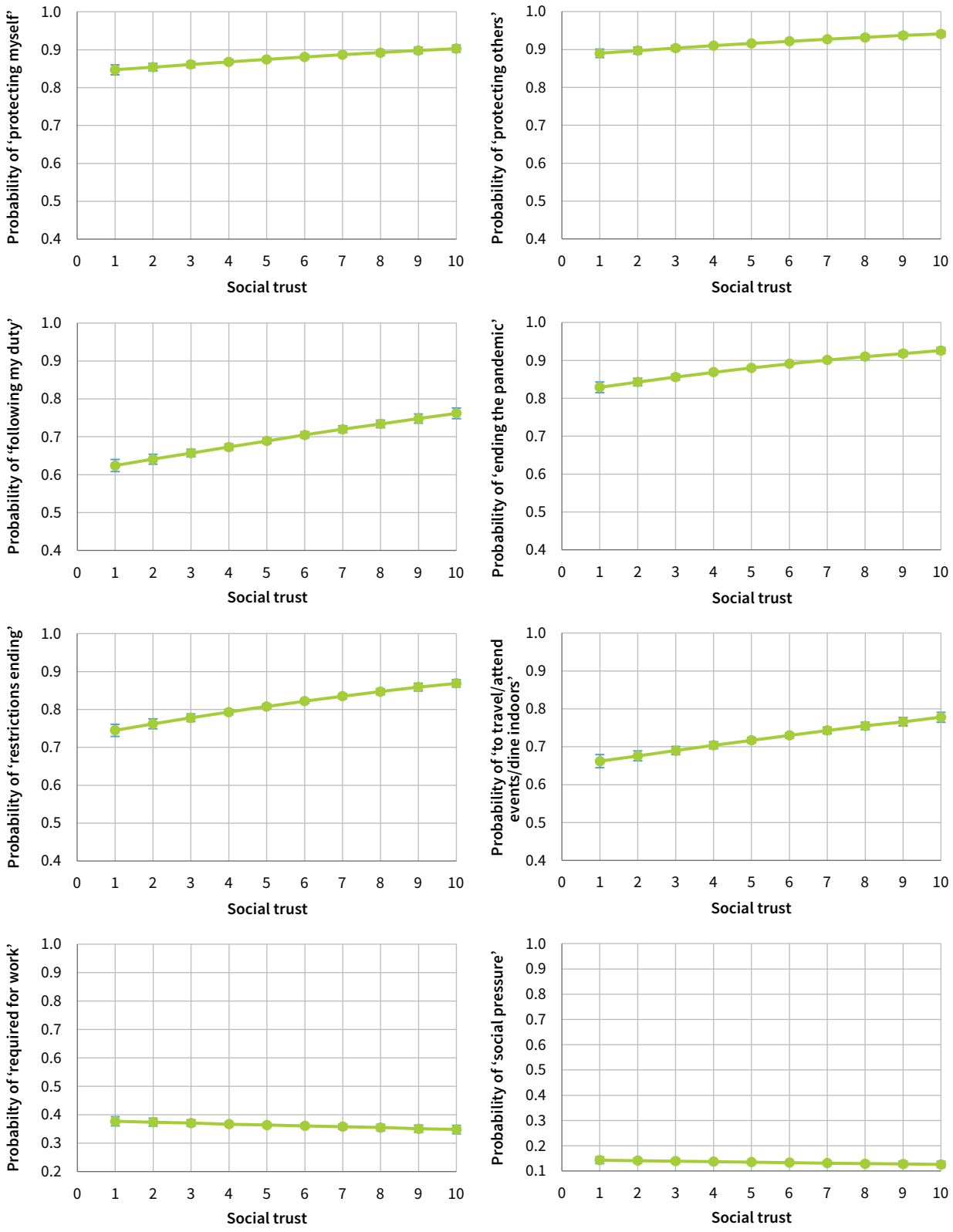


Note: *Mean scores (scale 1–10). Confidence bars indicate the highest and lowest trust levels, of 95% of observations, for the two groups while controlling for sociodemographic characteristics.*
Source: *Living, working and COVID-19 e-survey series*

indoor dining', the trust gradient for social media is similar to that for trust in institutions. Finally, a positive, although weak, association exists between trust in social media and 'social pressure' or the 'vaccine being required for work' as important reasons to get vaccinated. It is interesting to note that respondents who report greater trust in social media are more exposed to external pressures, either social pressure or job pressure.

Figure 16 shows that for social trust and reasons to get vaccinated, the trust gradient is even smaller than in the case of trust in social media. However, a positive correlation is still found between levels of trust in others and the likelihood of reporting the following reasons for vaccination as important: 'protecting myself and

Figure 16: Probability of indicating different reasons to get vaccinated as 'important' or 'very important' by levels of social trust in October to November 2021, EU27



Note: *Mean scores (scale 1–10). Confidence bars indicate the highest and lowest trust levels, of 95% of observations, for the two groups while controlling for sociodemographic characteristics.*
Source: *Living, working and COVID-19 e-survey series*

others', 'following my duty', 'ending the pandemic or restrictions', and 'being able to travel, attend events and dine indoors'. Highly trusting individuals are also slightly less likely to consider vaccination being required for work as a reason to get vaccinated, while there is no relationship between trust and finding social pressure as a compelling motivation for vaccination. As mentioned above, social trust seems weakly related to the decision on whether to get vaccinated or not.

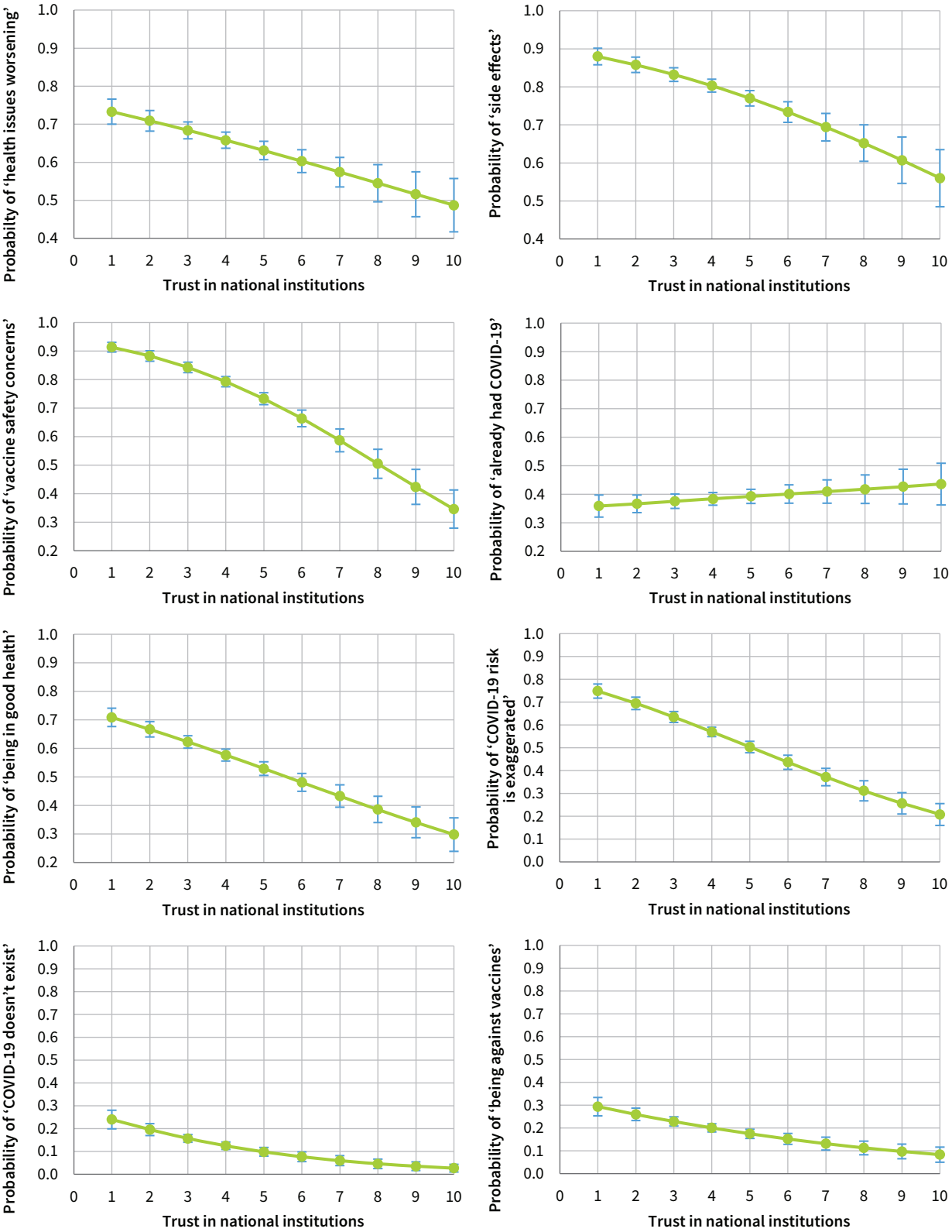
Trust and reasons not to get vaccinated

During the fourth round of the e-survey in October to November 2021, those who had not had the vaccine were asked to choose one of the following possible reasons: 'making existing health issues worse', 'being worried about side effects of COVID-19 vaccines', 'do not trust the safety of COVID-19 vaccines', 'having had COVID-19 infection so they do not need the vaccine', 'thinking that the COVID-19 risk is exaggerated', 'COVID-19 does not exist' and 'against vaccines in general'.

Figure 17 shows that citizens with high levels of trust in national institutions are less likely to report any reason not to get vaccinated as 'important' or 'very important', with the exception of having had a COVID-19 infection (and thus not needing a vaccine), which is not related to institutional trust. In particular, the negative correlation between trust and the belief that the COVID-19 vaccine will make health issues worse is strong. A similar correlation is found for worries about the vaccine's side effects or safety, being in good health (and therefore not needing the vaccine) and that the COVID-19 risk is exaggerated. The gradient is smaller for being against vaccines in general and for believing that COVID-19 does not exist, probably because these two reasons were indicated as important by very few respondents in the sample, independently from the level of trust. Similar conclusions, but with a stronger negative correlation, can be drawn from Figure 18 as regards trust in medical institutions.

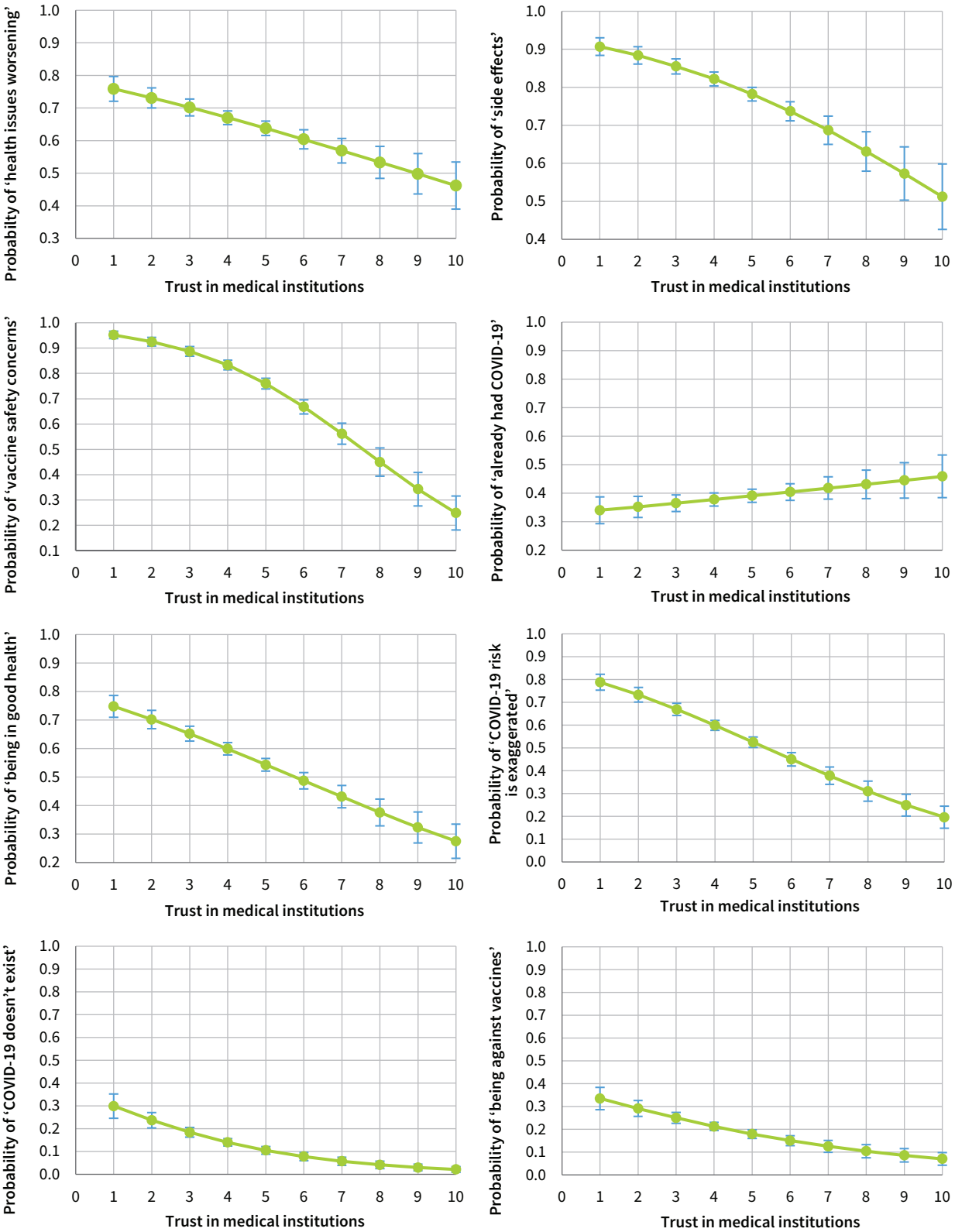
Unvaccinated respondents with higher levels of trust are less likely to report any reason not to get vaccinated as important, with the exception of refusing vaccination because of a previous COVID-19 infection, which is unrelated to institutional trust. In general, one can conclude that highly trusting individuals are more likely to take part in immunisation campaigns and to have strong reasons for doing so. Trust in institutions plays an especially strong role in that relationship.

Figure 17: Probability of indicating different reasons to not vaccinate as 'important' or 'very important' by the levels of trust in national institutions in October to November 2021, EU27



Note: *Mean scores (scale 1–10). Confidence bars indicate the highest and lowest trust levels, of 95% of observations, for the two groups while controlling for sociodemographic characteristics.*
Source: *Living, working and COVID-19 e-survey series*

Figure 18: Probability of indicating different reasons to not vaccinate as 'important' or 'very important' by the levels of trust in medical institutions in October to November 2021, EU27



Note: *Mean scores (scale 1–10). Confidence bars indicate the highest and lowest trust levels, of 95% of observations, for the two groups while controlling for sociodemographic characteristics.*
Source: *Living, working and COVID-19 e-survey series*

5 Role of social media

Media coverage of COVID-19

The severity and unprecedented nature of COVID-19, coupled with fragmented and often inaccurate information on its transmission and lethality, provided fertile ground for an exceptional amount of news coverage. Daily counts of positive cases, rates and deaths were made available on websites, on TV news programmes and in newspapers. COVID-19 related news became so pervasive that the Pan American Health Organization (PAHO) characterised the situation as an 'infodemic':

> *Too much information including false or misleading information in digital and physical environments during a disease outbreak. It causes confusion and risk-taking behaviours that can harm health. It also leads to mistrust in health authorities and undermines the public health response.*
>
> (PAHO, 2020)

As reporting factual and unbiased information was a hard task considering the newness of the virus, many media sources reported incorrect information or even disinformation. The reasons for this are manifold, ranging from a lack of knowledge on the virus (and hence false reporting of possible cures) to a monetisation of click-baiting articles in which origins of the virus and unconventional treatments were offered. Previous pandemics saw similar trends of online misinformation, as fact-checking is difficult to automatise (Del Vicario et al, 2016; Carrieri et al, 2019).

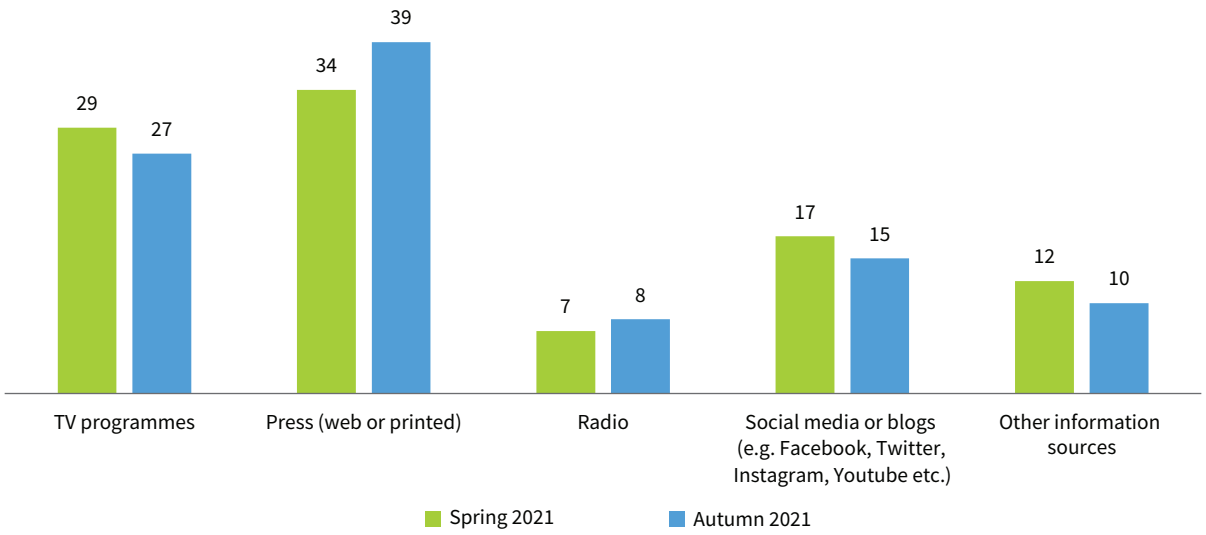
Prior to the pandemic, Eurobarometer data already showed that 37% of survey respondents came across fake news daily and a further 31% came across such news at least once a week (European Commission, 2018). A growing number of people consume their news via social media, especially younger cohorts, and tend to trust the news they read. Moreover, Eurobarometer data show that more educated respondents are more likely to spot misinformation in news than less educated respondents (European Commission, 2018). Recent findings show that users who relied on social media as their news source were exposed to more inaccurate information and fake news and had lower trust in health institutions. Users relying on Facebook and Twitter scored much lower on their knowledge of the virus and its symptoms than those preferring traditional media, such as newspapers and national TV programmes (Dhanani and Franz, 2020).

Media use during COVID-19

From the third survey round (February to March 2021) onwards, the LWC-19 e-survey included questions related to news media preference and social media consumption. The questions aimed to capture the extent to which respondents used social media and alternative online media outlets versus more traditional media such as TV programmes, radio and established newspapers, in both printed and online forms. The term 'social media' was intended to refer to both social media platforms such as Facebook, Twitter and Instagram, and other content-sharing platforms such as YouTube, blogs and other online outlets. Moreover, respondents were asked how much time they spend on social media, ranging from 'never' up to 'more than three hours a day'.

Traditional news media was the main news source among all age groups of the survey respondents. Figure 19 shows a clear preference for printed or online press outlets, followed by TV programmes. Social media or blogs were the third most preferred news source among respondents.

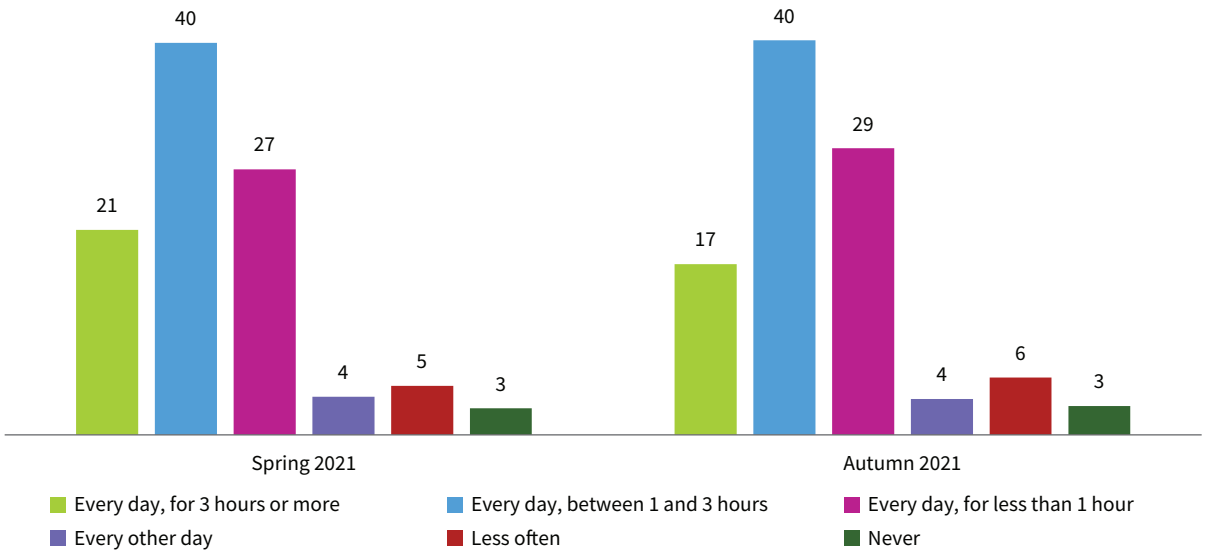
Figure 19: Preferred media sources, 2021, EU27 (%)



Source: *Living, working and COVID-19 e-survey series*

In terms of social media, 88% of social media users reported using social media on a daily basis in spring 2021, whereas the figure reduced to 86% in autumn 2021 (Figure 20). As expected, 27% of the youngest age cohort (18–29 years) reported preferring social media as a news source, confirming them as the age group with the greatest preference for social media. The other age groups did not differ much, with around one in five respondents preferring social media to traditional media across these groups.

Figure 20: Frequency of social media use, 2021, EU27 (%)



Source: *Living, working and COVID-19 e-survey series*

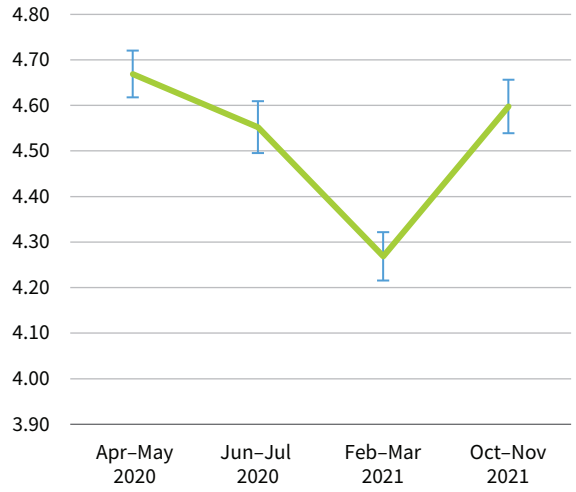
Regarding employment status, in spring 2021, almost 27% of unemployed and 21% of inactive respondents reported a preference for social media as their main news source, compared with 17% of employed respondents. The same trend, although slightly decreasing, was seen in autumn 2021, when unemployed respondents were the group with the greatest preference for social media. When it comes to education, small differences are seen. In spring 2021, respondents with tertiary education reported the lowest preference for social media as the main news source compared with those with lower levels of education, although the difference between the educational categories reduced in autumn 2021.

Similar results were obtained when considering how much time respondents spend on social media. A vast majority of respondents reported spending a considerable amount of time on social media in both survey rounds considered (Figure 20). When considering demographic distributions, interesting results are seen. Firstly, significant differences are not observed across age categories, with most people steadily reporting social media use between one and three hours a day. The youngest cohort, aged 18 to 29, reported higher use, for three or more hours a day, than the older cohorts. Secondly, and in contrast to age, differences are seen in social media use by employment status in both rounds. Generally, employed respondents declared lower use of social media than both unemployed and inactive respondents. This is probably due to them having less available time as they were working. Specifically, in spring 2021, social media use soared among unemployed and inactive respondents. A staggering 29% of unemployed and 26% of inactive respondents declared using social media for more than three hours a day, as opposed to a mere 15% among employed respondents. These numbers reduced in autumn 2021, when one in four unemployed respondents and one in five inactive respondents used social media for three or more hours a day. Interestingly, little changed for employed respondents, meaning that the surge in the use of social media could have been affected by current employment status.

Trust in traditional media versus social media

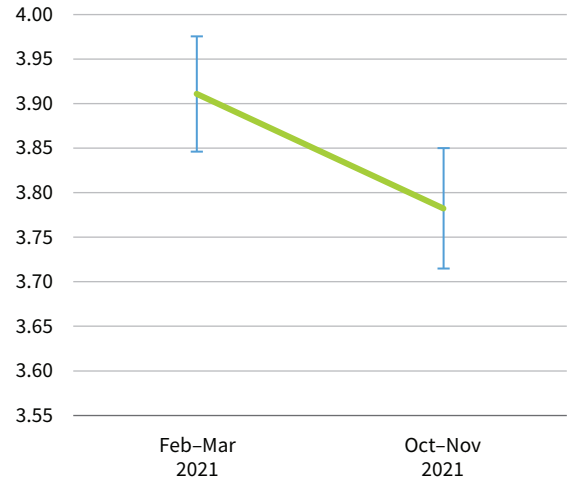
Not only is traditional media preferred as the main news source over social media, but findings from the LWC-19 e-survey show that respondents have a higher trust in traditional media than social media. In spring 2021, trust in traditional media reduced, but increased again towards the end of 2021 (Figure 21). Conversely, trust in social media was higher in spring 2021 than in autumn 2021 (Figure 22).

Figure 21: Predicted trust in traditional media by survey wave, 2020–2021, EU27



Note: *10-point Likert-type scale, ranging from 1 ('Do not trust at all') to 10 ('Trust completely'). Confidence bars indicate the highest and lowest trust levels, of 95% of observations, for the two groups while controlling for sociodemographic characteristics.*
Source: *Living, working and COVID-19 e-survey series*

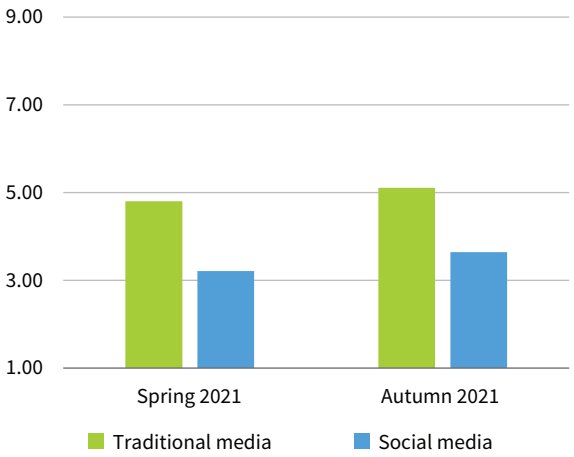
Figure 22: Predicted trust in social media by survey wave, 2021, EU27



Note: *10-point Likert-type scale, ranging from 1 ('Do not trust at all') to 10 ('Trust completely'). Confidence bars indicate the highest and lowest trust levels, of 95% of observations, for the two groups while controlling for sociodemographic characteristics.*
Source: *Living, working and COVID-19 e-survey series*

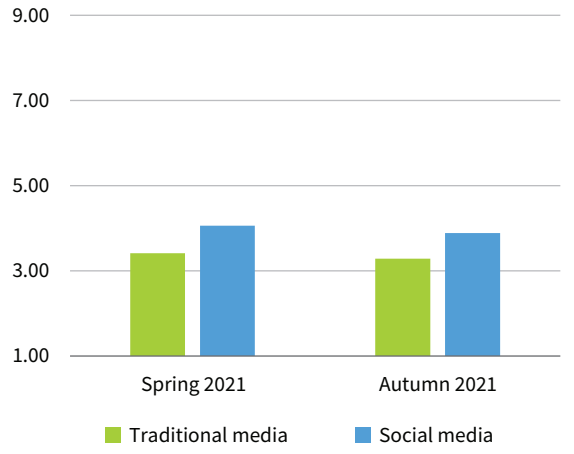
A noticeable difference in trust can be seen among respondents who prefer traditional versus social media as their news source. The third and fourth survey rounds show that respondents have more trust in their preferred news source: traditional media is more trusted by those who prefer it as their main news source and similarly, social media is trusted more by those who prefer using it. The results shown in Figures 23 and 24 highlight a clear polarisation between the two media sources, fostering the divide between those relying on traditional and social media.

Figure 23: Trust in traditional media by preferred news source, 2021, EU27



Note: *10-point Likert-type scale, ranging from 1 ('Do not trust at all') to 10 ('Trust completely').*
Source: *Rounds three (February–March 2021) and four (October–November 2021) of the Living, working and COVID-19 e-survey series*

Figure 24: Trust in social media by preferred news source, 2021, EU27



Note: *10-point Likert-type scale, ranging from 1 ('Do not trust at all') to 10 ('Trust completely').*
Source: *Rounds three (February–March 2021) and four (October–November 2021) of the Living, working and COVID-19 e-survey series*

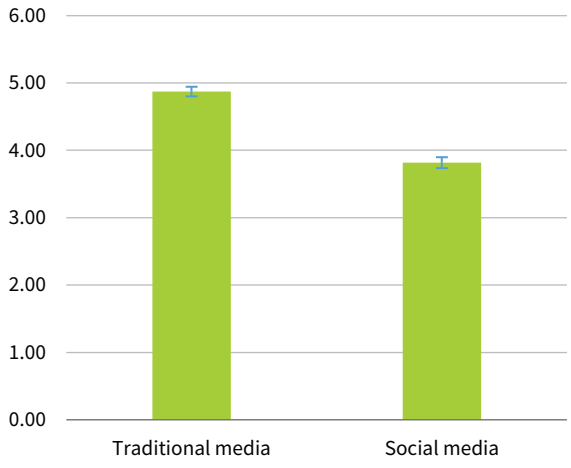
Institutional trust and social media

The digital environment boosts the circulation of news and gives a stage to otherwise unheard voices (Zhuravskaya et al, 2020). Reducing the barriers to accessing information is key to reaching and hearing marginalised people, which allows first-person experiences to be heard that otherwise would not be. Online blogs and social media posts are inexpensive and can have a far-reaching effect if shared to a wide audience. However, there are more negative aspects associated with this form of media. Inaccurate news from ambiguous sources can easily make it into the news feeds of many social media users, alongside established traditional media news. Social media is regarded as an amplifier of news articles (Allcott and Gentzkow, 2017), but there is limited control on the content of articles. Little experience with social media, a lack of verification skills and media fatigue can all contribute to the willing or unwilling consumption and spread of misinformation (Khan and Idris, 2019; Islam et al, 2020).

In the first stages of the COVID-19 pandemic, news items setting out causes of the outbreak and cures for the virus were released copiously and often unchecked. The first measures taken to limit the impact of COVID-19 were welcomed positively by citizens in a clear 'rally around the flag' fashion (Van Dijck and Alinejad, 2020). Nevertheless, misinformation circulated widely during the initial months of the pandemic. 'Imperfect decision-making' through public debate was much preferred to the 'perfect decision-making' established by institutions (Van Dijck and Alinejad, 2020). A wave of discontent manifested on social media. NewsGuard, an independent organisation monitoring online misinformation, flagged 186 European sites spreading misinformation on COVID-19 in 2021 alone. The NewsGuard report states that Facebook failed to detect misinformation for the first year of the pandemic. More than a million likes and followers were gained by 'super-spreaders' of online misinformation across social media (NewsGuard, 2021).

Respondents to the LWC-19 e-survey who declared social media as their preferred source of news scored significantly lower in institutional trust than those preferring traditional news sources (Figure 25).

Figure 25: Predicted institutional trust by preferred news source, EU27



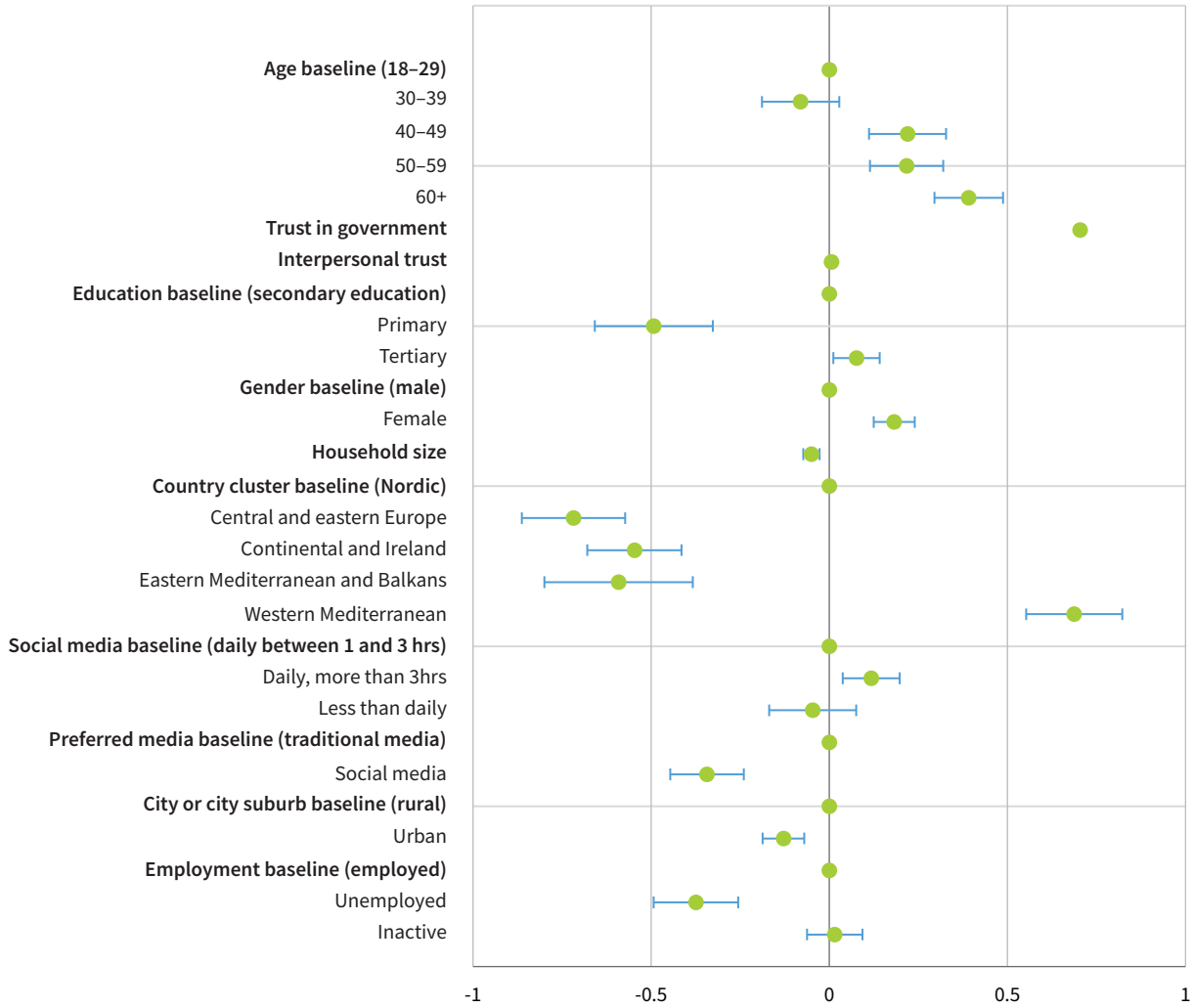
Notes: *10 Likert-type scale, ranging from 1 ('Do not trust al all') to 10 ('Trust completely'). Confidence bars indicate the highest and lowest trust levels, of 95% of observations, for the two groups while controlling for sociodemographic characteristics.*
Source: *Rounds three (February–March 2021) and four (October–November 2021) of the Living, working and COVID-19 e-survey series*

The impact of social media goes beyond distrusting institutions. As seen previously, institutional trust and discontent are closely linked. When people trust institutions, they tend to trust that they are functioning well to serve the best interests of citizens and maintain trust in democracy. The next section discusses how social media is also having an impact on dissatisfaction levels and discontent as regards government measures during the pandemic.

Discontent and social media

During the pandemic, media sources referred to the measures taken by governments to curb the spread of COVID-19 in different ways. Most traditional media sided with governments, supporting the implementation of non-medical measures and the vaccine roll-out (Nielsen et al, 2020). In line with previous findings, trust in government is the main positive driver of satisfaction with the government's handling of the pandemic (Figure 26). Similarly, drivers of dissatisfaction are unemployment and living in an urban context, with the latter perhaps the result of the stringent social distancing measures that did not allow people living in urban contexts to have much freedom.

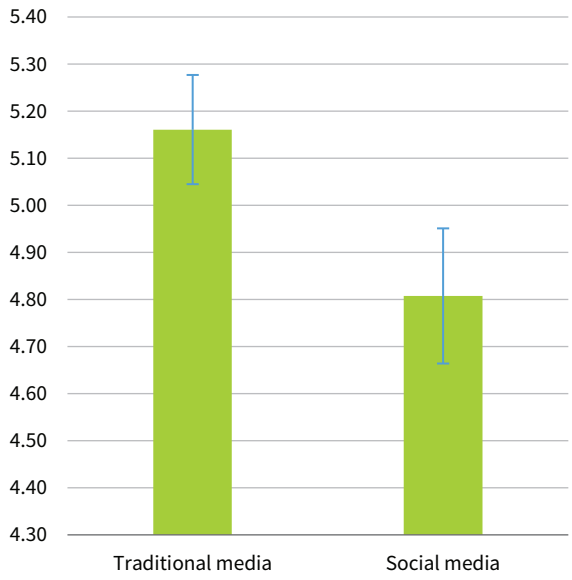
Figure 26: Overall satisfaction with the government's handling of the pandemic by various demographic factors, EU27



Notes: *Average marginal effect (AME) measures the effect of an independent variable on the dependent variable while holding the other independent and control variables constant. Confidence intervals are also provided. AME provides the coefficients. 10-point Likert-type scale, ranging from 1 ('Do not trust at all') to 10 ('Trust completely'). Confidence bars indicate the highest and lowest trust levels, of 95% of observations, for the two groups while controlling for sociodemographic characteristics.*
Source: *Rounds one (April 2020), two (June–July 2020), three (February–March 2021) and four (October–November 2021) of the Living, working and COVID-19 e-survey series*

The impact of social media is seen not only on respondents' trust in institutions, but also on their perception of the way governments acted during the pandemic. Respondents who prefer social media as their main news source responded more negatively about the way their government handled the pandemic than those who prefer traditional news sources (Figure 27). Interestingly, people who use social media daily for more than three hours scored higher in satisfaction than those who use social media daily but for less time.

Figure 27: Predicted satisfaction with the government's handling of the pandemic by preferred news source, October–November 2021, EU27



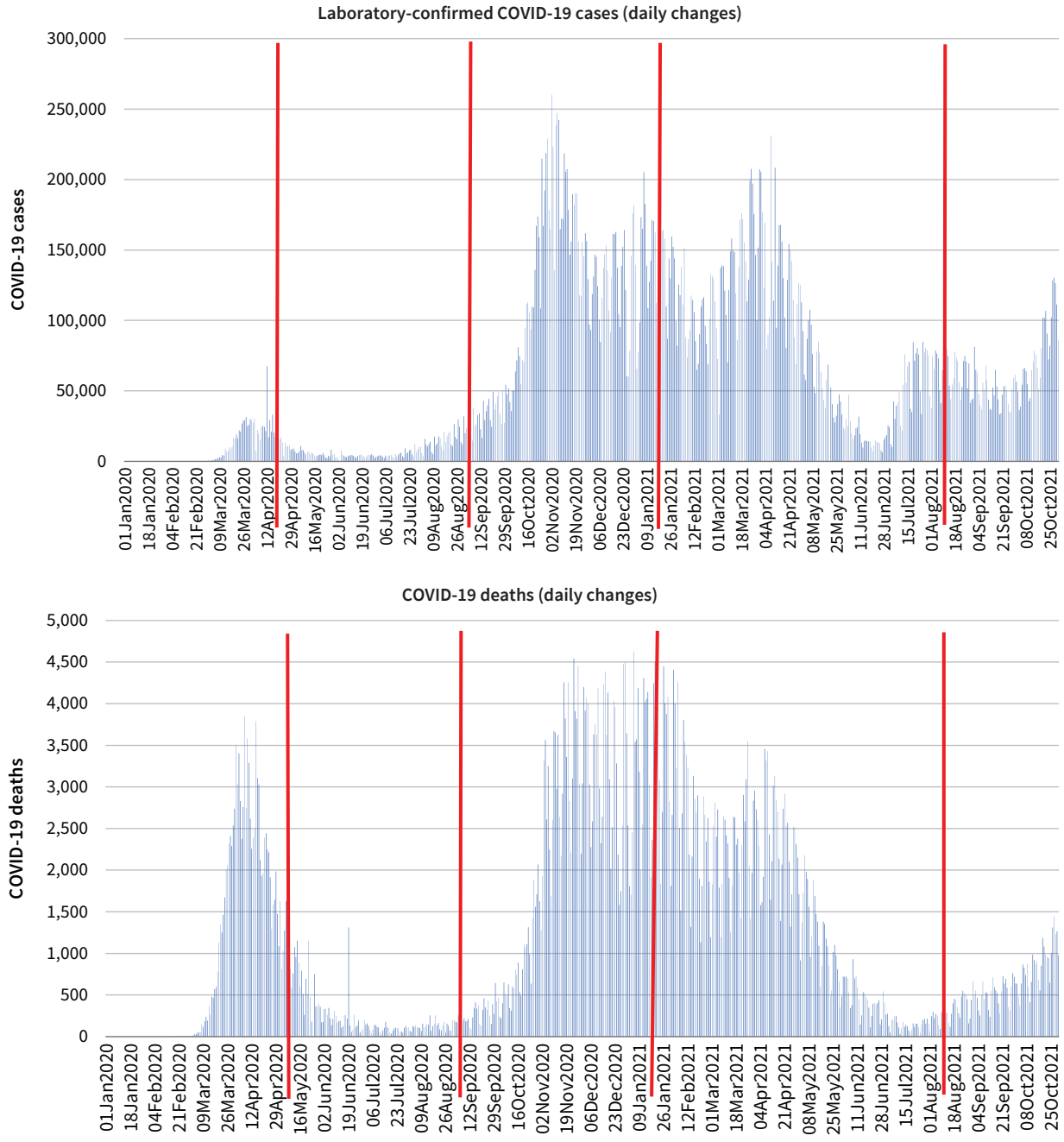
Notes: *10-point Likert-type scale, ranging from 1 ('Do not trust at all') to 10 ('Trust completely'). Confidence bars indicate the highest and lowest trust levels, of 95% of observations, for the two groups while controlling for sociodemographic characteristics.*
Source: *Round four of the Living, working and COVID-19 e-survey (October to November 2021)*

Respondents favouring social media as a news source tend to have lower institutional trust and lower satisfaction with their government's measures to contain COVID-19 than those who favour traditional news sources. Lower trust implies a higher discontent with democracy, as some citizens might feel unheard or left out of public decisions when their priorities and viewpoints are not reflected in government policies. Distrusting citizens will perceive their public agenda as being in open conflict with the mainstream public, and will therefore not feel represented by the democratic process. This fosters ongoing distrust and discontent with the democratic process. These analyses of discontent and distrust covered the evolution of the pandemic in 2020 and 2021, a period in which, as shown in previous chapters, trust in government, traditional media and democracy changed. However, during this period, social media was a consistent negative factor affecting trust in, and satisfaction with, institutions and their work.

6 Impact of government responses to COVID-19 on trust

This chapter explores whether government measures to contain COVID-19 had unintentional consequences on trust in EU countries. The main objective is to look at the extent to which trust is related to the respondent's subjective assessment of the measures, rather than at causality. The measures taken in the EU Member States are reviewed here according to the five country clusters and the four phases of the pandemic, from March 2020 to August 2021. These phases align with the course of the number of infections, and the subsequent reactions of the different authorities in Europe (Figure 28).

Figure 28: Epidemiological data for the COVID-19 pandemic, January 2020–December 2021, EU27



Source: *JRC (undated)*

Four phases of the pandemic

The four chronologically consecutive periods are as follows: the first phase was from February to June 2020, the second phase was from July to September 2020, the third phase was from October 2020 to January 2021 and the fourth phase was from February to August 2021. Furthermore, July to December 2021 saw a new expansion of infections. In this period, the response was of a different nature from previous infection expansions, as the public health and virological situation had changed, and, therefore, this period is not included in this analysis.

To map the measures, the database compiled by the Blavatnik School of Government of the University of Oxford is used (Hale et al, 2022). This database groups government responses into five categories, three of which are used in the present analysis: (1) containment and closure policies, for example school and workplace closures, the cancellation of public events, restrictions on size of gatherings, closures of public transport, stay-at-home requirements, restrictions on internal movement and restrictions on international travel, (2) economic policies, for example income support and debt or contract relief for households, (3) health system policies, for example, public information campaigns, testing policies, contact tracing and face coverings.[5]

Phase 1: Recognition of the crisis (February to June 2020)

In its first assessment on 9 January 2020, the European Centre for Disease Prevention and Control (ECDC) labelled the new coronavirus detected in Wuhan as a low-risk event. The Threat Assessment Brief noted:

> *Given that there is no indication of human-to-human transmission … the likelihood of introduction to the EU is considered to be low but cannot be excluded. … the risk of further spread within the EU should a case be identified is considered low to very low.*
>
> (ECDC, 2020a)

Three weeks later, on 26 January 2020, the ECDC confirmed the three first cases in France, preluding the imminent threat of large-scale infections. By 23 February, there were 121 confirmed cases and three deaths in the EU/European Economic Area and the UK (ECDC, 2020b). By 2 March, there were 2,199 reported cases and 38 deaths. Most of the cases and fatalities at that stage were in the northern Italian region of Lombardy, with 1,689 cases and 35 deaths. On 11 March, the WHO officially declared COVID-19 as a pandemic, as it was detected in 100 countries; at this stage, there were 17,413 cases and 711 fatalities in the EU/European Economic Area and the UK. A spatial analysis of the patterns of contagion showed that, in March, the pandemic was present, in order of prevalence, in Italy (Lombardy), France (the region of the Haut-Rhin) and Spain (Madrid community), but had spread further in the following weeks to the UK (Northern Ireland and north-east England), Belgium (Brussels region) and Sweden (Stockholm region). The rest of Europe followed suit shortly afterwards as a result of interregional mobility patterns and 'superspreading events' (ESPON, 2020).

It was in the wake of the publication of the first images of the northern Italian hospitals that most European countries introduced restrictive policies to mitigate the effect of the new threat.[6] Initially, the focus was on non-medical interventions and limiting physical contact, such as social distancing and restrictions on mobility. This brought about a disruption to existing daily routines in most countries. The main objective was to reduce mortality in the face of an unknown threat. After all, if risk is defined simply as the product of the probability of an event occurring and the damage it may cause, neither the probability of infection (the reproductive value of the virus) nor the probability of lethality or intensity could be estimated.

The containment and closure policies were implemented at an early stage in France and Italy. First, public events were restricted in France and Italy from the beginning of March, and these remained in place for the entire period, until the end of June. Measures were subsequently implemented by neighbouring countries in their clusters. In the western Mediterranean cluster, public events were cancelled in Portugal and Spain. In this cluster, only Malta was more hesitant. Italy, Portugal and Spain also banned arrivals from specific regions and eventually closed their borders to international travel.

After Italy, France was among the first countries in the EU with confirmed COVID-19 cases. The country banned public events, restricted gatherings and started to screen arrivals early on in this phase, then promptly switched to the banning of arrivals from some regions. These measures were gradually adopted by France's neighbouring countries, but also by the Nordic countries. Within each cluster of countries there were, however, still exceptions. Luxembourg, for example, never introduced restrictions on international travel. Overall, the Member States acknowledged the risk, yet the responsiveness of the eastern Mediterranean and Balkan cluster and the central and eastern European cluster lagged.

5 The fourth group is vaccine policies, which were put in place in 2021, and the fifth group is miscellaneous policies, which is a grouping of all other responses.

6 These measures had already been proposed in various technical reports (starting in February 2020) by the ECDC (2020b), and include proposals for non-pharmaceutical measures such as hand hygiene, face masks, environmental measures, social distancing, proactive school and day-care closures, measures in the workplace, measures related to mass gatherings and travel-related measures.

In addition to the restrictions on travel, various forms of lockdown measures were introduced in March and April to mitigate the spread of COVID-19. This was pursued by allowing only essential economic sectors to continue their activities on site. Teleworking became prevalent across Europe, and was particularly dominant in the service sector. Education did not escape this trend either and switched in many cases to online classes. However, these measures were not introduced in the same way in all Member States. Given the initial steep increase in the cases of COVID-19 in Italy, the country introduced very restrictive measures. This pattern was also visible in the other countries of the western Mediterranean cluster. There was, however, wide variation in these types of containment policies in the other clusters. In the Nordic cluster, Sweden never required any form of workplace closing. This was also the case for Bulgaria in the eastern Mediterranean and Balkan cluster. Moreover, in the continental and Ireland cluster, Luxembourg was hesitant in imposing closures.

From the end of March, schools were required to close in the western Mediterranean cluster, with Italy again taking the most stringent measures. These were followed by the countries in the other clusters, with the notable exceptions of most Nordic countries and some continental countries (Austria and Belgium), which opted to keep schools open as much as possible.

Governments equally took several economic measures in that period. For example, when economic activities were partially paralysed, many employees could fall back on systems of temporary unemployment. When companies went bankrupt, workers could fall back on existing unemployment compensation schemes. This support took the form of both financial income support and deferred payments or debt or contract relief for households. The types of measure varied depending on the cluster and the welfare regime. In most Nordic and continental countries, governments replaced more than 50% of the lost salary, while, in the western Mediterranean cluster, governments provided some support, but this was less than half of the lost salary. Moreover, most Nordic cluster countries did not provide debt relief. The variations were greater in the central and eastern European cluster and the eastern Mediterranean and Balkan cluster.

The main aim of the economic interventions was to stabilise and secure employment and to protect the economic fabric, for example temporary moratoriums on bankruptcies and compensatory financial injections for companies that had to suspend their activities. In addition, many administrations showed flexibility by granting extensions to various procedures or postponing payments. Most economic support measures were of a generic nature and applied indiscriminately to eligible firms and organisations.

The ECDC also recommended the implementation of health policies, using testing, contact tracing and the use of face masks. In this first phase, there were very large differences in testing policies and contact tracing across countries. Testing policies and contact tracing were probably a function of the available capacity at the time of the first wave. Thus, very limited contact tracing was seen in Estonia, limited contact tracing was introduced in the Nordic cluster (Denmark and Finland) and also in France, Portugal and Spain, and more widespread contact tracing was seen in Croatia, Czechia, Hungary, Italy, Luxembourg, Malta and Slovakia. Finally, large differences were observed in the implementation of face masks. This was recommended very early on in France and Italy, while it was not regulated at all in the Nordic cluster or in several countries in the central and eastern European cluster.

From February and March to June 2020, COVID-19 affected the everyday lives of all Europeans. All countries set up public information campaigns using different media to inform their populations of the dangers of the virus and the necessities of social distancing and hygienic measures. They used both traditional and social media to reach as many groups of the population as possible and, in some cases, also framed the importance of abiding by the new rules as acts of civic responsibility and national solidarity (Jacobs et al, 2020).

Phase 2: Relaxation of measures (July to September 2020)

As the prevalence of COVID-19 and mortality rates declined between May and September 2020, governments continued to monitor the secondary effects of COVID-19. The general objective continued to be to mitigate the pressure on health facilities and to protect the entire health system from a systemic failure.

Social distancing measures remained central to this, while most of the lockdowns and travel bans were partly lifted. The main exceptions were Italy and the countries of the western Mediterranean cluster. In the other countries, it was recommended to stay at home, with so-called ‘staycations’ during the summer, but there were no other major restrictions. Within Europe, travel modalities were agreed and passenger location forms were used to facilitate international travel during the summer holidays, with agreed protocols. However, travel from outside the EU was more strictly monitored and quarantine rules for travellers were enforced in certain countries.

Furthermore, efforts were made to limit contacts through work. However, a divide was seen between countries setting a recommendation to work from home and those with a requirement to do so. Sizeable differences were also seen in the measures for schools

and higher education institutions. In a limited number of countries there were no measures in place, while in many continental countries distance learning was organised for secondary schools and higher education institutions, while primary schools remained open.

In terms of public events and social gatherings, there were clear differences between the central and eastern European clusters, where measures were relaxed (Croatia, Lithuania and Poland), and the continental and Ireland and western Mediterranean clusters, where strict regimes were maintained (such as in Belgium, France, Italy and Portugal).

In all EU countries there were public information campaigns using different media outlets to inform the public about the risks of COVID-19 and the rules for behaviour. There was one notable exception to this trend, namely Lithuania, where public officials urged caution about COVID-19 in general terms, without resorting to a thorough coordinated information campaign.

Income support was also a general trend. It was provided in one form or another in many European countries. Most countries in the continental and Ireland, western Mediterranean and eastern Mediterranean and Balkan clusters provided a broad form of debt relief. Debt relief was offered in a restricted form in the Nordic cluster and in many countries of the central and eastern European cluster, while in some countries in the central and eastern European cluster (Estonia and Latvia), and in Germany, no debt relief was offered.

Regarding measures concerning health systems – particularly testing policies, contact tracing and the wearing of face masks – an increasing convergence was seen in most countries towards systematic testing of everyone with symptoms (apart from Bulgaria and Hungary). Contact tracing measures were also widely rolled out in most countries. However, the greatest discrepancy related to the wearing of face masks: in the western Mediterranean, continental and Ireland and the eastern Mediterranean and Balkan clusters, this policy was kept as optional for as long as possible, while, in the Nordic cluster and some countries of the central and eastern European cluster, it very quickly became mandatory.

Phase 3: Second wave (October 2020 to January 2021)

From October 2020 to January 2021, all European countries were faced with a second wave of infections. The timing differed from country to country, but this wave occurred in all countries and again led to an increased admission of patients into intensive care units in hospitals and placed the health systems of various countries under pressure. Consequently, various policy measures were reintroduced in a number of areas.

Similar to the previous phase, all EU countries coordinated public information campaigns to disseminate the latest information on the virus, to present the measures to be implemented and to set out future prospects. However, Lithuania continued to invest less in such information campaigns than other Member States.

The once again restrictive approach was clear from the regulations and recommendations on home working. In this case, the lead was taken by the central and eastern European cluster, which was confronted with an earlier rise in the reproduction number of the virus. In the end, all clusters evolved towards a situation in which workplaces were required to close, except for Malta, which only recommended closing workplaces.

As infections surged, there was more evidence that children played a role in the transmission of the virus. As a result, restrictions on going to school (in combination with distance learning) were implemented in most countries. In the end, schools were closed in all countries (even if only for one of the education levels), but these closures came later in the Nordic cluster and in some countries of the central and eastern European cluster. Keeping schools open became a thorny political issue in several countries, as closing schools put extra pressure on families with children; school closures increased the pressure on the work–family balance and increased the already very heavy burden on women's time allocation. There is growing evidence from different European and non-European contexts that this also increased the gender differences and the inequality in the workload between men and women (Farre et al, 2020; Landivar et al, 2020; Czymara et al, 2021; Dang and Viet Nguyen, 2021; Oreffice and Quintana-Domeque, 2021; Easterbrook et al, 2022).

In addition, public events and social gatherings – areas in which measures were generally somewhat less restrictive – were banned again during this period of renewed infections. Only Croatia recommended, rather than required, the abolishing of such events. The lockdown measures – restrictions on movement and presence in the public space or at the workplace – were reintroduced, albeit in a less stringent form. Compared with the first wave, more countries had no measures, while a substantial number of countries relied on recommendations to stay at home. However, stay-at-home restrictions remained a requirement, in most of the countries in the western Mediterranean (Italy, Portugal and Spain) and eastern Mediterranean and Balkan clusters (Cyprus and Greece), in many countries of the continental and Ireland cluster (Belgium, France, Ireland and Luxembourg), and in some countries of the central and eastern European cluster, as infection rates continued to rise in this second wave, which led to greater incidences in most countries than in the first wave. The Nordic cluster maintained the

recommendation to not leave the house during the peak of infections, while some countries of the central and eastern European cluster and Malta did not take any measures in this regard.

The measures were generally less stringent than during the first wave in terms of international and within-EU travel. The focus was on restricting travel from specific regions through colour coding (to catalogue the number of infections in the region of origin). Only Hungary restricted all international travel during this entire period.

In terms of economic measures, income support was maintained in most countries during this period of reduced economic activity in certain sectors, such as the catering industry and culture and events sector. Once again, there were exceptions, with some countries in the central and eastern European cluster (Estonia, Hungary and Latvia), the Nordic cluster, and France and Germany lacking debt relief, whereas this was offered in one form or another in the other EU Member States.

As regards health policy measures, all countries invested heavily in a testing policy. All clusters undertook generalised testing of people with symptoms and established mass testing centres, the only exception being Bulgaria (which only tested individuals with symptoms who at the same time met specific criteria). There was also a disparity in the use of contact tracing strategies. The Nordic cluster, as well as some countries from the central and eastern European cluster, the western Mediterranean cluster and France, opted for limited contact tracing. In most countries of the other clusters, contact tracing was widespread at the height of the second wave. An evaluation of these strategies in terms of their effectiveness and proportionality would allow lessons to be learnt from this crisis, in preparation for new potential public health problems. The use of face masks also seemed to be widespread during this period, with the exception of most countries in the Nordic cluster (apart from Denmark).

Phase 4: Realm of freedom? (February to August 2021)

From February to August 2021, it became apparent that vaccinations could help achieve group immunity and normalise daily life. This offered the possibility of relaxing restrictions and experimenting with deploying renewed social and economic activities. The introduction of an EU digital COVID certificate (to show vaccination and/or recovery from infection) provided a means for opening up parts of social life. While most countries continued to invest in public information campaigns to disclose the measures being implemented (except for some Baltic countries) and on vaccinations, there was growing resistance.

Regarding policy measures, telework remained a requirement in several countries. The reduction of contact through schoolchildren was equally continued in most countries. Only Spain recommended (but did not require) the closure of schools, while, in Belgian regions (especially in Flanders), primary and secondary schools were kept open if possible. Several countries used ‘extended’ mid-term holidays or school-free periods to provide ‘cooling-off’ periods for the circulation of the virus. This did not always benefit the youngest age groups.

Public events continued to be banned in most countries across all clusters, apart from Croatia and Luxembourg (which considered this as a recommendation). Meetings with large groups of people were still restricted in most countries, while recommendations to stay at home became less stringent and more countries abolished these measures than in the previous phase. These measures were abandoned in the central and eastern European cluster and in Malta. A similar trend can be observed in terms of domestic travel, which was regulated in some countries and restrictions relaxed in others. This is where the dichotomy between the Nordic and central and eastern European clusters and the other clusters stood out. In terms of international mobility, there was still a limitation for passengers from certain regions. Within Europe, the passenger location forms and the EU digital COVID certificate became prerequisites for a renewed movement towards more travel.

In terms of economic support measures, the differences between countries became more apparent. Provisions for income support remained in place during this period for citizens that still had reduced economic activity. Again, the central and eastern European cluster (particularly Estonia, Hungary and Latvia) is the exception. The fact that not all sectors were able to restart optimally also meant that the measures in terms of debt relief remained in effect in most clusters. Here too, however, the absence or reduction of debt relief was seen in the Nordic cluster, in some countries of the central and eastern European cluster (Estonia and Latvia) and in some core countries in the continental and Ireland cluster (France, Germany, Luxembourg and the Netherlands).

In terms of health policy, freely available test sites became almost ubiquitous at this stage. Anyone with symptoms could be tested in most countries. There was still a difference in approach regarding the use of contact tracing strategies. Contact tracing was widespread at the height of the second wave in most countries of the continental and Ireland, western Mediterranean, and eastern Mediterranean and Balkan clusters. The Nordic cluster and many countries of the central and eastern European cluster opted for limited

contact tracing. Face masks also became the new normal in most countries, but countries differed in the locations where they were required, such as on public transport, in closed buildings and in schools.

Country clusters through the four phases of the pandemic

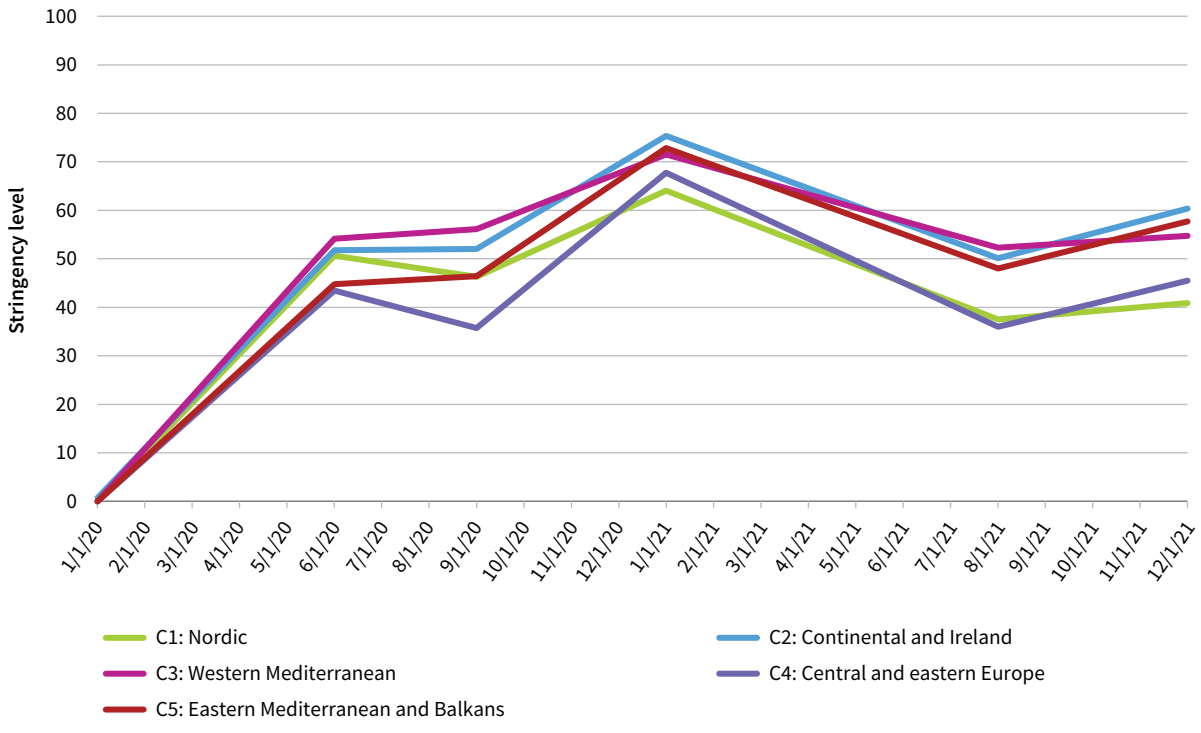
The differences between the clusters of countries can be summarised using a general 'stringency index' for each phase (Ritchie et al, 2020a). This measure is based on the occurrence of nine restrictions – school closures, workplace closures, the cancellation of public events, restrictions on public gatherings, closures of public transport, stay-at-home requirements, public information campaigns, restrictions on internal movements and international travel controls – and is expressed as a score out of 100. The higher the score, the stricter or more restrictive the policy.

Looking at the changes in the stringency index over time (Figure 29), an increase in restrictions can be seen in all of the country clusters during the first phase of the pandemic. From the second phase of the pandemic onwards, there was increasing divergence between the clusters in terms of restrictions. The western Mediterranean and the continental and Ireland clusters remained the most cautious. The central and eastern European and the Nordic clusters were the least stringent. The eastern Mediterranean and Balkan cluster converged with the most cautious clusters in the third phase (at the time of the second wave of infections).

By the final phase, the differences were most marked between the Nordic and the central and eastern European clusters and the other clusters.

Governments implemented a mix of measures, with restrictions that were tightened in line with the degree of contagion and also compensatory measures in response to restrictions, which may not always have benefited all of those who needed them or were not recognised and used as intended. The implication is that the COVID-19 crisis did not affect everyone equally. People who were already in a precarious socioeconomic situation were probably hit hardest. The crisis also suddenly and unexpectedly affected various categories of workers and caused increased levels of stress. The fluctuations in restrictive measures over time in specific economic sectors may also have hit some groups harder in terms of disposable income, but also in terms of mental resilience. For instance, the cultural and creative sector received support in many countries but suffered the longest from the restrictions and the ban on organising events. This often stood in contrast with the opportunities and facilities granted to the (non-food) retail sector. A large proportion of the people working in this sector are self-employed and could not always easily claim the compensation provided. Nevertheless, many governments provided, among other things, compensation, grants, extensions of already-existing support measures, unemployment schemes, loans (and/or loan guarantees), postponements of legal obligations (for example, tax and rent), advancements

Figure 29: Changes in the stringency index for the five country clusters, January 2020–December 2021, EU27



Note: *The 'stringency index' for each phase is expressed as a score out of 100. The higher the score, the stricter or more restrictive the policy.*
Source: *Ritchie et al (2020b)*

on payments and allowances for freelancers (KEA European Affairs, 2020). However, growing perceptions of inequality and diminishing resilience can have a detrimental impact on the way institutions and policies are perceived. Resentment might have increased among the sectors that were not always so economically strong or at least did not always have a direct line to policymakers.

Trust during crises: Resilience versus resistance

Testimonies on how trust changed in response to COVID-19 policy measures

All European countries were affected by the pandemic, yet not all experienced the same dramatic increase in infections and deaths. The differences in the pressure felt on the healthcare system could explain why some countries had to react more drastically than others (Engler et al, 2021). The variety of measures, however, led to heated debates with policymakers, scholars and the wider public on the actions to be taken and how quickly these measures should be implemented or reversed, while public health experts monitored in real time which measures are effective (Hale et al, 2022).

Research suggests that countries entered the pandemic with varying levels of social and political trust (Ortiz-Ospina and Roser, 2016). Like other resources of capital, citizens' trust should be monitored and replenished in times of hardship (Easton, 1975), but it is precisely this trust that can be a fluid concept and an elusive reality. On the one hand, governments can take decisive measures only if there is a minimum degree of loyalty and trust among the population. On the other hand, measures taken by the same government to protect or support its citizens can erode trust and loyalty. The previous chapters have discussed how the pandemic has affected trust, while also highlighting that trust equally influences how societies cope with health crises (Esaiasson et al, 2020). However, to understand citizens' intentions to comply with and support measures, an assessment is needed of how citizens' trust changed in response to various COVID-19 policy measures.

In this section, the aim is to relate the figures from the previous chapters to the measures taken. A causal mechanism is not automatically assumed; instead, patterns in people's perceptions are sought. To do this, a qualitative approach focusing on two countries, namely Belgium and Greece, has been taken (Box 1 gives background information on each case study).

Based on four focus group interviews, two of which were organised in Belgium and two in Greece (see Annex 3), the following sections discuss citizens' attitudes to various COVID-19 policy measures and how these measures have shaped their trust (and discontent) in times of COVID-19. Specific attention is devoted to the lockdown effect, the relaxation of measures in phase 2 (July–September 2020), the vaccination strategies and the perceived role of their institutions and the EU. This qualitative exploration does not intend to paint a representative picture of what was going on in both countries. Instead, it aims to determine if the previous analyses and interpretations can be supplemented with material that is more anecdotal in nature. Therefore, understanding why certain perceptions exist or specific ideas come to the fore is key.

Box 1: Case studies – Belgium and Greece

Belgium is a core country in the continental and Ireland cluster, where the first confirmed cases of COVID-19 were found as early as the beginning of February 2020. The country itself has an elaborate network of health facilities, but reacted from mid-March with restrictions on internal and international mobility and on working outside of the home and attending school. It is also a federal country where different powers are distributed across various decision-making levels. Healthcare is a federal matter (and thus applies to the whole country), whereas education is a matter that belongs to the federated communities (the Flemish-, French- and German-speaking communities) and employment belongs to geographically defined regions (the Flemish Region, the Walloon Region and the Brussels Capital Region). This brings an additional level of complexity to coordinating measures (Deschouwer, 2012).

Greece is in the eastern Mediterranean and Balkan cluster. It has approximately the same population size as Belgium, but its health facilities are not as extensive. The country had its first confirmed COVID-19 case at the end of February 2020 and immediately adopted stringent policy measures. Thus, at the outset, the country experienced an enforced nationwide lockdown, the restriction of contact through the workplace (and thus also a restriction of economic activities), the closure of schools, the restriction of international travel and a strict quarantine policy.

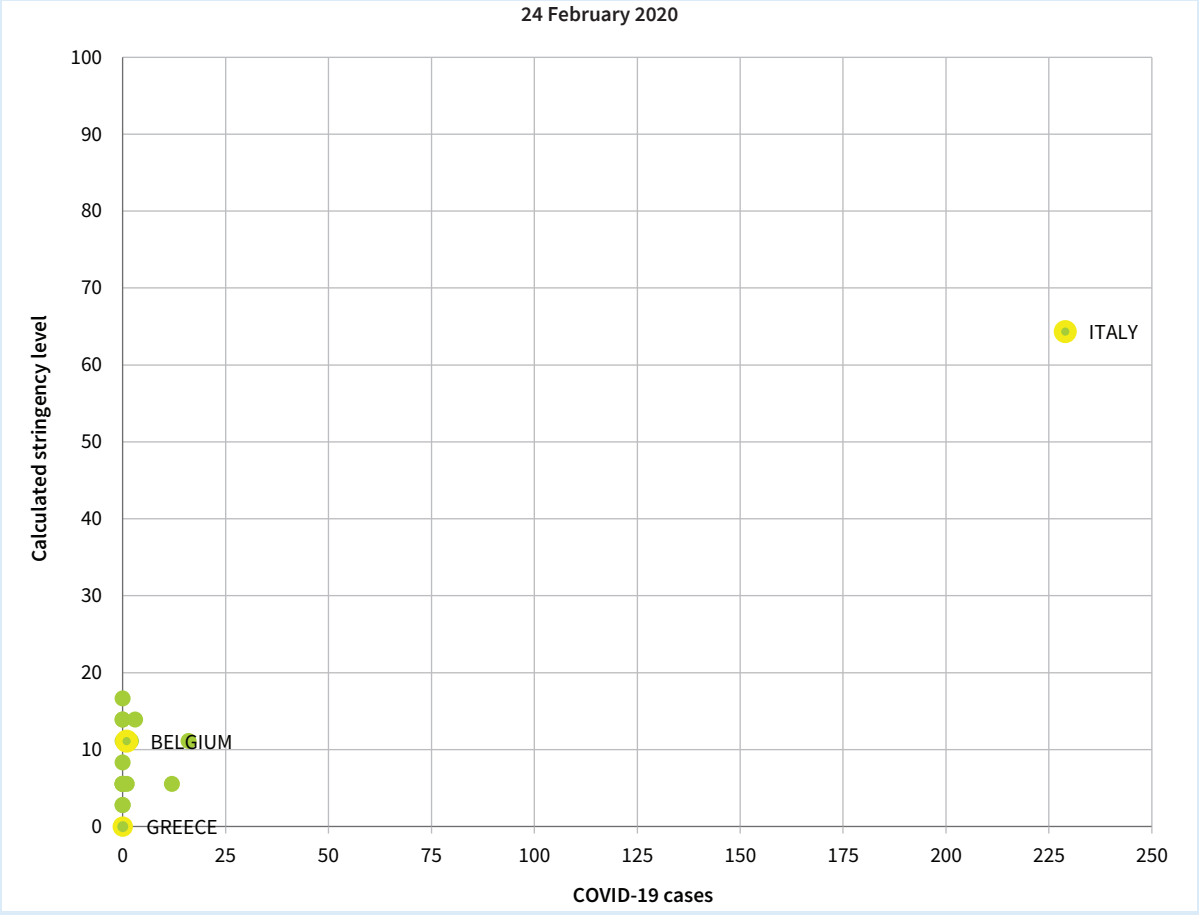
Lockdown and 'rally around the flag' effects

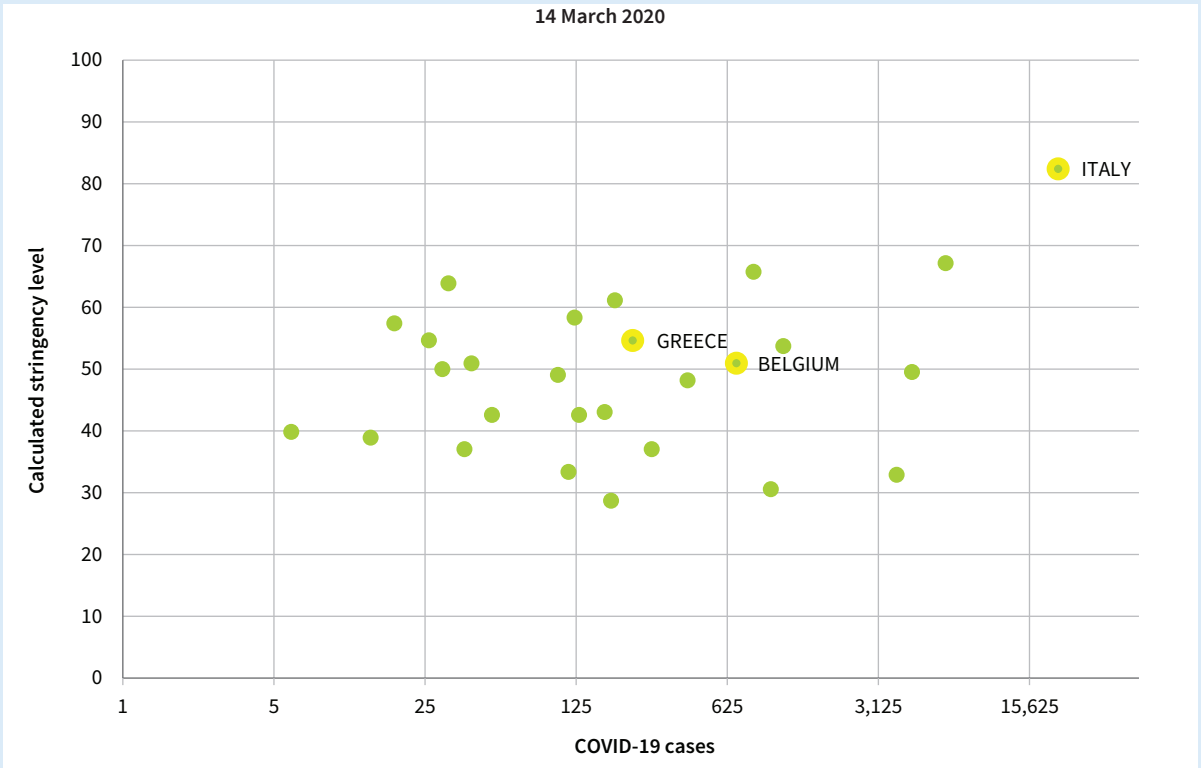
Most countries resorted early on, but not exclusively, to lockdown measures aimed primarily at limiting interpersonal contact (Box 2). These restrictive measures proved, in the first months of the pandemic, to be successful in preserving the functioning of the healthcare system and saving lives. However, these measures also put limitations on the freedoms and rights of individuals. This quickly led most policymakers to consider the issue of the 'democratic dilemma' that had arisen: the uneasy trade-off between public health and the restriction of rights and freedoms (Amat et al, 2020). Then again, and as highlighted earlier, the lockdown measures initially increased trust in the government, an assessment that can be explained by the fact that it was perceived as pertinent to the pandemic threat (Bol et al, 2020).

Box 2: Scope of lockdown policies across countries

In coping with the COVID-19 pandemic, all EU Member States temporarily issued various forms of lockdown measures, including stay-at-home-requirements, school and workplace closures, and restrictions on social gatherings and mobility. These measures were implemented to (1) inhibit the circulation of COVID-19 and (2) safeguard the most essential economic sectors. Figure 30 illustrates, per country, the relationship between the stringency of the restrictions implemented through national policy and the number of COVID-19 cases at two different points in time, namely 24 February and 14 March 2020 (with Belgium, Greece and Italy highlighted in the figure). This stringency indicator summarises the containment and closure policies of each of the countries (Hale et al, 2022).

Figure 30: Stringency of restrictions from national policy and the number of COVID-19 cases at two time points, 24 February 2020 and 14 March 2020, EU27





Note: *The 'stringency index' for each phase is expressed as a score out of 100. The higher the score, the stricter or more restrictive the national policy.*
Source: *Living, working and COVID-19 e-survey*

From this figure, variations can be seen in the scope and intensity of the lockdown policies between the EU Member States. For example, Italy, as the first European country affected by the COVID-19 pandemic, imposed early on (in February) a nationwide stay-at-home restriction and, once implemented, its lockdown measures remained in place. Other European countries imposed similar COVID-19 policy measures but did so before reaching the same point in the health crisis as Italy, which probably resulted in fewer victims of the virus.

From the focus group interviews conducted, the uncertainty that accompanied the spread of the virus was clear. Participants almost unanimously agreed that there was widespread concern at the time of the outbreak, which partly explains their consent to the first COVID-19 policy measures, notably the lockdowns, social distancing guidelines and restrictions on mobility.

Overall, the respondents expressed a general willingness to comply with the policy measures implemented to combat the virus. All participants, without exception, rationalised the stringent measures in phase 1.

A Belgian participant recalled:

> *In that first period we were actually very anxious and did not often leave our house ... we followed the rules rigorously.*

Acknowledging the unprecedented nature of the pandemic, the participants expressed their conditional approval of the initial measures. The measures were followed as a result of the fear of the unknown. As a Belgian participant noted:

> *Everything suddenly went into lockdown, and at the time I was simply unaware of what was actually going on … It was worrying. To what extent can I infect people, or can I become infected myself and possibly endanger my family?*

The same fears and concerns were held by a Greek participant:

> *Back then you were saying that if I got infected, I am going to die or if I don't die my mother will die. You were sure that something very bad will happen. Now we have demystified that.*

Moreover, it was recognised that the lockdown measures were proportional. Consequently, in this initial phase, signs of the 'rally around the flag' effect were observed among the respondents in both Belgium and Greece, as they expressed higher levels of trust in policymakers than in other phases of the pandemic.

Nevertheless, as the epidemiological situation did not immediately revert to a pre-COVID-19 situation, but altered in consecutive infection waves, some of the respondents began questioning the adequacy of their governments and the necessity of specific policy measures. A Belgian participant stated:

> *Those first weeks, if not months, I trusted the government. … But as time went on, the willingness to follow measures did diminish significantly.*

The main objective was to safeguard the public health system, yet, as the perceived effectiveness of the COVID-19 measures waned, discontent increased. According to a Greek participant, lack of agreement between policy actors and experts inadvertently reinforced the unpredictability of the health crisis. In the first phase, this issue arose in relation to the policy on wearing masks. A Greek participant stated:

> *There was an inconsistency. At first, they told us not to wear masks, afterwards they told us to wear masks everywhere.*

Apparently, the respondents' opinions about the stringency of the COVID-19 guidelines started deteriorating after measures, and especially the justification for those measures, changed several times as the crisis wore on. In both countries, there were respondents, regardless of age, who pointed out that the measures did not seem proportionate to what was achieved. Among a few Belgian participants, the perception persisted that policy actors were not always aware of their own rules, leading to confusion and polarisation. The view was held by one respondent that the government was handling the crisis chaotically. Others were more sceptical about the necessity of going to such lengths, questioning the stringency of the COVID-19 policy measures.

All participants from the four focus groups adhered to the initial lockdown measures. The unknown danger related to COVID-19 led people to follow the measures and effectively led to a focus on a protecting and guiding government. This confrontation with the possible fatal consequences of an unknown enemy created a situation known in the social-psychological literature as 'terror management': those who experience this react emotionally, 'regress' in their attitudes and perspective, and rally behind a leader (Jost et al, 2009). Perhaps unsurprisingly, the interviews corroborate the fading of the 'rally around the flag' effect as the pandemic wore on, especially during phase 2. Moreover, participants reported growing discontent as trust in epidemiological factors continued to decline in favour of more traditional factors that explain trust. This seems to indicate that the decline in trust was not necessarily a function of the prevailing policy or a function of mortality due to COVID-19. Instead, it seems that the participants were concerned about the democratic dilemma and believed that policymakers' responses were inadequate or inconsistent.

Easing of the COVID-19 policy measures (July–September 2020)

Across the EU Member States, the COVID-19 policy measures were gradually relaxed between July and September 2020, as peak incidences passed and mortality rates declined in most countries (Figure 28). As illustrated in the previous section, most social distancing measures were still in force during the second phase, while stay-at-home requirements, restrictions on public events and gatherings, and restrictions on national and international mobility were easing (Hale et al, 2022). Nevertheless, national and international public health experts were more critical, warning that premature relaxations would inevitably lead to a second wave of infections (Xu and Li, 2020).

In general, the easing of COVID-19 measures in the summer of 2020 brought reassurance to many respondents. Participants in both countries welcomed the end of the first, stringent lockdown measures. Moreover, the respondents reported feeling relief from the prior pressure and, allegedly, did not pay too much attention to the presence of the virus in that period. The younger respondents in particular emphasised the detrimental effect of the containment and closure policies on their well-being and social contacts:

> *Yes, I went on holiday with my boyfriend by bike. … but this year it was maybe a little bit more conscious really being in nature or something, because we had been inside so much in the months before that.*

This corroborated the finding that young respondents (aged 18–34) experienced more loneliness, tension and depression than other age cohorts, as measured in July 2020 (Eurofound, 2021).

Unsurprisingly, most of the participants saw the easing of restrictions as an opportunity to travel both nationally and internationally, interact with family, friends and other peers and attend social meetings and gatherings. While European travel modalities were agreed upon and passenger location forms were used to facilitate international travel during the summer holidays of 2020, most respondents admitted to only having travelled a little due to practical considerations and the changing epidemiological situations at their destinations. It seems that, for some respondents, the whole crisis took up all of their mental space from the beginning, making the whole first phase a vague period. In the words of a Belgian focus group participant:

> *But I didn't go on holiday … that wasn't the plan anyway. I didn't have the time or space for that at the time anyway. All that is so completely lost in the fog ... as far as I am concerned, so I just had a very nice summer.*

In contrast with within-EU travel, international travel to and from the EU was more strictly monitored, and quarantine rules were imposed on travellers from specific destinations. These formal rules contrasted with practices on the ground. A Belgian respondent who travelled to France had the feeling that authorities were overreacting:

> *When we were on holiday and we went shopping with our face masks on, time and again, at that time in the south of France, yes, they were laughing at us a little bit, putting on our masks time and again, because at that time in that region, yes, they had not actually had a single corona victim, so they did not really understand what we were so worried about it.*

A few older respondents in Belgium, however, pointed out that they did not understand the easing of restrictions given the risk in the increasing epidemiological context. Epidemiologically, abandoning the COVID-19 measures at that stage was irresponsible, in their view. This was also noted by both Belgian and Greek respondents, for example:

> *The scientists' approach, I think, was quite restrained. They said that we should still observe the measures … that the coronavirus exists. The government was a little more relaxed.*

As it turned out, by September 2020, most measures had to be reintroduced. This 'yo-yo' movement (implementing lockdown measures, easing restrictions and then reintroducing lockdown measures again) appeared to be detrimental to respondents' trust in political actors. A perception among a minority of respondents was that the second wave of infections could largely have been avoided if the restrictions had not been phased out so quickly. Consequently, respondents' perceptions of the easing of COVID-19 policy measures ranged between 'relief' and 'absurdity'. Clearly, societal pressure and the willingness to ease the non-pharmaceutical interventions was considerable, but whether it was epidemiologically reasonable or not was disputed among the participants. A Belgian respondent who followed the rules in the first phase, but described himself as 'sceptical' in the fourth phase, described the whole situation as absurd and stated:

> *I didn't think it was OK. It should have been normal holidays … Shopping streets that had been drawn in goose-board style to follow just to do an errand … People with orange jackets sitting there checking … like you should be on the right, because you're going that way in another direction … And we were supposed to be happy? No, that was not the case with me at all.*

Evolution of perceived trust in policymakers

The evaluation of the subsequent waves of COVID-19 (from autumn 2020 onwards) among the participants is quite different from that of the first outbreak (spring 2020). The focus group interviews in both countries implied that the respondents adhered to the policy measures, yet their readiness to do so was waning. In general, there was a shared sentiment among the participants that, from the second wave onwards, the policy measures were no longer effective, but were still implemented. In some cases, they were even deemed arbitrary. Moreover, according to the respondents, the package of measures did not seem coherent, effective or proportionate to the impact achieved.

During the first outbreak (phase 1), Greece received praise for its reaction. That was not the case in the following waves. Participants mentioned that the government's stringent measures (mandatory face masks, the use of mandatory SMS messages so that people could go out or move around within the country, movement restrictions, even within commune borders, and the prohibition of movement at night) were not paying off. It was also pointed out that there were reports that politicians themselves did not adhere to these strict measures. Unlike the first outbreak, in the subsequent waves and despite strict measures, the COVID-19 indicators were not decreasing. Cases were constantly on the rise and even more so than during the first wave. Characteristic of many respondents' feelings, one respondent stated:

> *Instead of getting the benefits [from strict measures] we were waiting for, to have decreasing infections, to get the indicators to decrease … We achieved the opposite. We had an explosion of infections from a point onwards if I am not mistaken.*

Similar observations were made by the Belgian focus group participants. Certain measures were deemed arbitrary by them, and following them was not always straightforward. One of the younger participants admitted that she followed most of the measures but became resentful towards the policymakers over time:

> *There had been a very clear point why my confidence was gone and that was at the moment of introducing the CST [COVID safe ticket] … because … I don't know, I really had the feeling of … what kind of performance or for performance gigantically orchestrated performance is this? And … also very authoritarian … I don't agree with that … But I have always obeyed most of the measures … So, maybe that's why I'm a bit angry about it.*

While the measures aimed at social distancing were restrictive, governments also offered economic support measures. This was not addressed as much in the focus groups. A number of respondents from both the Greek and the Belgian groups benefited from financial support measures. This financial support was perhaps not ideal, but it was the best possible outcome under the circumstances. The strong emphasis on the individual responsibility of citizens was particularly evident in the focus groups of both countries. Government support was certainly appreciated, but reference was always made to the abuse of support by workers. In line with this, some of the participants felt more financially secure receiving support from the government than through their salaries. Soon after the positive evaluations came the reservations, as the discussions tended to gravitate towards the inconsistency of the policy measures: some financial measures were taken during the lockdown then withdrawn during the easing of measures. However, they were not reintroduced during the reinstated lockdown. Particularly, measures of special leave for family reasons, used by families (especially women) caring for children who had to stay at home during these periods, were not reintroduced. This increased the pressure on these women and increased their frustration. In the Belgian case, there was also mention of 'political opportunism' on the part of policymakers resulting in inconsistent measures:

> *They [the policymakers] adapted their measures in function of their pressure groups. Those that shouted the loudest and were economically the most 'interesting' … from a political viewpoint were the best served.*

One of the respondents that worked in the cultural sector before the pandemic felt very strongly that the sector had less recourse to support than, for example, restaurants or hotels. In the Belgian (in her case, Flemish) context, culture was seen as a side issue and the interest groups of artists could not match the power of lobby groups from other economic sectors. The same was observed by Greek respondents working in the hospitality sector:

> *Financial support was provided. Personally, I can say that I had some benefits. I know though that there were sectors that were not as happy or favoured.*

Restrictive measures such as the closure of bars and restaurants and the introduction of curfews even seem to have had opposing effects on the perception of interlocutors. People were gathering in their homes, where larger groups were meeting in small places. Apart from the measures themselves, the monitoring of compliance was also questioned by a Belgian respondent:

> *You saw how certain groups were policed more than others.*

Furthermore, there were certain participants who felt that the measures in certain areas, such as clubs and bars, should have been even stricter, allowing for the relaxation of restrictions in other areas. Certain measures within specific sectors were difficult to reconcile with epidemiological realities. In addition, all respondents in both of the Belgian focus groups criticised how policymakers overruled the expertise of scientists in the process. Other measures such as the mandatory use of face masks for walking in the streets or open spaces were perceived as 'illogical'. As a result, the trustworthiness of policy actors and the policies they implemented decreased from the perspective of both Belgian and Greek interlocutors. A few respondents even emphasised that their evaluation of the trustworthiness of the policy actors was lower in the subsequent waves than at the outbreak of the pandemic, a sentiment that was shared by all of the other participants in each of the focus groups.

However, a fundamental difference emerged between the two cases. In the Belgian case, there was a breach of trust with the institutions. In the Greek case, a few people commented that the situation was no different from 'business as usual', with the sentiment being that the state is not necessarily an institution to be trusted or, as one respondent put it:

> *As for the state, if we take into consideration that even before [COVID-19] I didn't have complete trust in it, I would say that the levels of trust haven't been decreased.*

In other words, there is a distinction between the cases in the fact that one is a high (or medium) trust society (Belgium), and the other is a low trust society (Greece).

Evolution of perceived trust in public health institutions

Concerning the role of scientists and the trustworthiness of medical institutions, both the Greek and the Belgian participants expressed the sentiment that scientists were initially doing the best they could, given the limited knowledge about COVID-19. In the Greek case, there was little doubt that the scientific community acted in good faith. Characteristic of many of the Greek respondents' feelings, one Greek participant stated:

> *As for me, I have complete trust … in the scientific community. … I trust them because I know it is the only way to deal with all that.*

This statement was supported by all other participants in the group, and was reiterated in the second focus group, albeit with different wording.

Attitudes towards science and the medical sector were one of the clearest points of difference between the two cases. During a Belgian focus group interview, two

participants (one younger and one older respondent) were questioning, among other issues, the legitimacy of the scientific authorities' personal interests in the vaccination campaigns and the dissemination of information related to COVID-19. The different views and opinions expressed by scientific authority figures resulted in participants expressing concerns regarding, for example, the impact of the vaccine (for example, which vaccine is good, which is not and what are the effects of a vaccine?). One older Belgian respondent remarked:

> *It is bizarre to see that scientists with the same qualifications were divided into two camps: the 'good' scientists and 'bad' scientists … One considered as a conspiracy theorist and antivaxxer, the other allegedly speaking the truth.*

Elements of profound scepticism were therefore present in Belgian opinions on the scientific community and health professionals (Carrieri et al, 2019; Murphy et al, 2022). The process of knowledge acquisition, with all the uncertainties involved in it, seemed to be equated with the development of opinions or taste. The way in which academic oppositions were portrayed seems to have, in the minds of some citizens, undermined the distinction between mere opinion and validated knowledge that is the outcome of a methodologically rigorous process. This was reinforced by a plethora of alternative media outlets that responded to a flawed translation of scientific insights by some policymakers. In the Belgian case, one of the sceptical respondents (a young female) stated:

> *But I do remember that at a certain point [a journalist from an alternative website] asked some very critical questions … even though I don't find this news site interesting and find it rather radical, I did find her … remarkable and … I remember thinking, that's strange or something, but without really getting carried away … [this journalist was] written off as conspiracy nut or something … And it really bothers me, because it triggered my own critical reflex … so that was the first signs of a breach, of a breach of trust of, OK, yes, this politician is not able to answer in a good way or in an understandable way.*

In both countries, participants pointed to the growing mismatch in reporting of the pandemic and its consequences between the public health professionals and the scientific community, the various policy actors and the mainstream media outlets. According to a Greek participant, the unclear and mismatched communications of policy actors and medical institutions in the media reinforced the unpredictability of the crisis. The respondents noted that the communications of policy actors were not always coherent with what the medical institutions presented. Moreover, the 'alarmist' information of health specialists did not match the reassuring messages from policy actors, which, for a Belgian participant, undermined trust in both institutions. In the words of one of the Belgian respondents:

> *I trusted what the experts disseminated. But well, that was not always what the politicians communicated. You noticed they were not on the same line.*

These findings are in line with earlier research on the effects of pandemic-related information on the judgements of trustworthiness of institutions.

Evolution of perceived trust in the media

This observation brings us to the point of media perception. Although at country level, both Belgium and Greece invested in information campaigns from the start of the crisis, the way information was handled remained a sensitive issue. Participants from both Member States shared a similar, negative view of traditional media outlets. The participants felt that the media cultivated a climate of terror and fear, a perception that was shared by both the more sceptical and the milder voices in the discussions. With daily breaking news stories on mortality rates, it seemed that reporting incidences was aimed at reinforcing fear. At the same time, this did not seem to offer answers to the questions people had or inform the public clearly. As a Belgian respondent recalled:

> *The news reports resembled a thriller, rather than neutral informative reporting.*

In one of the Greek groups, it was put more forcefully:

> *Terror, endless terror. Without providing specific information … Ok, it was something new … that even us were unaware of … But the mass media haven't done anything more than magnifying the fear.*

Therefore, many of the respondents expressed a preference for getting their information from other sources, namely newer media channels and social media. Interestingly, this was also an idea expressed by people who had themselves worked in the health sector. One of the respondents who stated that they were absolutely not a 'corona-sceptic' (on the contrary) stated:

> *I was lucky enough to be close to [medical experts], which I could rely on ... it made a difference for me, knowing that I was not reliant on the media or political communication.*

Instead of turning to traditional media, this person looked for information in scientific journals and online databases. However, some respondents did state that not all media could be lumped together and that more rational voices could be heard from a variety of sources.

In general, there was a widespread feeling that, from the second wave onwards, the measures did not pay off, but were still implemented anyway. In that second wave, according to the respondents, the package of measures did not seem coherent, effective or proportionate to the impact achieved. One Belgian respondent questioned if the damage caused by COVID-19 measures was greater than the virus itself.

In terms of the possible impact of the measures on trust in political institutions, the two cases differ clearly. In Greece, for some respondents levels of trust were the same as they were before the pandemic. It was business as usual from Greek respondents' perspectives in the sense that, as citizens, they cannot trust the government. Trust in politics seemed to be somewhat lower from the start in Greece. In Belgium, the perception that policymakers rarely work for the common good also grew among the less politically cynical participants. During and after the second wave, the sensitivity of many politicians to sectional interests and lobbying was highlighted by respondents. As previously stated, certain measures within specific sectors were difficult to reconcile with epidemiological realities. In addition, all respondents in both of the Belgian focus groups criticised how policymakers overruled the expertise of scientists in the process.

As regards the role and perception of scientists, it seems that the contradictory opinion of members of the scientific community and health professionals, as expressed in the media, was a major source of confusion. Science was seen by various respondents as the source of truth and those contradictions in truth cannot exist in 'good science': either an insight is true or it is false. The academic debate – an essential element in the expansion of valid knowledge – was interpreted as chaos and as a source of uncertainty. However, this translated into two quite different contexts. The citizens of Greece have always maintained a high level of trust in science and in the insights of the medical world. Some participants felt that the whole reaction might have been disproportionate and that the doubt among scientists was a major source of confusion. However, given the unfamiliarity of the phenomenon, the troublesome circumstances and the contradictory information coming from international organisations, this was deemed acceptable. The case was, however, different in Belgium, where trust in both political actors and medical experts eroded more significantly. The 'experts' even became the target of frustration among some respondents.

Trust in the vaccination roll-out

From February to August 2021, it became apparent that vaccination could provide a way of achieving group immunity and normalising public life. In the Belgian context, some stakeholders even suggested that vaccines held the prospect of 'the realm of freedom'.

Moreover, the introduction of various health system policies, including a EU digital COVID certificate, testing policies and contact tracing, alongside vaccine policies provided a means for a renewed relaxation of lockdown measures (Hale et al, 2022). Paradoxically, these COVID-19 measures also turned out to be an element contested by a vociferous section of the population. Notably, during the focus group interviews, this issue was not as sensitive among the participants as posited in the public debate. Several respondents did, however, point out the dissatisfaction with criticism from their peers about personal decisions. For instance, one of the Belgian participants was shocked about 'how people suddenly feel justified in condemning you for a personal choice'.

Most participants claimed they had a general trust in the COVID-19 vaccines, which is in line with their alleged levels of trust in medical institutions (Allington et al, 2021; Lazarus et al, 2021). This attitude was exemplified in the following statement from a Belgian respondent from an older age group:

> *I have confidence in these vaccines. I found it very strange that there were people who did not trust them at all. We have been brought up with vaccines.*

The same attitude was expressed by a Greek respondent:

> *I believe that … most of us [speaking of the Greek population] trust science. If you see how many people have gotten vaccinated, is close to 7.5 million people out of the 11 we are.*

However, the COVID-19 vaccines did not prove to be uncontroversial. Various respondents stated that they had been hesitant in their immunisation decision, raising concerns about the speed of development, the effectiveness of the vaccination, the vaccine policies and the EU digital COVID certificate. In addition, the more sceptical respondents did not want to create the perception of being antivaxxers or of being part of a homogeneous group. In particular, the enforced nature of the 'choice' of whether or not to get vaccinated led to doubts. In the Greek case, one of the respondents phrased it as:

> *You get vaccinated to show trust in the scientific community, but you also get vaccinated because its somehow reinforced by societal factors, by your job. So basically, you do it to work, you do it to live.*

A Belgian respondent also reacted to the social coercion experienced by the introduction of vaccination passes:

> *So I postponed ... for a long time [the vaccination] until the moment that I wanted to go swimming and they asked me for a pass with my identity card and I didn't have it. And then I said, okay, that's enough, now it's really hard for me mentally if I can't go swimming without being vaccinated.*

Conversely, various vaccinated respondents criticised the vaccine policies. For example, the roll-out and approval of specific vaccines was questioned. By the same token, the changes in the vaccine policies fostered a sense of distrust in what the authorities endorsed as guidelines. Several Belgian respondents felt that there was not enough reliable information available. One Belgian respondent (female, young) stated:

> *I found that there was very little real information available. I had to search for a really long time and I certainly found very little, so I found that decision very difficult. Because, yes, I am young, I would like to have children. And … of course there are rumours about that. Yes, I'm a bit afraid of that.*

Moreover, the prospect of a third administered dose, and the possibility of yearly immunisation, gave respondents an impression of inadequacy among policy actors and medical institutions. To put it more strongly, a Belgian respondent (older, male) stated:

> *We still have not regained our true freedom.*

This reinforced the perception that vaccination was handled too lightly, while other respondents had the feeling of being a human experiment.

Reflecting on the vaccination roll-out, some Belgian participants expressed a sense of deception. Moreover, the participants found that too little attention was devoted to public information campaigns about the vaccines and vaccination, an observation that was to a lesser degree found in the Greek focus group discussions. Here again, a difference is seen between the two cases. In the Greek case, the discussions did not question vaccination, and the science behind it, per se. However, this did happen in some of the discussions in the Belgian groups, where there was a decrease in confidence among some of the participants in the COVID-19 vaccine and, by extension, in their trust in medical institutions, as it became clear that the double immunisation was insufficient to inhibit the spread of the virus.

Perceived role of the European Union

To avoid the collapse of their public health systems and to inhibit the spread of the virus, the policies of the Member States generally tracked the public health situation in real time (Hale et al, 2021). For instance, countries with a lower healthcare capacity tended to act sooner to minimise the spread of the pandemic. Accordingly, most decision-making happened at national and regional levels, tailored to domestic factors (Engler et al, 2021), while EU coordination and international cooperation remained less obvious (Alcidi and Corti, 2022).

The role of the EU was perceived differently in the two case studies. In the Greek focus group interviews, there was generally a positive evaluation of the EU's role concerning the acquisition of vaccines. There was a very strong feeling that the EU did what it should have done. According to the Greek participants, the EU reacted appropriately when it came to ensuring access to and distributing the vaccines. In both of the Greek focus groups, Greece's membership of the EU was perceived as a great advantage, especially when comparing the situation in Greece with that in countries outside the EU. One participant indicated that, given the Greek context, the situation would have been much worse if they had not been members of the EU:

> *[The] EU gave to the people this good [the vaccines] at the right moment without the citizen having to pay for it. … I personally don't have to accuse EU of something. On the contrary.*

In addition, one of the Greek participants (younger male) also indicated that:

> *As Europeans, we should also pay attention to the situation of countries outside the EU [in particular to] countries that cannot afford universal vaccination for their populations should also be addressed in the public interest, as I believe that potentially harmful mutations mainly occur in such contexts.*

This statement could be interpreted as a call for a kind of enlightened self-interest to engage – also as a European – in global vaccination.

Oddly enough, Europe was not a theme that spontaneously emerged in the Belgian focus groups in the discussions about the COVID-19 measures. When asked further about the possible role of Europe, the reaction in the Belgian group was somewhat more neutral or even negative compared to the Greek focus groups. The potential positive role of the EU in ensuring access to vaccines was endorsed, but the preference for certain vaccines and the role that conflicts of interest or lobbying might have played were also quickly pointed out. Although Belgium is at the heart of Europe, few respondents were willing to highlight the role of the EU.

Conclusions

Trust in national institutions fell sharply between April (the first e-survey round) and July 2020 (the second e-survey round). This decline continued in the period between the second and third survey rounds (March 2021), which was characterised by the second pandemic surge at the end of 2020 and a third peak around March 2021. The initial decline in trust can be explained by the 'rally around the flag' effect fading, while the continued decline did not seem to be driven by the response of national institutions to the pandemic, as controlling for policy indices did not have an impact on the trend. Nor was the continued decline driven by pandemic surges, as the trend appears independent of COVID-19 deaths. Instead, this decline in trust seems to point to a general dissatisfaction with national institutions.

Trust in the EU, in contrast, followed a very different path, without the 'rally around the flag' effect. The analyses show that the NextGenerationEU European solidarity initiative increased trust in the EU. The largest contributor to increased trust in the EU was in the western Mediterranean cluster. This cluster includes the two largest beneficiaries of NextGenerationEU in terms of the funds expected to be received: Italy and Spain. It also includes Portugal, which, after Greece, is the second largest beneficiary of funds as a percentage of GDP.

The study found that individuals with high levels of trust appeared to be most likely to participate in immunisation campaigns and to have strong reasons for doing so. Trust in institutions plays an especially strong role in that relationship.

The report also highlights that respondents favouring social media as their preferred news source tend to have lower institutional trust and lower satisfaction with their governments' measures to contain COVID-19 than those who favour traditional media.

There were higher levels of satisfaction recorded when the national institutions imposed their policies to contain the pandemic. On the other hand, discontent increased in relation to COVID-19 mortality rates.

It should be borne in mind, however, that knock-on effects were likely during the COVID-19 pandemic, although they have not been analysed in the recent literature on trust in times of COVID-19. For instance, it could be argued that the implementation of a lockdown policy might facilitate the creation of trust in the government, which could, in turn, increase compliance with containment and protective measures and reduce mortality. At the same time, a rapid spread in the disease could increase institutional trust through a 'rally around the flag' effect and could exert a positive influence on risk perception and compliance with protective behaviours. Another gap in the literature is the lack of heterogeneity analyses, for example analyses of how these mechanisms act on people with different education levels or of different genders.

The mix of measures that governments took during the COVID-19 pandemic – with, on the one hand, restrictions that were tightened in line with the degree of contagion and, on the other, compensatory measures that were put in place in response to restrictions – may not always have benefited all who needed them, or were not recognised and used as intended.

In terms of the attitudes of the focus group respondents to politics and policy measures, trust appeared to be in decline from the second phase of the survey onwards. Trust was already at a medium to low level before the pandemic in Greece, and so was not a contentious issue among the Greek respondents. By contrast, trust was very clearly an issue in the Belgian context. Among the Belgian respondents, both those who presented themselves as positive and those who were more sceptical were very critical of the handling of the entire COVID-19 crisis after the first phase. Those who were already sceptical beforehand were strengthened in their stance. For them, the framing in the media of the COVID-19 sceptics and the way in which demonstrations against the measures were handled by the media and politicians also seemed to add fuel to the fire of distrust. The more positive respondents stated that there was some good will among politicians, but that conflicting interests, and especially the way in which the measures were implemented in the complex Belgian institutional context, resulted in failure. Policymakers were seen as impotent, incompetent or, at worst, acting in bad faith.

Scientists were seen as having too much decision-making power, with respondents arguing that it should be the government taking decisions and therefore, ultimately, that it is up to the voters to control politicians through the electoral process. Some perceived scientists as stakeholders and saw science as part of politics. In other words, their trust in science followed the same path as their distrust in politics. Distrustful attitudes in relation to science as an institution were particularly worrying, as it can generally be assumed that an academic attitude, using empirical insights and arguments, is the best tool to orientate oneself in a changing world.

After the first round in which both supporters and opponents of the government rallied around the measures, the data showed a decline from the initial rally affect in the second wave onwards. This corroborates with the findings from the focus group where respondents expressed more negative views regarding policies. While trust was already low among opponents, among supporters of the government, trust deteriorated sharply from the second wave onwards. Some of these respondents may have been critical of certain measures, as they felt that they were not adapted to their situation. However, a part of this group exhibited a strong negative reaction to all policies that tried to regulate public behaviour. Although there was investment in information campaigns from the start of the crisis, deficient communication between policies and perceptions was systematically disrupted by a variety of information biases.

Also noteworthy is the extremely critical attitude towards the media. The research shows, there was a low level of trust in the accuracy and neutrality of information provided by the media. From the focus group, we learned that respondents believed that the media increased fear from the outset. In that sense, the media appeared to be perceived as worse than politicians. This also explains the search for alternatives to media sources in which information is heavily diluted with opinion.

Policy pointers

- Policy actors in most countries did not immediately understand the urgency of the situation, which delayed the implementation of precautionary measures. Future crises of this complexity will require new and better forms of crisis management.
- The mix of measures that governments took during the pandemic, including restrictions and compensatory measures, may not have always benefited everyone who needed them. Therefore, measures taken should be evaluated for their effectiveness, efficiency and proportionality.
- Non-pharmaceutical actions, including lockdowns and social distancing, had far-reaching effects on individuals. After the initial phase, these measures prompted outbursts of 'reactance', a strong emotional rejection of the measures, and eroded trust in institutions. This suggests that sufficient attention must be paid to devising and implementing responsible exit strategies and communicating clearly about changing circumstances.
- The communication strategies adopted by institutions can influence trust. Tackling both misinformation (incorrect or misleading information) and disinformation (deliberately deceptive information) on social media platforms should be a priority.
- The evidence shows that low institutional trust is linked to low rates of vaccination uptake. Given that trust in the health system and the pharmaceutical industry is particularly pertinent in this context, policymakers should engage in clear and continuous communication about vaccines and their side-effects.
- Addressing the economic concerns of citizens is crucial. Governments must ensure a fair and inclusive recovery from the pandemic, providing equal access to education and training, employment, affordable housing and social security in the context of the just transition framework, where no person or region is left behind.
- During the pandemic, trust in the EU remained quite high, and even increased with the announcement of its recovery plan, indicating that the EU can play an important role when crises occur.

References

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Aassve, A., Alfani, G., Gandolfi, F. and Le Moglie, M. (2021), 'Epidemics and trust: The case of the Spanish Flu', *Health Economics*, Vol. 30, No. 4, pp. 840–857.

Alcidi, C. and Corti, F. (2022), 'The EU response to COVID-19: Breaking old taboos?' in Vanhercke, B. and Spasova, S. (eds.), *Social policy in the European Union: State of play 2021 – Re-emerging social ambitions as the EU recovers from the pandemic*, ETUI, Brussels, pp. 39–60.

Alesina, A. and La Ferrara, E. (2000), 'Participation in heterogeneous communities', *The Quarterly Journal of Economics*, Vol. 115, No. 3, pp. 847–904.

Algan, T., Cohen, D., Davoine, E., Foucault, M. and Stantcheva, S. (2021), 'Trust in scientists in times of pandemic: Panel evidence from 12 countries', *Proceedings of the National Academy of Sciences*, Vol. 118, No. 40, e2108576118.

Algan, Y., Guriev, S., Papaioannou, E. and Passari, E. (2017), 'The European trust crisis and the rise of populism', *Brookings Papers on Economic Activity*, Vol. 2, pp. 309–400.

Allcott, H. and Gentzkow, M. (2017), 'Social media and fake news in the 2016 election', *Journal of Economic Perspectives*, Vol. 31, No. 2, pp. 211–236.

Allington, D., McAndrew, S., Moxham-Hall, V. and Duffy, B. (2021), 'Coronavirus conspiracy suspicions, general vaccine attitudes, trust and coronavirus information source as predictors of vaccine hesitancy among UK residents during the COVID-19 pandemic', *Psychological Medicine*, pp. 1–12.

Amat, F., Arenas, A., Falcó-Gimeno, A. and Muñoz, J. (2020), 'Pandemics meet democracy. Experimental evidence from the COVID-19 crisis in Spain', *SocArXiv*, 6 April.

Armingeon, K. and Ceka, B. (2014), 'The loss of trust in the European Union during the great recession since 2007: The role of heuristics from the national political system', *European Union Politics*, Vol. 15, No. 1, pp. 82–107.

Attwell, K., Lake, J., Sneddon, J., Gerrans, P., Blyth, C. and Lee, J. (2021), 'Converting the maybes: Crucial for a successful COVID-19 vaccination strategy', *PLoS ONE*, Vol. 16, No. 1, e0245907.

Baekgaard, M., Christensen, J., Madsen, J. K. and Mikkelsen, K. S. (2020), 'Rallying around the flag in times of COVID-19: Societal lockdown and trust in democratic institutions', *Journal of Behavioral Public Administration*, Vol. 3, No. 2.

Bargain, O. and Aminjonov, U. (2020), 'Trust and compliance to public health policies in times of COVID-19', *Journal of Public Economics*, Vol. 192, No. C.

Battiston, P., Kashvap, R. and Rotondi, V. (2021), 'Reliance on scientists and experts during an epidemic: Evidence from the COVID-19 outbreak in Italy', *SSM – Population Health*, Vol. 13, No. 100721.

Bauer, M., Blattman, C., Chytilov, J., Henrich, J., Miguel, E. and Mitts, T. (2016), 'Can war foster cooperation?' *Journal of Economic Perspectives*, Vol. 30, No. 3, pp. 249–274.

Blair, R. A., Morse, B. S. and Tsai, L. L. (2017), 'Public health and public trust: Survey evidence from the Ebola Virus Disease epidemic in Liberia', *Social Science & Medicine*, Vol. 172, pp. 89–97.

Bol, D., Giani, M., Blais, A. and Loewen, P. J. (2020), 'The effect of COVID-19 lockdowns on political support: Some good news for democracy?' *European Journal of Political Research*, Vol. 60, No. 2, pp. 497–505.

Borgonovi, F. and Pokropek, A. (2020), 'Can we rely on trust in science to beat the COVID-19 pandemic?' *PsyArXiv*, 21 May.

Bourdieu, P. (1985), 'The forms of capital', in Richardson, J. G., (ed.), *Handbook of theory and research for the sociology of education*, Greenwood, New York, pp. 241–58.

Brzezinski, A., Deiana, G., Kecht, V. and Van Dijcke, D. (2020), *The COVID-19 pandemic: Government vs community action across the United States*, INET Oxford working paper, No. 2020–06, Oxford University Press, Oxford, UK.

Canache, D., Mondak, J. J. and Seligson, M. A. (2001), 'Meaning and measurement in cross-national research on satisfaction with democracy', *Public Opinion Quarterly*, Vol. 65, No. 4, pp. 506–528.

Capano, G., Howlett, M., Jarvis, D. S. L., Ramesh, M. and Goyal, N. (2020), 'Mobilizing policy (in)capacity to fight COVID-19: Understanding variations in state responses', *Policy and Society*, Vol. 39, No. 3, pp. 285–308.

Carrieri, V., Madio, L. and Principe, F. (2019), 'Vaccine hesitancy and (fake) news: Quasi-experimental evidence from Italy', *Health Economics*, Vol. 28, No. 11, pp. 1377–1382.

Conference on the Future of Europe (2022), *Report on the final outcome*, European Commission, Brussels.

Cook, K. S., Hardin, R. and Levi, M. (2005), *Cooperation without trust?* Russell Sage, New York.

Cook, F. L., Jacobs, L. R. and Kim, D. (2010), 'Trusting what you know: Information, knowledge, and confidence in social security', *The Journal of Politics*, Vol. 72, No. 2, pp. 397– 412.

Crepaz, M. and Arikan, G. (2021), 'Information disclosure and political trust during the COVID-19 crisis: Experimental evidence from Ireland', *Journal of Elections, Public Opinion and Parties*, Vol. 31, pp. 96–108.

Cucciniello, M., Porumbescu, G. A. and Grimmelikhuijsen, S. (2017), '25 years of transparency research: Evidence and future directions', *Public Administration Review*, Vol. 77, No. 1, pp. 32–44.

Czymara, C. S., Langenkamp, A. and Cano, T. (2021), 'Cause for concerns: Gender inequality in experiencing the COVID-19 lockdown in Germany', *European Societies*, Vol. 23, Suppl. 1, S68–S81.

Dalton, R. J. (1999), 'Political support in advanced industrial democracies', in Norris, P. (ed.), *Critical citizens. Global support for democratic governance*, Oxford University Press, Oxford, UK, pp. 57–77.

Dang, H.-A. H. and Viet Nguyen, C. (2021), 'Gender inequality during the COVID-19 pandemic: Income, expenditure, savings, and job loss', *World Development*, Vol. 140, No. 105296.

Daniele, G., Martinangeli, A., Passarelli, F., Sas, W. and Windsteiger, L. (2021), *Wind of change? Experimental survey evidence on the COVID-19 shock and socio-political attitudes in Europe*, Working paper of the Max Planck Institute for Tax Law and Public Finance, No. 2020–10, Max Planck Institute for Tax Law and Public Finance, Munich.

Delhey, J., Steckermeier, L. C., Boehnke, K., Deutsch, F., Eichhorn, J., Kuhnen, U. and Welzel, C. (2021), *A virus of distrust? Existential insecurity and trust during the corona-virus pandemic*, DSS working paper No. 80, Otto-von-Guericke-University Magdeburg, Magdeburg.

Del Vicario, M., Bessi, A., Zollo, F., Petroni, F., Scala, A., Caldarelli, G. et al (2016), 'The spreading of misinformation online', *Proceedings of the National Academy of Sciences*, Vol. 113, No. 3, pp. 554–559.

Deschouwer, K. (2012), *The politics of Belgium: Governing a divided society*, Palgrave Macmillan, New York.

Deslatte, A. (2020), 'The erosion of trust during a global pandemic and how public administrators should counter it', *The American Review of Public Administration*, Vol. 50, No. 6–7, pp. 489–496.

Devine, D., Gaskell, J., Jennings, W. and Stoker, G. (2021), 'Trust and the coronavirus pandemic: What are the consequences of and for trust? An early review of the literature', *Political Studies Review*, Vol. 19, No. 2, pp. 274–285.

Dhanani, L. Y. and Franz, B. (2020), 'The role of news consumption and trust in public health leadership in shaping COVID-19 knowledge and prejudice', *Frontiers in Psychology*, Vol. 11, p. 2812.

Diamond, L. (1999), *Developing democracy: Toward consolidation*, Johns Hopkins University Press, Baltimore.

Dinesen, P. T. and Jæger, M. M. (2013), 'The effect of terror on institutional trust: New evidence from the 3/11 Madrid Terrorist attack', *Political Psychology*, Vol. 34, No. 6, pp. 917–926.

Dohle, S., Wingen, T. and Schreiber, M. (2020), 'Acceptance and adoption of protective measures during the COVID-19 pandemic: The role of trust in politics and trust in science', *Social Psychological Bulletin*, Vol. 15, No. 4, pp. 1–23.

Doty, R. M., Peterson, B. E. and Winter, D. G. (1991), 'Threat and authoritarianism in the United States, 1978–1987', *Journal of Personality and Social Psychology*, Vol. 61, No. 4, pp. 629–640.

Dryhurst, S., Schneider, C. R., Kerr, J., Freeman, A. L. J., Recchia, G., van der Bles, A. M. et al (2020), 'Risk perceptions of COVID-19 around the world', *Journal of Risk Research*, Vol. 23, No. 7–8, pp. 994–1006.

Dussaillant, F. and Guzmáń, E. (2014), 'Trust via disasters: The case of Chile's 2010 earthquake', *Disasters*, Vol. 38, pp. 808–832.

Easterbrook, M. J., Doyle, L., Grozev, V. H., Kosakowska-Berezecka, N., Harris, P. R. and Phalet, K. (2022), 'Socioeconomic and gender inequalities in home learning during the COVID-19 pandemic: Examining the roles of the home environment, parent supervision, and educational provisions', *Educational and Developmental Psychologist*, pp. 1–13, published online.

Easton, D. (1975), 'A re-assessment of the concept of political support', *British Journal of Political Science*, Vol. 5, No. 4, pp. 435–457.

ECDC (European Centre for Disease Prevention and Control) (2020a), *Pneumonia cases possibly associated with a novel coronavirus in Wuhan, China*, threat assessment brief, Stockholm.

ECDC (2020b), *Outbreak of novel coronavirus disease 2019 (COVID-19): Situation Italy*, threat assessment brief, Stockholm.

Engler, S., Brunner, P., Loviat, R., Abou-Chadi, T., Leemann, L., Glaser, A. et al (2021), 'Democracy in times of the pandemic: Explaining the variation of COVID-19 policies across European democracies', *West European Politics*, Vol. 44, No. 5–6, pp. 1077–1102.

Erhardt, J., Freitag, M., Filsinger, M. and Wamsler, S. (2021), 'The emotional foundations of political support: How fear and anger affect trust in the government in times of the COVID-19 pandemic', *Swiss Political Science Review*, Vol. 27, No. 2, pp. 339–352.

Esaiasson, P., Sohlberg, J., Ghersetti, M. and Johansson, B. (2020), 'How the coronavirus crisis affects citizen trust in government institutions and in unknown others – Evidence from "the Swedish Experiment"', *SocArXiv*, 30 April.

ESPON (2020), *Geography of COVID-19 outbreak and first policy answers in European regions and cities*, policy brief, Luxembourg.

Eurofound (2014), *Developing a country typology for analysing quality of life in Europe*, Publications Office of the European Union, Luxembourg.

Eurofound (2018), *Societal change and trust in institutions*, Publications Office of the European Union, Luxembourg.

Eurofound (2021), *Impact of COVID-19 on young people in the EU*, Publications Office of the European Union, Luxembourg.

Eurofound (2022), *Fifth round of the Living, working and COVID-19 e-survey: Living in a new era of uncertainty*, Publications Office of the European Union, Luxembourg.

European Commission (2018), *Flash Eurobarometer 464 – Fake news and disinformation online*, Publications Office of the European Union, Luxembourg.

Fancourt, D., Steptoe, A. and Wright, L. (2020), 'The Cummings effect: Politics, trust, and behaviours during the COVID-19 pandemic', *The Lancet*, Vol. 396, No. 10249, pp. 464–465.

Farre, L., Fawaz, Y., Gonzalez, L. and Graves, J. (2020), 'How the Covid-19 lockdown affected gender inequality in paid and unpaid work in Spain', *SSRN*, No. 3643198.

Fetzer, T., Witte, M., Hensel, L., Jachimowicz, J., Haushofer, J., Ivchenko, A. et al (2020), 'Perceptions of an insufficient government response at the onset of the COVID-19 pandemic are associated with lower mental well-being', *PsyArXiv*, 16 April.

Filsinger, M., Freitag, M., Erhardt, J. and Wamsler, S. (2021), 'Rally around your fellows: Information and social trust in a real-world experiment during the corona crisis', *The Social Science Journal*, pp. 1–15, published online.

Fridman, I., Lucas, N., Henke, D. and Zigler, C. K. (2020), 'Association between public knowledge about COVID-19, trust in information sources, and adherence to social distancing: Cross-sectional survey', *JMIR Public Health and Surveillance*, Vol. 6, No. 3, e22060.

Gambetta, D. and Morisi, D. (2020), 'L'enfer c'est les autres? The effects of COVID-19 virus on interpersonal trust', *PsyArXiv*, 20 October.

Gilles, I., Bangerter, A., Clémence, A. et al (2011), 'Trust in medical organizations predicts pandemic (H1N1) 2009 vaccination behavior and perceived efficacy of protection measures in the Swiss public', *European Journal of Epidemiology*, Vol. 26, pp. 203–210.

Gilson, L. (2003), 'Trust and the development of health care as a social institution', *Social Science and Medicine*, Vol. 56, No. 7, pp. 1453–1468.

Goldfinch, S., Taplin, R. and Gauld, R. (2021), 'Trust in government increased during the Covid-19 pandemic in Australia and New Zealand', *Australian Journal of Public Administration*, Vol. 80, No. 1, pp. 3–11.

Goldstein, D. and Wiedemann, J. (2021), 'Who do you trust? The consequences of partisanship and trust for public responsiveness to COVID-19 orders', *Perspectives on Politics*, Vol. 20, No. 2, pp. 412–438.

Grimmelikhuijsen, S. (2012), 'Linking transparency, knowledge and citizen trust in government: An experiment', *International Review of Administrative Sciences*, Vol. 78, No. 1, pp. 50–73.

Grimmelikhuijsen, S. and Meijer, A. J. (2014), 'Effects of transparency on the perceived trustworthiness of a government organization: Evidence from an online experiment', *Journal of Public Administration Research and Theory*, Vol. 24, No. 1, pp. 137–157.

Grimmelikhuijsen, S. and Klijn, A. (2015), 'The effects of judicial transparency on public trust: Evidence from a field experiment', *Public Administration*, Vol. 93, No. 4, pp. 995–1011.

Groeniger, J. O., Noordzij, K., van der Waal, J. and de Koster, W. (2021), 'Dutch COVID-19 lockdown measures increased trust in government and trust in science: A difference-in-differences analysis', *Social Science & Medicine*, Vol. 275, No. 113819.

Hale, T., Angrist, N., Goldszmidt, R., Kira, B., Petherick, A., Phillips, T. et al (2021), 'A global panel database of pandemic policies (Oxford COVID-19 Government Response Tracker)', *Nature Human Behaviour*, Vol. 5, No. 4, pp. 529–538.

Hale, T., Anania, J., Angrist, N., Boby, T., Cameron-Blake, E., Goldszmidt, R. et al (2022), *Variation in government responses to COVID-19. Version 13.0*, BSG working paper BSG-WP-2020/032, Blavatnik School of Government University of Oxford, Oxford, UK.

Han, Q., Zheng, B., Cristea, M., Agostini, M., Bélanger, J. J., Gützkow, B. et al (2021), 'Trust in government regarding COVID-19 and its associations with preventive health behaviour and prosocial behaviour during the pandemic: A cross-sectional and longitudinal study', *Psychological Medicine*, pp. 1–11, published online.

Hetherington, M. and Nelson, M. (2003), 'Anatomy of a rally effect: George W. Bush and the war on terrorism', *Political Science & Politics*, Vol. 36, No. 1, pp. 37–42.

Hooghe, L. and Marks, G. (2005), 'Calculation, community and cues: Public opinion on European integration', *European Union Politics*, Vol. 6, No. 4, pp. 419–443.

Islam, A. N., Laato, S., Talukder, S. and Sutinen, E. (2020), 'Misinformation sharing and social media fatigue during COVID-19: An affordance and cognitive load perspective', *Technological Forecasting and Social Change,* Vol. 159, No. 120201.

Jacobs, D., Kavadias, D. and Rea, A. (2020), *Globale analyse van de sociologische dimensie van de COVID-19 crisis en de getroffen maatregelen op federaal niveau in het licht van de duurzame ontwikkelingsdoelstellingen (SDG's)*, Federaal Instituut voor Duurzame Ontwikkeling, Brussels.

Johansson, B., Hopmann, D. N. and Shehata, A. (2021), 'When the rally-around-the-flag effect disappears, or, when the COVID-19 pandemic becomes "normalized"', *Journal of Elections, Public Opinion and Parties*, Vol. 31, pp. 321–334.

Jost, J. T., Federico, C. M. and Napier, J. L. (2009), 'Political ideology: Its structure, functions, and elective affinities', *Annual Review of Psychology*, Vol. 60, No. 1, pp. 307–337.

JRC (Joint Research Centre) (undated), *ECML Covid – Measures*, web page, available at https://covid-statistics.jrc.ec.europa.eu/RMeasures (accessed 27 July 2022).

Karafillakis, E., Simas, C., Jarrett, C., Verger, P., Peretti-Watel, P., Dib, F. et al (2019), 'HPV vaccination in a context of public mistrust and uncertainty: A systematic literature review of determinants of HPV vaccine hesitancy in Europe', *Human Vaccines and Immunotherapeutics*, Vol. 15, No. 7–8, pp. 1615–1627.

Kasperson, R. E., Renn, O., Slovic, P., Brown, H. S., Emel, J., Goble, R. et al (1988), 'The social amplification of risk: A conceptual framework', *Risk Analysis*, Vol. 8, No. 2, pp. 177–187.

KEA European Affairs (2020), *The impact of the COVID-19 pandemic on the cultural and creative sector*, Report for the Council of Europe Steering Committee for Culture, Heritage and Landscape, KEA, Brussels.

Kernell, S. (1978), 'Explaining presidential popularity', *American Political Science Review*, Vol. 72, pp. 506–522.

Khan, M. L. and Idris, I. K. (2019), 'Recognise misinformation and verify before sharing: A reasoned action and information literacy perspective', *Behaviour & Information Technology*, Vol. 38, No. 12, pp. 1194–1212.

Kreps, S. E. and Kriner, D. L. (2020), 'Model uncertainty, political contestation, and public trust in science: Evidence from the COVID-19 pandemic', *Science Advances*, Vol. 6, No. 43, eabd4563.

Krishna, A. (2002), 'Enhancing political participation in democracies: What is the role of social capital?' *Comparative Political Studies*, Vol. 35, No. 4, pp. 437–460.

Kritzinger, S., Foucault, M., Lachat, R., Partheymüller, J., Plescia, C. and Brouard, S. (2021), '"Rally round the flag": The COVID-19 crisis and trust in the national government', *West European Politics*, Vol. 44, No. 5–6, pp. 1205–1231.

Kye, B. and Hwang, S. J. (2020), 'Social trust in the midst of pandemic crisis: Implications from COVID-19 of South Korea', *Research in Social Stratification and Mobility*, Vol. 68, No. 100523.

Lambert, A. J., Schott, J. P. and Scherer, L. (2011), 'Threat, politics, and attitudes: Toward a greater understanding of rally-'round-the-flag effects', *Current Directions in Psychological Science*, Vol. 20, No. 6, pp. 343–348.

Landivar, L. C., Ruppanner, L., Scarborough, W. J. and Collins, C. (2020), 'Early signs indicate that COVID-19 is exacerbating gender inequality in the labor force', *Socius*, Vol. 6, No. 2378023120947997.

Larsen, L., Harlan, S. L., Bolin, B., Hackett, E. J., Hope, D., Kirby, A. et al (2004), 'Bonding and bridging: Understanding the relationship between social capital and civic action', *Journal of Planning Education and Research*, Vol. 24, No. 1, pp. 64–77.

Lazarus, J. V., Ratzan, S. C., Palayew, A., Lawrence, O., Gostin, H. J., Larson, K. R. et al (2021), 'A global survey of potential acceptance of a COVID-19 vaccine', *Nature Medicine*, Vol. 27, pp. 225–228.

Lechler, M. (2019), 'Employment shocks and anti-EU sentiment', *European Journal of Political Economy*, Vol. 59, pp. 266–295.

Levi, M. and Stoker, L. (2000), 'Political trust and trustworthiness', *Annual Review of Political Science*, Vol. 3, pp. 475–507.

Lewandowsky, S., Gignac, G. E. and Vaughan, S. (2013), 'The pivotal role of perceived scientific consensus in acceptance of science', *Nature Climate Change*, Vol. 3, pp. 399–404.

Lindström, M. (2008), 'Social capital, political trust and purchase of illegal liquor: A population-based study in southern Sweden', *Health Policy*, Vol. 86, No. 2–3, pp. 266–275.

Mahieu, G., Pfeiffer, P., Varga, J. and in't Veld, J. (2021), A *stylised quantitative assessment of Next Generation EU investment*, web page, accessed 28 July 2022.

Maor, M. and Howlett, M. (2020), 'Explaining variations in state COVID-19 responses: Psychological, institutional, and strategic factors in governance and public policy-making', *Policy Design and Practice*, Vol. 3, No. 3, pp. 228–241.

Margalit, Y. (2019), 'Political responses to economic shocks', *Annual Review of Political Science*, Vol. 22, pp. 277–295.

Marien, S. and Hooghe, M. (2011), 'Does political trust matter? An empirical investigation into the relation between political trust and support for law compliance', *European Journal of Political Research*, Vol. 50, pp. 267–291.

McCright, M., Dunlap, R. E. and Xiao, C. (2013), 'Perceived scientific agreement and support for government action on climate change in the USA', *Climatic Change*, Vol. 119, pp. 511–518.

Mishler, W. and Rose, R. (2001), 'What are the origins of political trust? Testing institutional and cultural theories in post-communist societies', *Comparative Political Studies*, Vol. 34, No. 1, pp. 30–62.

Mueller, J. (1970), 'Presidential popularity from Truman to Johnson', *American Political Science Review*, Vol. 64, No. 1, pp. 18–34.

Murphy, K., McCarthy, M., Sargeant, E. and Williamson, H. (2022), 'COVID-19 conspiracies, trust in authorities, and duty to comply with social distancing restrictions', *International Criminology*, Vol. 2, No. 1, pp. 44–58.

NewsGuard (2021), *Social impact report: 2021*, web page, available at https://www.newsguardtech.com/special-reports/social-impact-report-2021/, accessed 28 July 2022.

Nicholls, K. and Picou, J. S. (2013), 'The impact of Hurricane Katrina on trust in government', *Social Science Quarterly*, Vol. 94, No. 2, pp. 344–361.

Nielsen, R. K., Fletcher, R., Kalogeropoulos, A. and Simon, F. (2020), *Communications in the coronavirus crisis: Lessons for the second wave,* Reuters Institute for the Study of Journalism, Oxford, UK.

Norris, F. H., Stevens, S. P., Pfefferbaum, B., Wyche, K. F. and Pfefferbaum, R. L. (2008), 'Community resilience as a metaphor, theory, set of capacities, and strategy for disaster readiness', *American Journal of Community Psychology*, Vol. 41, pp. 127–150.

Nyhan, B., Reifler, J. and Ubel, P. A. (2013), 'The hazards of correcting myths about health care reform', *Medical Care*, Vol. 51, pp. 127–132.

Olsen, A. L. and Hjorth, F. (2020), 'Willingness to distance in the COVID-19', *OSF Preprints*.

Oreffice, S. and Quintana-Domeque, C. (2021), 'Gender inequality in COVID-19 times: Evidence from UK prolific participants', *Journal of Demographic Economics*, Vol. 87, pp. 261–287.

Oreskes, N. and Conway, E. M. (2010), *Merchants of doubt: How a handful of scientists obscured the truth on issues from tobacco smoke to global warming*, Bloomsbury Press, London.

Ortiz-Ospina, E. and Roser, M. (2016), *Trust*, web page, available at https://ourworldindata.org/trust, accessed 28 July 2022.

Owens, L. A. and Cook, K. S. (2013), 'The effects of local economic conditions on confidence in key institutions and interpersonal trust after the Great Recession', *Annals of the American Academy of Political and Social Science*, Vol. 650, No. 1, pp. 274–298.

PAHO (Pan American Health Organization) (2020), *Understanding the infodemic and misinformation in the fight against COVID-19*, Washington, DC, USA.

Paxton, P. (1999), 'Is social capital declining in the United States? A multiple indicator assessment', *American Journal of Sociology*, Vol. 105, pp. 88–127.

Perry, G. and Jonathan-Zamir, T. (2020), 'Expectations, effectiveness, trust, and cooperation: Public attitudes towards the Israel police during the COVID-19 pandemic', *Policing: A Journal of Policy and Practice*, Vol. 14, No. 4, pp. 1073–1091.

Plohl, N. and Musil, B. (2021), 'Modeling compliance with COVID-19 prevention guidelines: The critical role of trust in science', *Psychology, Health & Medicine*, Vol. 26, No. 1, pp. 1–12.

Portes, A. (1998), 'Social capital: Its origins and applications in modern sociology', *Annual Review of Sociology*, Vol. 24, pp. 1–24.

Prati, G., Pietrantoni, L. and Zani, B. (2011), 'Compliance with recommendations for pandemic influenza H1N1 2009: The role of trust and personal beliefs', *Health Education Research*, Vol. 26, No. 5, pp. 761–769.

Przeworski, A., Alvarez, M., Cheibub, J. A. and Limongi, F. (1996), 'What makes democracies endure?' *Journal of Democracy*, Vol. 7, No. 1, pp. 39–55.

Putnam, R. D. (2000), *Bowling alone: The collapse and revival of American community*, Simon & Schuster, New York.

Putnam, R. D., Leonardi, R. and Nanetti, R. (1993), *Making democracy work: Civic traditions in modern Italy*, Princeton University Press, Princeton, NJ.

Ritchie, H., Roser, M., Ortiz-Ospina, E. and Hasell, J. (2020a), *Policy responses to the coronavirus pandemic – Statistics and research*, web page, accessed 28 July 2022.

Ritchie, H., Mathieu, E., Rodés-Guirao, L., Appel, C., Giattino, C., Ortiz-Ospina, E. et al (2020b), *COVID-19 Stringency Index*, web page, available at https://ourworldindata.org/covid-stringency-index#citation, accessed on 27 July 2022.

Romano, A., Spadaro, G., Balliet, D., Joireman, J., Van Lissa, C., Jin, S. et al (2021), 'Cooperation and trust across societies during the COVID-19 pandemic', *Journal of Cross-Cultural Psychology*, Vol. 52, No. 7, pp. 622–642.

Rothstein, B. and Stolle, D. (2008), 'The state and social capital: An institutional theory of generalized trust', *Comparative Politics*, Vol. 40, No. 4, pp. 441–459.

Schilke, O., Reimann, M. and Cook, K. S. (2021), 'Trust in social relations', *Annual Review of Sociology*, Vol. 47, pp. 239–259.

Scholz, J. T. and Lubell, M. (1998), 'Trust and taxpaying: Testing the heuristic approach to collective action', *American Journal of Political Science*, Vol. 42, No. 2, pp. 398–417.

Schraff, D. (2020), 'Political trust during the COVID-19 pandemic: Rally around the flag or lockdown effect', *European Journal of Political Research*, Vol. 60, No. 4, pp. 1007–1017.

Sibley, C. G., Greaves, L. M., Satherley, N., Wilson, M. S., Overall, N. C., Lee, C. H. J. et al (2020), 'Effects of the COVID-19 pandemic and nationwide lockdown on trust, attitudes toward government, and well-being', *American Psychologist*, Vol. 75, No. 5, pp. 618–630.

Siegrist, M. and Cvetkovich, G. (2000), 'Perception of hazards: The role of social trust and knowledge', *Risk Analysis*, Vol. 20, No. 5, pp. 713–719.

Siegrist, M., Cvetkovich, G. and Roth, C. (2000), 'Salient value similarity, social trust, and risk/benefit perception', *Risk Analysis*, Vol. 20, No. 3, pp. 353–362.

Siegrist, M., Gutscher, H. and Earle, T. C. (2005), 'Perception of risk: The influence of general trust and general confidence', *Journal of Risk Research*, Vol. 8, No. 2, pp. 145–156.

Siegrist, M., Luchsinger, L. and Bearth, A. (2021), 'The impact of trust and risk perception on the acceptance of measures to reduce COVID-19 cases', *Risk Analysis*, Vol. 41, No. 5, pp. 787–800.

Son, J. and Lin, N. (2008), 'Social capital and civic action: A network-based approach', *Social Science Research*, Vol. 37, pp. 330–349.

Tabellini, G. (2008), 'Institutions and culture', *Journal of the European Economic Association*, Vol. 6, No. 2–3, pp. 255–294.

Tabellini, G. (2010), 'Culture and institutions: Economic development in the regions of Europe', *Journal of the European Economic Association*, Vol. 8, No. 4, pp. 677–716.

Tajfel, H. (1982), 'Social psychology of intergroup relations', *Annual Review of Psychology*, Vol. 33, pp. 1–39.

Toshkov, D., Carroll, B. and Yesilkagit, K. (2022), 'Government capacity, societal trust or party preferences: What accounts for the variety of national policy responses to the COVID-19 pandemic in Europe?' *Journal of European Public Policy*, Vol. 29, No. 7, pp. 1–20.

Toya, H. and Skidmore, M. (2014), 'Do natural disasters enhance societal trust?' *Kyklos*, Vol. 67, pp. 255–279.

Troiano, G. and Nardi, A. (2021), 'Vaccine hesitancy in the era of COVID-19', *Public Health*, Vol. 194, pp. 245–251.

Van Dijck, J. and Alinejad, D. (2020), 'Social media and trust in scientific expertise: Debating the Covid-19 pandemic in the Netherlands', *Social Media + Society*, Vol. 6, No. 4, 2056305120981057.

Vinck, P., Pham, P. N., Bindu, K. K., Bedford, J. and Nilles, E. J. (2019), 'Institutional trust and misinformation in the response to the 2018–19 Ebola outbreak in North Kivu, DR Congo: A population-based survey', *Lancet Infectious Diseases*, Vol. 19, No. 5, pp. 529–536.

Wilder-Smith, A. B. and Qureshi, K. (2020), 'Resurgence of measles in Europe: A systematic review on parental attitudes and beliefs of measles vaccine', *Journal of Epidemiology and Global Health*, Vol. 10, No. 1, pp. 46–58.

Williams, J. T. (1985), 'Systemic influences on political trust: The importance of perceived institutional performance', *Political Methodology*, Vol. 11, pp. 125–142.

Wong, C. M. L. and Jensen, O. (2020), 'The paradox of trust: Perceived risk and public compliance during the COVID-19 pandemic in Singapore', *Journal of Risk Research*, Vol. 23, No. 7–8, pp. 1021–1030.

Xu, S. and Li, Y. (2020), 'Beware of the second wave of COVID-19', *The Lancet*, Vol. 395, No. 10233, pp. 1321–1322.

Yamagishi, T. (2011), *Trust: The evolutionary game of mind and society*, Springer, New York.

Yamagishi, T. and Cook, K. S. (1993), 'Generalized exchange and social dilemmas', *Social Psychology Quarterly*, Vol. 56, No. 4, pp. 235–248.

Ye, M. and Lyu, Z. (2020), 'Trust, risk perception, and COVID-19 infections: Evidence from multilevel analyses of combined original dataset in China', *Social Science and Medicine*, Vol. 265, No. 113517.

Zhuravskaya, E., Petrova, M. and Enikolopov, R. (2020), 'Political effects of the internet and social media', *Annual Review of Economics*, Vol. 12, pp. 415–438.

Annexes

Annex 1: *Living, working and COVID-19* e-survey questions

Table A1: Survey questions for rounds 1–4

Question	Items (if needed)	Answer category	Round(s) asked
In which country do you live?		All EU countries + UK and other countries	Rounds 1–4
How would you describe your gender?		○ Male ○ Female ○ In another way	Rounds 1–4
How old are you?		Free input integer	Rounds 1–4
Have you been vaccinated against COVID-19?		In wave 3: ○ Yes, both doses ○ Yes, one dose ○ No In wave 4: ○ Yes, I am fully vaccinated ○ Yes, I am partially vaccinated ○ No	Rounds 3–4
How important are each of the following reasons for you to get vaccinated?	To protect myself from getting infected with COVID-19	5-point Likert scale from 1 (not at all important) to 5 (very important)	Rounds 3–4
	To protect my family and close friends from getting infected with COVID-19		
	To follow my duty as a citizen		
	To help end the COVID-19 pandemic		
	To help remove COVID-19 restrictions		
	To be able to travel, attend events or dine indoors		
	It is required for my work		
	Because of social pressure to get the vaccine		
How important are each of the following reasons for you not having a COVID-19 vaccine?	I am worried that the COVID-19 vaccine will make my existing health issues worse	5-point Likert scale from 1 (not at all important) to 5 (very important)	Rounds 3–4
	I am worried about the side effects of COVID-19 vaccines		
	I don't trust the safety of COVID-19 vaccines		
	I have had a COVID-19 infection so I don't need the vaccine		
	I am in good health so I don't need the COVID-19 vaccine		
	I think the risk of COVID-19 is exaggerated		
	I think COVID-19 does not exist		
	I am against vaccines in general		
Generally speaking, would you say that most people can be trusted or that you can't be too careful in dealing with people?		10-point Likert scale from 1 (you can't be too careful) to 10 (most people can be trusted)	Rounds 1–4

Question	Items (if needed)	Answer category	Round(s) asked
How much do you personally trust	the news media?	10-point Likert scale from 1 (do not trust at all) to 10 (trust completely)	Rounds 1–4
	the police?		
	your country's government?		
	the EU?		
	the healthcare system?		
	social media?		
	science?		
	pharmaceutical firms?		
What is your main source of news?		○ Television programmes (online or broadcast) ○ Press (online or printed) ○ Radio ○ Social media or blogs (e.g. Facebook, Twitter, Instagram, YouTube) ○ Other information sources	Rounds 3–4
How often do you use social media (e.g. Facebook, Twitter, Instagram)?		○ Every day, for three hours or more ○ Every day, for more than one hour but less than three hours ○ Every day, for less than one hour ○ Every other day ○ Less often ○ Never	Rounds 3–4
How would you describe the area in which you live?		○ The open countryside ○ A village/small town ○ A medium or large town ○ A city or city suburb	Rounds 1–4
On the whole, how satisfied are you with the way democracy works in your country?		10-point Likert scale from 1 (very dissatisfied) to 10 (very satisfied)	Rounds 2–4
Thinking about how your country's government has responded to the COVID-19 pandemic, how satisfied are you with each of the following?	The handling of the roll-out of the COVID-19 vaccines	10-point Likert scale from 1 (very dissatisfied) to 10 (very satisfied)	Round 4
	The measures taken to prevent or reduce the spread of COVID-19		
	Involving citizens in the decision-making process		
	Providing financial support to people		
	Ensuring children could continue to receive education		
Overall, how satisfied are you with the reaction of your country's government to the COVID-19 pandemic?		10-point Likert scale from 1 (very dissatisfied) to 10 (very satisfied)	Round 4
Which of these categories best describes your current situation?		○ Employee ○ Self-employed with employees ○ Self-employed without employees ○ Unemployed ○ Unable to work due to long-term illness or disability ○ Retired ○ Full-time homemaker/fulfilling domestic tasks ○ Student	Rounds 1–4

Question	Items (if needed)	Answer category	Round(s) asked
How long have you been unemployed?		○ Less than 12 months ○ 12 months or more	Rounds 1–4
A household may have different sources of income and more than one household member may contribute to household income. Thinking of your household's total monthly income, to what extent is your household able to make ends meet?		○ With great difficulty ○ With difficulty ○ With some difficulty ○ Fairly easily ○ Easily ○ Very easily	Rounds 1–4
How many children live in your household?	Aged 0–11	Free input integer	Rounds 1–4
	Aged 12–17		
	Aged 18–24		
What is the highest level of education you completed?		○ Primary education or less ○ Lower secondary education or equivalent level ○ Secondary education or equivalent level ○ Post-secondary non-tertiary level ○ Short-cycle tertiary level ○ Bachelor's degree or equivalent level ○ Master's degree or equivalent level ○ Doctoral degree (PhD) or equivalent level	Rounds 1–4
What is the main activity of the company or organisation where you work?		○ Agriculture ○ Industry ○ Construction ○ Commerce and hospitality ○ Transport ○ Financial services ○ Public administration ○ Education ○ Health ○ Other services	Rounds 1–4

Source: *LWC-19 e-survey, 2020–2021*

Annex 2: Quantitative methodology

The changes in levels of trust (that is, delta trust) discussed in Chapter 2 were calculated for each respondent as the difference between the level of trust in the fourth e-survey round and the level of trust in the third e-survey round in which the respondent was present. In most cases, this was the difference between trust between rounds 4 and 3. However, if the respondent did not participate in round 3, the calculation was based on the difference between trust in rounds 4 and 2 and, if the respondent did not take part in rounds 3 or 2, it was the difference between trust in rounds 4 and 1.

The regression models used in Chapters 2 and 3 aim to predict trust in national institutions, trust in the EU and satisfaction with democracy or satisfaction with government response, controlling for survey rounds, respondent's age group and country group, as well as their gender, level of education, employment status and household size. Results of these regressions do not change significantly when controlling for COVID-19 mortality and for the intensity of containment, health or economic support policies, as measured by the Oxford Government Response Tracker.

Regression models in Chapter 5 aim to predict trust in national institutions or satisfaction towards government response by interpersonal trust, preferred news source, time spent on social media and controlling for survey wave, respondent's age group and country group, as well as their gender, level of education, employment status and household size. Due to data availability, only round 3 and 4 of the e-survey were used. For satisfaction towards government response, trust in government was also used as a control variable.

The following tables show the weighted means for trust in national institutions (Table A2), trust in the EU (Table A3) and satisfaction with democracy (Table A4).

A more detailed methodological annex, containing all of the regression results, is available on request.

Table A2: Weighted means for trust in national institutions

Variables	Mean	Standard error	95% confidence interval	
			Upper bound	Lower bound
Age groups				
18–29	6.281611	0.134394	6.018188	6.545033
30–39	5.668573	0.124023	5.425477	5.911669
40–49	5.779705	0.101888	5.579995	5.979414
50–59	6.021346	0.089850	5.845232	6.197459
60+	6.487959	0.076834	6.337357	6.638561
Country groups				
Nordic	7.62118	0.09944	7.42627	7.81610
Continental and Ireland	6.39491	0.08163	6.23490	6.55492
Western Mediterranean	6.62350	0.08106	6.46463	6.78238
Central and eastern Europe	4.80327	0.08356	4.63948	4.96706
Eastern Mediterranean and Balkan	4.50380	0.08131	4.34441	4.66318
Gender				
Male	6.07301	0.07307	5.92979	6.21622
Female	6.18377	0.05670	6.07263	6.29491
In another way	5.27259	0.61314	4.07079	6.47440
Residence				
The open countryside	5.98432	0.14210	5.70580	6.26284
A village/small town	6.21389	0.07642	6.06410	6.36368
A medium to large town	6.17594	0.09568	5.98840	6.36348
A city or city suburb	6.04620	0.08024	5.88893	6.20347
Employment status				
Employee	6.15911	0.06218	6.03724	6.28098
Self-employed	5.23284	0.15575	4.92756	5.53812
Unemployed	5.59693	0.19760	5.20963	5.98424
Retired	6.50657	0.08878	6.33255	6.68059
Other	6.08609	0.13264	5.82610	6.34607
Education				
Primary	5.39935	0.33756	4.73771	6.06099
Secondary	6.05735	0.06365	5.93259	6.18210
Tertiary	6.42433	0.04317	6.33971	6.50896

Source: *Living, working and COVID-19 e-survey series*

Table A3: Weighted means for trust in the EU

Variables	Mean	Standard error	95% confidence interval	
			Upper bound	Lower bound
Age groups				
18–29	6.03121	0.16022	5.71716	6.34527
30–39	4.98811	0.14718	4.69962	5.27660
40–49	4.86785	0.14382	4.58595	5.14975
50–59	4.97572	5.27502	4.75792	5.19353
60+	5.27502	0.09187	5.09496	5.45509
Country groups				
Nordic	5.43827	0.11452	5.21380	5.66274
Continental and Ireland	4.96138	0.10177	4.76191	5.16086
Western Mediterranean	5.59157	0.10343	5.38884	5.79430
Central and eastern Europe	5.17608	0.11943	4.94200	5.41017
Eastern Mediterranean and Balkan	4.94240	0.11328	4.72037	5.16444
Gender				
Male	5.21650	0.09277	5.03467	5.39833
Female	5.21000	0.06585	5.08092	5.33908
In another way	5.31786	0.75015	3.84750	6.78822
Residence				
The open countryside	4.52903	0.19505	4.14671	4.91134
A village/small town	5.12547	0.09105	4.94700	5.30395
A medium to large town	5.18570	0.11818	4.95406	5.41734
A city or city suburb	5.63696	0.09659	5.44763	5.82629
Employment status				
Employee	5.26616	0.07618	5.11684	5.41548
Self-employed	4.70998	0.23035	4.25848	5.16148
Unemployed	4.62536	0.24381	4.14746	5.10325
Retired	5.31342	0.10913	5.09952	5.52733
Other	5.50603	0.16744	5.17783	5.83424
Education				
Primary	3.98545	0.31308	3.37179	4.59911
Secondary	5.03325	0.07726	4.88182	5.18469
Tertiary	5.87889	0.06485	5.75179	6.00600

Source: *Living, working and COVID-19 e-survey series*

Table A4: Weighted means for satisfaction with democracy

Variables	Mean	Standard error	95% confidence interval	
			Upper bound	Lower bound
Age groups				
18–29	5.41224	0.14303	5.13190	5.69259
30–39	0.76795	0.14548	4.48280	5.05310
40–49	4.79697	0.12561	4.55076	5.04318
50–59	4.95584	0.11350	4.73337	5.17831
60+	5.27501	0.09477	5.08926	5.46076
Country groups				
Nordic	6.95446	0.12532	6.70883	7.20010
Continental and Ireland	5.52440	0.09726	5.33377	5.71503
Western Mediterranean	5.37142	0.10032	5.17479	5.56806
Central and eastern Europe	3.48600	0.09199	3.30570	3.66631
Eastern Mediterranean and Balkan	3.63493	0.10042	3.43810	3.83177
Gender				
Male	4.98478	0.08418	4.81978	5.14977
Female	5.16310	0.07004	5.02582	5.30039
In another way	4.61921	0.63020	3.38396	5.85446
Residence				
The open countryside	4.76439	0.18474	4.40227	5.12650
A village/small town	5.09657	0.09110	4.91800	5.27514
A medium to large town	5.13064	0.11659	4.90211	5.35917
A city or city suburb	5.14807	0.08991	4.97183	5.32430
Employment status				
Employee	5.21466	0.07271	5.07214	5.35718
Self-employed	4.37801	0.20213	3.98182	4.77419
Unemployed	4.11374	0.20213	3.71687	4.51061
Retired	5.21363	0.11338	4.99140	5.43587
Other	5.27617	0.15205	4.97814	5.57420
Education				
Primary	3.98040	0.31694	3.35917	4.60163
Secondary	4.95747	0.07537	4.80974	5.10520
Tertiary	5.56299	0.05803	5.44925	5.67672

Source: *Living, working and COVID-19 e-survey series*

Annex 3: Qualitative methodology of the Belgian and Greek focus groups

The main objective of organising a focus group is to bring citizens together who share the same experiences in a common space created to facilitate the exchange of views and ideas. The aim is to allow citizens to speak out about the issues that concern them most. Focus groups are a particularly useful method of allowing people's voices to be heard. As its name indicates, a focus group interview is, first and foremost, an interview – that is, a way to map experiences and views. A focus group interview is, however, also an interaction between participants. This means that the unit of analysis at least partly comprises the dynamics of the group. This approach and set-up make it possible to discern shared experiences common to all the members of the group. The results of the focus groups carried out for this report are discussed diachronically, looking in turn at the phases in which the measures were implemented. Special attention is given to recurring themes relating to these phases. In this way, the differences in views between participants from different Member States as the pandemic progressed can be explored.

The focus groups were organised in the first week of February 2022. The respondents participated based on self-selection.

The interviews followed an interview guide with open questions, structured in accordance with the phases of the pandemic presented in the main body of the report, which served as a systematising tool. The focus group conversations lasted, on average, 75 minutes.

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The report examines how citizens' trust in institutions – including national governments, the EU, science and the media – evolved during the COVID-19 pandemic in 2020 and 2021. The role of the media is analysed, in particular the relationship between the use of social media and trust and the impact of misinformation (incorrect or misleading information) and disinformation (deliberately deceptive information) during the crisis period. Based on an extensive literature review, the report describes the consequences of COVID-19 policy measures, with a focus on citizens' trust in their national institutions and in the EU. The report outlines the dynamics of trust and discontent in the context of the pandemic, including the influence of the vaccination roll-out.

The European Foundation for the Improvement of Living and Working Conditions (Eurofound) is a tripartite European Union Agency established in 1975. Its role is to provide knowledge in the area of social, employment and work-related policies according to Regulation (EU) 2019/127.

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