

# INCLUSIVE COMMUNICATION IN TIMES OF CRISIS:

*lessons learned and recommendations from  
COVID-19 and other CBRNe incidents based on recent  
COVINFORM & PROACTIVE findings*



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## Introduction & context

Modern societies face a multitude of hazards and threats that when combined with particular conditions, result in a disaster. This year the European Commission has highlighted how COVID-19 is the largest crisis to hit Europe in recent years. During this same time, Europe has also witnessed extreme weather, droughts, wildfires, storms, extreme rainfall, floods, earthquakes, terrorist attacks and cyberattacks<sup>1</sup>. COVID-19 has also brought attention to biological threats which are part of a wider cluster of incidents: Chemical, Biological, Radiological, Nuclear and explosive (CBRNe). For example, bioterrorism is an important concern, as three terrorist plots involving hazardous materials were disrupted in Paris, Cologne and Sardinia in 2018<sup>2</sup>. All of these disasters demonstrate the extent to which substantial health, societal and economic impacts are increasing. They also are a strong reminder that a lack of communication on the protective measures to take during a crisis can exacerbate existing and create new vulnerabilities.

The key role that communication plays in preparing for and responding to a crisis has come to the forefront during the COVID-19 pandemic. The general public across Europe have relied on the communication of information about what protective measures to take (e.g., hand washing, how to wear masks, physical distancing, when to isolate). However, this communication was not created with

all of society in mind and recognized best practice for crisis communication was not always being widely applied. For instance, in the beginning of the pandemic government websites which provided crucial, life-saving information were not conceived with vulnerable groups in mind (e.g., not compatible with text-to-speech readers).

Due to the pandemic's long-lasting nature and the fact that it has impacted all of society on a global scale, communication failures have been particularly visible. Furthermore, the COVID-19 pandemic has been accompanied by an infodemic, i.e. an overwhelming amount of information including misinformation, leading to information overload, uncertainty, and avoidance behaviours. The disproportionate negative impact of the pandemic on vulnerable groups, who to different extents have been excluded from accessing the communication designed to protect them, has led stakeholders across society (e.g., researchers and Non-Governmental Organisations (NGOs)) to campaign for inclusive and accessible communication. The pandemic has clearly demonstrated the need for communication and information that can be accessed, understood and acted upon by all, including vulnerable groups who may be harder to reach. Achieving this requires a clear understanding of the information needs and concerns of different groups.

<sup>1</sup> DG ECHO (2021). Overview of natural and man-made disaster risks the European Union may face.

<sup>2</sup> Europol (2019). European Union terrorism situation and trend report (TE-SAT).

Building on existing research, new insights have emerged during the pandemic that show the need to move away from top-down communication that treats the public as one homogenous group without accounting for their different needs. Crisis communication should account for the range of individuals that together constitute a diverse 'public' and consider the needs of different groups. Such groups may include but are not limited to: different socio-economic backgrounds, those living in rural vs urban areas, people living with disability, the elderly, clinically vulnerable people, ethnic minorities, the homeless and LGBTQIA+ people. Indeed, vulnerability is not static and who is considered 'vulnerable' in a crisis has been proven to be more than ever context dependent, with someone who is vulnerable in one crisis/context not being considered so in another. For instance, while often considered resilient, during COVID-19, school children have been identified as vulnerable, especially concerning access to education and social interaction vital to wellbeing.

While COVID-19 brought these issues to the forefront, it is important to note that these same considerations apply to CBRNe incidents and other hazards.

Therefore, policy must take into account psychological and social aspects of a crisis as well as the needs of various subgroups in society when communicating about hazards and protective measures. The following recommendations are based on research undertaken as part of the EU funded projects COVINFORM and PROACTIVE.



## The need to consider vulnerability when communicating in a crisis



The current pandemic has reinforced the differential impacts that a disaster has on different groups in society. While some groups have been identified as being vulnerable to the risk and/or impact of COVID-19 (e.g., the elderly, women, ethnic minorities, the clinically vulnerable), these vulnerabilities existed long before the ongoing pandemic and are the result of pre-existing inequalities and structural conditions. In many cases COVID-19 has increased the vulnerability of groups with pre-existing vulnerabilities and made previously unconsidered ones more visible.

### For example:

- ⦿ Individuals belonging to lower socio-economic groups may have had greater exposure to COVID-19 due to structural factors limiting their ability to follow stay at home orders or measures to self-isolate.
- ⦿ In many instances women were pushed into more precarious economic situations due to the closure of schools during lockdowns as these led to an increase of unpaid (care) work.<sup>3</sup>
- ⦿ The systematic discrimination and racism that Black, Asian, and Minority Ethnic (BAME) groups have faced has resulted in a lack of trust in governments and health care providers, which has ultimately led to vaccine hesitancy and as a consequence a greater risk of falling ill.<sup>4</sup>
- ⦿ Observed communication strategies were often based on traditional ideas of non-racialised, middle-class and nuclear families. First, this transports certain ideas about gender, race/ethnicity and class, normalises them and excludes those who do not fit into these norms. Second, it exacerbates risk for those who fall outside of the norm as their lived experiences are either not or less considered in communication (and containment) strategies.

The pandemic has thus highlighted the need to engage with vulnerable groups and understand their information needs, concerns and the barriers to being able to follow protective measures. This information should inform the design of response measures as well as the communication that is designed to influence the adoption of such behaviours.

As vulnerability is not static and may change as a result of the context and the particular crisis, evaluating needs should be an ongoing process involving dialogue and two-way engagement with communities.

These insights on the importance of inclusive communication have led to the following five recommendations.

<sup>3</sup> <https://eige.europa.eu/covid-19-and-gender-equality/unpaid-care-and-housework>

<sup>4</sup> <https://www.bmj.com/content/372/bmj.n513>

# Recommendations

## Recommendation 1: Accessible and inclusive communication

### WHY?

The observed COVID-19 communication strategies have predominantly focused on the general public and often ignored that certain groups of people are facing specific communication barriers. Tailored approaches are generally limited to providing translated information or information in sign language. If communication is not accessible to all subgroups of society, it can exclude groups from communication and potentially increase their vulnerability. For instance, inaccessible (non-inclusive) communication would impair some people's ability to follow instructions from first responders during an evacuation.

### HOW?

- Dialogue and engagement through workshops and meetings with representatives from different audiences is key to developing approaches that address their various needs as well as concerns and to also ensure accessibility and inclusivity.
- Governments need to act as a 'connector' by communicating information and guidance – pointing vulnerable groups to organisations (NGOs, Civil Society Organisations (CSOs), etc.) that provide tailored information. More institutionalised collaboration between governments, practitioners and CSOs is recommended.
- Furthermore, it is important to identify effective communication channels to reach target audiences. The message should be disseminated in a consistent manner across multiple communication channels and in multiple language formats (text, pictographs, audio description, sign language, braille, easy-to-read, etc.). This would improve accessibility across diverse groups.
- In relevant contexts (e.g., healthcare settings), Personal Protective Equipment (PPE) should be designed and used in such a way to make direct communication more inclusive. For example, transparent face masks can be an alternative solution which facilitates communication with lip readers.



## Recommendation 2: Actionable communication

### WHY?

Actionable communication provides the message receiver with an action to take in order to mitigate harm. It is needed to achieve behaviour change or compliance such as following measures and hygiene guidelines. For example, research shows that the general communication approaches during the COVID-19 pandemic did not reflect the barriers and costs of the recommended and mandated behaviours for vulnerable groups with the exception of those aged 65+. This may have prevented other vulnerable groups from being able to take action and potentially increase the impact of the pandemic for these groups.

### HOW?

- Before communicating a given action, undertake research to understand the barriers that different groups may face in being able to perform it, and how those barriers might differ across groups. Be sure to also either communicate ways to overcome such barriers or equally effective and accessible alternative actions to be taken. For example, self-isolation is not always possible for all people, especially those who are in need of carers.
- Crisis communication should incorporate psychological constructs which reduce anxiety and increase behavioural efficacy for the public. This can be done, for example, by avoiding communicating only about the risk and its negative consequences and instead communicate about possible mitigation measures a person could undertake (e.g., frequently ventilate closed spaces).
- It is crucial to provide sufficient details of effective protective actions which can be taken during an emergency, and how to undertake these.
- Crisis communication should be disseminated through multiple channels as often the public will check for the message from multiple sources before taking action.





## Recommendation 4: Relevant and timely communication

### WHY?

Tailoring crisis messages to specific groups increases the likelihood of public compliance with actionable communication. When an individual feels that a threat is relevant to them and their circumstances, they are more likely to comply. This is particularly relevant for events such as CBRNe. For those who did not consider themselves at high risk of COVID-19, the tailored messages of ‘lower the curve’ and ‘protect your loved ones’ helped incite them to follow crisis communication recommendations. While experiencing a crisis causes distress and anxiety on the part of the public, providing timely information reduces such feelings, which in turn helps them to be actors in their own crisis response. Timely information provision also helps combat the spread of rumours, which develop when there is an information vacuum as people try to understand the development of the crisis on their own.

### HOW?

- Culturally sensitive messages ensure relevance to different groups in society. This also means taking into account local risk cultures.
- Information needs to be provided in a timely way so audiences have the information necessary to react and understand risks.
- Provide regular news, including updates stating that no new information is available.



## Recommendation 5: Understandable communication

### WHY?

Sending messages does not necessarily mean that they will be understood by the target audience. Communicating complex and scientific information in specialist terms may exclude groups from being able to understand the key information being communicated. Communication must be understood by their intended audiences if they are to be acted upon.

### HOW?

- The message sender should establish clear goals for the communication messages, which are adapted to the development of the crisis.
- The message should be short, simple, clear and easy to recall.
- Avoid information overload by developing strategies that reduce the amount and complexity of information needed by the individual, facilitating information processing.
- At the same time, the public should be provided with sufficient information.
- Inconsistencies between messages are to be avoided (as per Recommendation 3).
- Avoid using jargon, develop cultural-sensitive messages that use the language of the audiences and also include the recommendations laid out in Recommendation 1.
- Follow the one-voice principle to further ensure clear communication.

## Conclusion



Many of these crisis communication recommendations are not new. Past research on crisis situations already highlighted some of these critical points in various contexts or in reference to other CBRNe events. The COVID-19 pandemic revealed how many of these principles are still ignored at a wide scale, and therefore EU policymakers, Member States and Associated Countries should benefit from the momentum of the COVID-19 crisis to make sure these recommendations are adequately applied going forward.

## References

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PROACTIVE D1.2 – [Findings from systematic review of current policy for mitigation and management of CBRNe terrorism](#)

PROACTIVE D2.2 – [Report on the pre-exercise workshop with Practitioners](#)

PROACTIVE D3.3 – [Report on the workshop with vulnerable citizens](#)

PROACTIVE D2.3 – [Report on the survey and benchmarking study results](#)

PROACTIVE D3.4 – [Report on the survey on common approaches of the civil society](#)

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COVINFORM D7.1 Baseline report: Communication and information

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