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Published in:
Health, Risk & Society

DOI (link to publication from Publisher):
10.1080/13698575.2022.2028743

Publication date:
2022

Document Version
Publisher's PDF, also known as Version of record

Health, Risk & Society

ISSN: (Print) (Online) Journal homepage: https://www.tandfonline.com/loi/chrs20

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To cite this article: Barbara Fersch, Anna Schneider-Kamp & Karen N. Breidahl (2022) Anxiety and trust in times of health crisis: How parents navigated health risks during the early phases of the COVID-19 pandemic in Denmark, Health, Risk & Society, 24:1-2, 36-53, DOI: 10.1080/13698575.2022.2028743

To link to this article: https://doi.org/10.1080/13698575.2022.2028743

Published online: 23 Jan 2022.

Health, Risk & Society, 2022
Vol. 24, Nos. 1–2, 36–53, https://doi.org/10.1080/13698575.2022.2028743

Anxiety and trust in times of health crisis: How parents navigated health risks during the early phases of the COVID-19 pandemic in Denmark

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(*Received 5 February 2021; accepted 10 January 2022*)

In this article, we investigate how parents of children in primary school navigated risks in the context of COVID-19 mitigation policies during the early stages of the COVID-19 pandemic. In Denmark, this group found itself at the front line of the reopening after an early lockdown, as primary schools were among the first institutions to reopen. This situation was discussed by the parents amid much controversy, which prompted us to investigate the strategies of different groups of parents within their institutional contexts. Based on qualitative interviews with 30 key informants, supplemented by a qualitative survey completed by 31 parents, collected between April and July 2020, we find three main types of strategies for dealing with pandemic health risks: (1) those involving trust, especially in schools and in teachers; (2) those primarily characterised by prioritising other aspects, such as the work-life balance; (3) and those containing overt or covert resistance strategies. Our findings demonstrate the pivotal role of the perceived trustworthiness of institutions (mainly schools) and professionals (mainly teachers) at the frontline for shaping parental risk navigation strategies. As our sample included asylum seekers whose resistance – unlike that of other parents employing resistance strategies – was met by an intervention, our analysis also sheds light on how social exclusion manifests itself in the Danish welfare state context during a pandemic.

Keywords: Anxiety; health risks; trust; COVID-19 pandemic; school reopening

Introduction

Since the start of the COVID-19 pandemic, a major concern has been how public health strategies enforced to mitigate the spread of the virus are understood and followed by citizens. In this article, we provide new insights into one particular aspect of the early phase of the COVID-19 pandemic, namely the strategies parents employed to navigate health risks in the context of school re-openings after the initial first lockdown. Here, by strategies, we refer to both problem-focused and emotion-focused thoughts and actions

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This article has been republished with minor changes. These changes do not impact the academic content of the article.

(Lazarus & Folkman, 1984), as these enabled parents to navigate risks of infection and (serious) illness, as well as the repercussions of pandemic policies.

In this article, we focus on parents of children in primary school. In Denmark, in the face of low infection rates, this specific group found itself at the front line of the reopening of society after an early lockdown in March 2020. Crèches, preschools, and primary schools were among the very first societal institutions to reopen (in mid-April 2020), with the youngest pupils in primary schools returning first. By international comparison, Denmark was one of the first countries to reopen schools, which happened relatively soon after the 'full' locking down of society (Sheikh et al., 2020).

At that time this decision and its conceivable consequences were discussed amid much controversy among parents, and a day after the announcement of the school reopening a Facebook group called 'My child will not be a Guinea pig for COVID-19' emerged. It soon gained many members, demonstrating the anxiety of parents and their willingness to resist the reopening plans.

The theoretical framework of our analysis is anchored in a sociological understanding of health risk perceptions. Generally speaking, the public discourse about COVID-19 risk has been shaped by probabilistic knowledge and epidemiological models ('flattening the curve') on the population level (Brown, 2020), both of which are also used by Danish politicians and public administrators to explain and make sense of political measures and public policies. In Denmark, there has been a strong emphasis on the protection of those considered particularly susceptible to the virus and at the highest risk for a serious development if infected, that is, people with compromised immune systems, certain chronic illnesses, or who are aged over 65 and especially over 80 (Clotworthy & Westendorp, 2020). Children, specifically younger ones under the age of twelve, were, based on the evidence available at the time, considered as the part of the population with the lowest risks of falling seriously ill with COVID-19.

However, tensions may arise between those measures, categorisations, and policies and individual perceptions of risk, which may be shaped by issues of trust and emotions such as fear and anxiety. It is important to consider such intangible aspects that influence how a situation is dealt with (Zinn, 2008) as they serve as mechanisms that connect information about policies addressing the COVID-19 pandemic with how people react to and navigate the risks.

In this article, we investigate how parents' varying experiences with and perceptions of institutions and professionals, especially concerning their perceived trustworthiness, shape different strategies of navigating risks, in particular, risks of infection and illness and repercussions of pandemic policy. Based on qualitative data collected from various groups of parents, we identified three main types of strategies: (1) strategies primarily based on trust, (2) strategies based on prioritising other aspects, and (3) strategies of overt or covert resistance. Our findings have both theoretical and practical implications, informing and nuancing our understanding of the role of trust in navigating risk during a pandemic, of non-trusting strategies and of the ways in which patterns of societal exclusion and discrimination are intertwined with them: As one group of parents participating in our study were asylum seekers, our findings also provide insights into how societal exclusion manifests itself during a pandemic in a national welfare state context known for being one of the most hostile and restrictive towards migrants and immigration in Europe (Breidahl et al., 2021). Asylum seekers in Denmark are highly vulnerable in terms of social rights and they are facing a number of structural constraints limiting their autonomy to navigate through everyday life.

Theoretical framework: risk, anxiety, and trust

To capture how varying experiences and perceptions shape parental risk navigation strategies, we utilised a multidimensional theoretical framework centring around risk, anxiety, and trust as these concepts allowed us to capture the complexity of strategies that parents employed in the pandemic.

In sociological theorising, risk is, in general, understood as a way to understand and calculate uncertainty. Seen as a process of rationalisation, it plays a role in the context of how people deal with an uncertain future, and in the modern notion of humans being able to and responsible for influencing and shaping their future, both as individuals and as collective actors (Weber, 2004).

In the context of the COVID-19 pandemic, health risk has, of course, been emphasised greatly, with the central risk being the risk of infection.

One prominent response to the infection risk that was dominant early on, and especially during the period covered by the study in spring 2020, was anxiety. In his theorising on risk in society, Beck (1995) argued that, in late modernity and amid global manufactured risks, a heightened anticipation of risks has emerged that is connected to a kind of ontological insecurity (Giddens, 1991) and, thus, to heightened anxiety. Bröer et al. (2021) investigate the risk management of parents during the COVID-19 pandemic, finding a progression from danger to uncertainty as underlying parental anxiety during its first phase.

However, anxiety as an immediate emotional reaction to the new health risks of COVID-19 can be expected to be entangled or flanked by other reactions and strategies to deal with the risk of infection. In his articles on everyday strategies, Zinn (2008; 2016) discusses several ways of dealing with risk. The most prominent and appealed-to ones during the coronavirus crisis have been rational strategies: this might mean obtaining information about the virus and infection risk and then, on the basis of this information, making informed decisions. Additionally, there may be a wide range of responses, utilising strategies located 'in between' rationality and irrationality to deal with risk, such as trust, intuition, and other emotional aspects (Zinn, 2008). Lupton (2013) argues that emotions are inextricably intertwined with all kinds of handling of risk and that any attempt to distinguish rational from irrational (that is, emotional) reactions would thus be futile. In our analysis, we followed this assumption and were open to finding a mixture of rational, non-rational, and 'in between' strategies of dealing with the risk of infection, though it was not our aim to identify the strategies as either rational or non-rational.

In recent decades, changes in societal meanings of children as becoming more and more especially valued beings had an impact on our understanding of whether children are 'at risk'. As Jackson and Scott (1999) remark:

> Because children are thus constituted as a protected species and childhood as a protected state, both become loci of risk anxiety. (p. 86)

Due to this, parental mitigation of risks regarding their children has become an integral part of Western parenting culture, and parents have accordingly become their children's 'risk managers' (Lee et al., 2010, p. 295), assigned with the responsibility to protect them. However, these demands are often, even in 'normal times', contradictory, including both institutionalised expectations that parents should protect their children against risks, on the one hand, as well as that they should expose them to a certain amount of risks in order for them to develop resilience, on the other hand (Herrero-Arias et al., 2020). Throughout the

COVID-19 pandemic, both public and academic debates have discussed the impact of trust in how an individual navigates their (or their child's) risk of infection (Petersen & Roepsstorff, 2020). Here, the main form considered is that placed in the government and the national health authorities, as understood at the societal macro-level and how these organisations might act in order to be experienced as trustworthy by wider publics. However, given the specific context and situation of sending children back to school during a pandemic, other forms of trust such as trust in meso-level institutions like schools and the relevant (semi-) professionals (client trust) need to be considered.

The ideal-typical classification shown in Table 1 makes it possible to conceptually distinguish not only between several different forms of trust but also different modes of trust: cognitive-reflective versions where reflective evaluations lead to trust; routine-based everyday versions; and more foundational versions, similar to ontological security (Giddens, 1991). The different forms and modes of trust can potentially be found in various situations and in relation to several objects of trust. However, it is possible to identify typical contexts for them. Functionally diffuse trust is typically found in personal, private relations and is often referred to as social trust (Uslaner, 2008). Functionally specific trust is predominantly found in organisationally transmitted relations that, among other things, rely on professionalism; it is often referred to as client trust (Di Luzio, 2006). Functionally generalised trust often takes the shape of general expectations and can typically be found in relations with abstract systems (Luhmann, 1968).

For our research, focusing on the individual strategies parents deployed to handle risk, both functionally specific and functionally generalised trust appeared to be most relevant. Regarding modes of trust, we can assume that in a pandemic all forms of trust might be in jeopardy (Beck, 1995) and that, in the context of heightened anxiety, reflexive modes of trust might become more important. The same might apply to functionally generalised trust in the form of system trust, which in 'normal times' must also continuously be reinforced through interactions with the face of the system (Luhmann, 1968), that is, in interactions involving functionally specific trust. It is safe to assume that this is even truer in times of overshadowing pandemic health risk.

In the analysis of our empirical data, we used this theoretical framework to identify, clarify and systematise aspects and dimensions of the types of strategies that emerged in parents' accounts.

Methods

The context of this study is the Danish welfare state, in which there is universal access to healthcare and schools for all children (including children in the asylum system; Fersch &

Table 1. Forms and modes of trust

Forms of trust	Modes of trust		
Functionally diffuse trust(mostly in personal relationships)	Reflexive/ cognitive	Habitual/ routine	Functioning/ foundational
Functionally specific trust(mostly in organisationally transmitted interactions)			
Functionally generalised trust (mostly in the form of expectations of institutions/systems)			

Source: Modified from (Fersch & Breidahl, 2018; Endreß, 2012).

Breidahl, 2018). In Denmark, there is one type of school that educates pupils from 5 to 16 years, with provision offered by both public and publicly subsidised private institutions. While education is compulsory in Denmark, schooling is not. A recently established law that withholds a family's child benefits when a pupil's unauthorised absence rate is more than 15% was suspended during the reopening of schools following the COVID-19 lockdown. However, as we discuss below, not all parents were aware of this.

The qualitative data this article is based on was collected as part of two parallel research projects in Denmark in the period April to July 2020, both with the aim to cover the initial lockdown, home-schooling, and the reopening of schools. One project, initiated by the first two authors of this article, had the expressed aim to collect data on parents' risk navigation through interviews and observations (online or in person, when permitted) with 19 key informants (10 parents, 8 teachers, 1 school manager), through ethnographic data from the aforementioned Facebook group, and through a qualitative online survey (Braun et al., 2020) answered by 31 supplementary informants. This latter survey was implemented to reach further respondents in a short time span, including, but not limited to, members of the aforementioned Facebook group. While recruitment attempts within the Facebook group did not lead to any interviews, we recruited 8 informants for our qualitative survey.

The third author concomitantly built upon, and temporarily repurposed, an ongoing project on asylum seekers in Denmark. While the originally planned fieldwork was put on hold due to the COVID-19 pandemic, extant field contacts yielded interviews and observations with 11 further key informants (5 asylum-seeker parents, 6 asylum centre staff) on parents' risk navigation. The deliberate inclusion of these informants ensures coverage of different societal sub-groups and integrates the specific patterns of societal exclusion faced by asylum seekers, who can be seen as extreme cases concerning patterns of exclusion, structural constraints limiting their autonomy to navigate through everyday life, and emotional aspects due to highly uncertain futures, providing distinct insights and strengthening validity and generalisability (Flyvbjerg, 2006).

In Table 2 we present an overview of the 15 parents among the total of 30 key informants and their socio-demographic characteristics, that serve to contextualise them.

The other 15 key informants (teachers, school managers, asylum centre staff), are not contextualised in a table as they were included to inform about the 'other side' of parents' experiences and perception, providing insights into aspects such as conscious measures enacted by teachers, schools, and other institutions to strengthen their perceived trustworthiness.

The 31 supplementary informants from the qualitative survey (from here on referred to as 'short cases') were predominantly aged 31–50, with an undergraduate education as their dominant educational background, and with children attending both public and private schools.

The collected data, therefore, consists of 306 single-spaced pages of interview transcriptions, 49 single-spaced pages of data from the qualitative surveys, and 20 pages of netnographic fieldnotes and reflections. The projects are registered with the Danish Data Protection Agency, and all data have been collected, stored, and processed according to the EUGDP.

The data analysis began already during the interviews (Kvale & Brinkmann, 2009), uncovering patterns of trust and resistance and, thereby, informing further interviews. We first coded, conceptualised, and categorised the data from our key informants inductively, arriving at codes such as 'anxiety' and 'worry' and categories such as 'open resistance' and 'prioritisation'.

Table 2. Parents' socio-demographic characteristics

Informant	Gender	Educational level	Institutional frame	Age	Number of children (in primary school)
Parent 1	f	graduate	public school	42	3 (2)
Parent 2	f	vocational upper secondary	private school	44	4 (1)
Parent 3	f	pre-school	asylum centre, public school	35	4 (3)
Parent 4	f	undergraduate	private school	39	2 (2)
Parent 5	f	graduate	private school	38	1 (1)
Parent 6	f	undergraduate	public school	43	3 (1)
Parent 7	m	lower-secondary	asylum centre, public school	38	1 (1)
Parent 8	f	lower-secondary	asylum centre, public school	31	4 (3)
Parent 9	f	graduate	public school	44	3 (3)
Parent 10	m	vocational upper-secondary	asylum centre, public school	41	1(1)
Parent 11	f	undergraduate	public school	39	1 (1)
Parent 12	f	postgraduate	private school	52	1 (1)
Parent 13	m	undergraduate	asylum centre, public school	38	3 (3)
Parent 14	f	postgraduate	public school, private school	41	2 (2)
Parent 15	f	graduate	public school	47	1 (1)

In a second deductive step, clusters of categories were identified, as guided by the different approaches to trust outlined in Table 1. Specific focus was placed upon informants' reasons for sending their children back to school or not, and how, if at all, this was connected to reported trust to institutions and professionals (functionally specific trust) or to authorities and the health care system (functionally generalised trust). Based on the first two steps, we identified four strategy types, aiding analytical generalisation: Halkier (2011) argues for creating types on the basis of qualitative data ('ideal-typologising') as one suitable methodological strategy to move towards analytical generalisation.

These types were then, in a third step, used deductively to guide the analysis of the short cases, based on codes that were characteristic for each type. Table 3 provides an overview of strategy types and informants.

Table 3. Strategy types and informants

	Trusting	Prioritising	Resistance – overt	Resistance – cover
Key Informants / Parents	3 + 4[+]	6	1	1 + 4[+]
Short cases*	6	6	6	1

[+]To begin with the asylum-seeker parents were resistant but became trusting after an intervention.
*The remaining 12 short cases contained insufficient information to classify them reliably.

Considering that some of the answers collected for the short cases were rather short, it is remarkable that nearly two-thirds of them could clearly be classified by strategy type and strengthens the validity of the findings through triangulation (Denzin, 1970).

As individuals have a restricted capacity to recall past emotions, we strove for an early and time-limited data collection to avoid the post-rationalisation of emotions and the habituation effect with regard to new policies such as social distancing. While we started less than one week after the beginning of the reopening phase and ended 10 weeks later, we still encountered instances of post-hoc rationalisations, particularly regarding the early phase of the lockdown.

Findings

The different phases of the COVID-19 pandemic and the mitigation policies implemented affected the risk navigation strategies of our informants. Therefore, we present our findings in a chronological way, starting with the initial lockdown. Each (sub)section presents selected quotes from the interviews or short cases that are typical for the strategies described.

The first lockdown: anxiety and compliance

When asked about their experiences at the beginning of the COVID-19 crisis the informants all referred to the announcement of the lockdown on 11 March 2020. All informants reported that they had experienced initial shock paired with strong anxiety:

> I actually panicked a bit, because there had been a lot of discussion about how bad it was and whether it would come to Denmark. We had heard that if you had been in one of the skiing areas you would be at risk. When the lockdown came, I panicked and thought 'Shit!', and we didn't leave the house during the first week. (Parent 1)

Some of the informants' high levels of anxiety seemed to stem from frustration with the unprecedented situation, in which they had perceived themselves to lack the ability to understand and contextualise sufficiently. The informants reported having been anxious about the scale of the lockdown. Others mentioned media reports about the earlier outbreaks in China and Italy, as well as the exponentially rising infection rates.

The initial anxiety waned rather quickly, as informants found two important ways to deal with the situation, first getting informed, and second complying with hygiene and social distancing measures. Most informants pointed out that they had tried to stay calm and rationalise the situation by building an understanding of the epidemiological situation based on information supplied by the media, and then used that understanding as the basis for a mindful adaptation of their everyday practices to the new situation. Digital access to information, as well as the ability to digitally interact with others, was instrumental in this challenging process. For the asylum-seeker parents, information was provided in printed form and through contact with the asylum centre staff. Like the other parents, they adapted quite quickly to the new circumstances and to the recommendations set out by the Danish Health authorities that, according to the informants, were perceived as legitimate and as crucial to follow. Within a short time period, they were isolated in their rooms and (for some) their apartments.

Most informants made a conscious choice to respond meticulously to the responsibilisation (Giesler & Veresiu, 2014) efforts undertaken by the Danish health authorities:

> I just knew that they [Danish health authorities] would find a good way to guide us through this situation. And it was up to me to follow the guidelines and behave safely – keep the distance and disinfect your hands! The biggest risk for me was not that I or my son would be sick but the fear of infecting my father and my uncle, who both are very vulnerable [regarding their health status]. (Parent 5)

The responsibility for transforming their everyday practices to deal with the new situation was perceived as personal by this parent, with responsible practices authorised by the state, and facilitated by the availability of sufficient quantities of disinfectants and markers for social distancing.

Most other informants similarly mitigated their anxiety and infection risks by following official recommendations based on reflexive and habitual, functionally generalised trust. Informants trusted the Danish health authorities to handle the situation correctly based on its access to epidemiological experts as well as due to their inclination to trust the state on important matters such as public health.

The reopening of schools

For parents of schoolchildren aged 5 to 12 years old, the situation concerning infection risk changed again on 15 April when their children were among the first to be sent back to school in the reopening phase. This first phase of the reopening of society was announced on 6 April, which meant that municipalities and schools had less than two weeks to prepare and implement the new hygiene and distancing measures. This decision was discussed amid much controversy in public and among parents (Laustsen, 2020).

Many of our respondents expressed higher levels of anxiety again during this period:

> I became a bit nervous. I had thought they wanted to bring the reproduction number completely down before they would open up again. So, it was a bit surprising. It seemed to be risky. (Short case 14)

The main concern of the worried informants was the increased chance of their children, themselves or their parents becoming ill. However, some respondents stated that the government decision appeared reasonable to them, referring to communicated knowledge at the time that younger children were at less risk of becoming severely ill:

> We thought it was totally right to open society again. As we understood the situation, only very few children had been seriously ill from COVID-19, and most of those had been ill beforehand. (Parent 9)

In our analysis, we can trace back some of the new concerns about infection risk to the sudden change in which practices were considered responsible ones and the implications this had for trust. Parents struggled to connect the reopening of schools for the youngest children with the newly accepted responsible practices of social distancing and regular handwashing, but in many cases tried to take a positive stance:

> So, I tried to explain to him [my son] that the school has guidelines, and that he will be washing hands and learning a lot of new things and hygiene and such things. (Parent 5).

This perceived clash challenged the informants' system trust, making many of them question their habitual trust and leading to detailed reflections on which of the official recommendations to follow. Here, the focus turned to reflexive functionally specific trust, with informants analysing the backgrounds of the individuals making the recommendations and distinguishing between, for example, trained epidemiologists and politicians. Thus, more routine-oriented and non-reflective forms of trust did appear to wane among our informants during this major health crisis. To find reassurance, informants started scrutinising the potential sources of trust such as experts and politicians.

The reopening moved the responsibility for enforcing safe practices of hygiene and social distancing from parents (typically responsible for a couple of children) to teachers (typically responsible for more children), and we found that this involved a further shift related to trust. Parents' concerns centred largely on having to give up control, that is, putting themselves in a situation in which they would not be able to know and control the interactions of their children with other children and school staff. In other words, at this point, they lacked functionally specific trust in the schoolteachers and other school staff:

> They [school and teachers] are unable to create a framework that actually is safe and secure. (Parent 15)

For the asylum-seeker parents, the reopening of schools was also marked by a high level of anxiety, although there were some additional concerns for them:

> There is a rumour going around that asylum seekers will be sent out of the country if they catch the virus. We are trying to tell them that this is not true. But I think they are very afraid that the children might come home with the virus, and the whole family will get sick, and . . . (Staff member, Asylum centre)

Thus, due to their uncertain residence status, the asylum-seeker parents were not only worried about becoming ill but also about the potential – rumoured but untrue – consequences of an infection on the outcome of their asylum applications.

Summing up, the reopening of schools put parents in a situation where the question of infection risk played a bigger role and made most of our informants feel anxious again. Placed in this situation, they needed to decide how to deal with the infection risk. In contrast to the situation early on – where the risk situation was handled similarly by all of them – several strategies emerged that are described and discussed in the following sections.

Strategies based on trust

Some of our informants employed strategies based on trust. By this, we interpret that they sent their children back to school from the start of the reopening, primarily based on trust that the school would be able to implement hygiene and distancing measures in a secure way. The trusting parents typically stressed knowledge of the implementation of the measures as the source for trust in the school, its management, or the teachers.

> They [the school management] also made an effort to tell us: 'Keep calm, we will figure it out, we will help the children. We will use the first week to learn all the new things and rules: we cannot hug, and you cannot go over there to play and so on'. I have, so to speak, always felt safe with that. I thought, 'Well, they have it under control'. And they posted videos on Facebook with someone from the management team walking around and showing 'this is zone

> 1 where this group of children is going to play' and so on. So, you could sit at home and show it to your child and explain to them, 'Listen, you can play there, here is where you go in, and these are the toilets you can use'. I thought that was really great! (Parent 11)

For this parent, giving up control was facilitated by the visual demonstration of the preparations and preparedness by the school, as well as their videos also enabled the parent to actively prepare the child, which is something that non-trusting parents often claimed to be missing.

Typically, parents who stated that they trusted that the school could handle the situation from the start found reasons for that in the experience of competent communication from and handling of the situation by the school. In contrast, those who stated that they did not trust them initially often reported problems concerning this. Some trusting parents also stated that they were involved in the reopening preparations and, thus, had further reassuring insights.

> I was part of a so-called health emergency team in the municipality. Therefore, I was well-informed and felt happy and secure about the school start. (Short case 5)

First, we see the reflexivity of reflective trust where information/knowledge about the measures implemented for a school's reopening played a crucial role. These were preferably provided by the school but possibly also by other sources. Second, the communicative handling of the situation in general also played into evaluations of the trustworthiness of the school concerning the reopening.

Establishing trust along the way

Another group of parents did not send their children back in the first few weeks and did not initially trust schools to be able to reopen safely (see next section). However, in this group some established trust over a short time frame. This was the case for some of the asylum seekers we interviewed. Initially, they did not trust that it was safe to send their children back when schools first reopened (mid-April) and some kept their children out of school for the first week or two (cf. the quote above). The absence of asylum-seeker children in school was noted by local civil servants and the staff in regular contact with the asylum seekers made an effort to convince the parents to send their children to school. For example, they set up meetings with schoolteachers on behalf of the asylum seekers. The important message was that they could and should trust the schools and their ability to take care of their children while in school and that 'they [asylum seekers] should not be afraid'. This intervention was made possible due to the structural constraints limiting asylum seekers' autonomy to navigate their everyday lives.

According to some of the asylum-seeker parents, these conversations and meetings had an impact as they helped them to better mitigate their anxiety concerning sending their children back to school after the reopening. This illustrates the relevance of reflective elements for building trust as the level of trust was considerably influenced by the efforts of frontline staff and professionals to provide them with insights. For the asylum-seeker parents, this was crucial, as most of them had limited knowledge about the Danish school system.

A private school tried to accommodate parents' concerns and likewise build trust through familiarisation along the way:

> We said that parents could start to phase their children in so that the more cautious parents had the chance to wait for a few days. Gradually, more and more children returned to school. In the end, we announced a cut-off date, at which point we expected all children should be back. In this way, the concerns of the parents who were not ready to send their children back to school were also taken into consideration. (Teacher at a private school)

Strategies not built primarily on trust

The parents generally exhibited a quite high level of functionally specific trust in teachers, though this was clearly delineated regarding the functions of the social and educational development of their children. Their doubts concerning teachers' handling of pandemic infection risk were based on a lack of trust in the teachers regarding the functions of public health and safety. We found this to be based on a reflexive evaluation of the fact that teachers had never been trained or prepared to handle such a situation. This aligns well with the characteristics of client trust being based on the specific training and knowledge of professionals. However, the lack of trust regarding the enforcement of responsible and safe practices was aggravated by reflections on the 'impossibility' of enforcement given parents' perceptions of children's behaviour and its inherent incompatibility with measures such as social distancing.

We identified two major strategies for dealing with pandemic infection risk among this group, prioritising strategies and resistance strategies.

Prioritising strategies

In this strategy, parents essentially ignored anxious feelings concerning infection risk, as they sent their children to school as soon as they reopened. Informants who employed this strategy primarily narrated this decision through a reflexive evaluation of the overall situation, including aspects such as work–life balance, rather than on trust. For instance, Parent 9 emphasised the need to reopen society as a priority and combined arguments about scientific knowledge that children are less at risk of infection with general, functionally diffuse system trust in the Danish welfare state in a rather reflective, cognitive understanding:

> We thought it was totally right to open society again. As we understood the situation, only very few children had been seriously ill from COVID-19, and most of those had been ill beforehand. At the same time, we believe that Denmark as a society is very different from the places where it is very serious. We need to use common sense! (Parent 9)

Others described this prioritising as much more ambiguous, insecure and forced:

> I think the reopening has felt very insecure. There were very few announcements and they were very late. It was not possible to prepare one's child, because the necessary information was lacking. If I had had the opportunity, I would rather have kept him at home. But that was not possible, because my work had started again. (Short case 25)

One of the asylum-seeker parents we interviewed also relied on this 'prioritising strategy'. However, the prioritising concerns in this case were different as the family was mainly worried that non-compliance with the return to school might lead to repatriation.

Thus, they prioritised following the rules in this situation. Some of the asylum-seeker parents were also afraid of economic sanctions.

Resisting strategies

Resisting strategies refer to practices of non-compliance concerning the reopening and, thus, to parents who kept their children at home during the first weeks of the reopening phase. One aspect of this strategy is based on parents' understanding of the incubation period for COVID-19 typically being less than 14 days; keeping their children at home to begin with allowed them to evaluate what happened to those children who did immediately return to school, as well as the spread of infection in the general population (compare with the previous quote on a private school's reopening practice). We observed two distinct subgroups: those who resisted openly and those who resisted covertly.

Many of the openly resistant parents actively lobbied against the reopening, for example, by joining the aforementioned Facebook group. The Facebook group appeared to serve as an echo chamber, portraying the users as resisting the force of the state and the establishment (Laustsen, 2020), furthering the construction of 'counter-expertise' (Schneider-Kamp & Kristensen, 2019) and the ensuing deconstruction of medical expert authority (Schneider-Kamp & Askegaard, 2021).

We also identified openly resistant strategies in one of the long interviews recruited independently of the Facebook group.

The respondents typically used vivid language when it came to the expression of their opinions:

> The first thought was: Hell no, my child is not going. This is madness. Now it is all about money over human life. And this is still my opinion. (Short case 27)
>
> [Obscenity], the little ones should be the last ones! (Short case 12)
>
> Was sad and very worried that the government was sending the little ones out into society again, with new, ever-changing rules that they have to follow all of the time. (Short case 10)

Here, emotionally charged arguments for resisting the reopening were given based on the belief that children are the most important and most protection-worthy members of society, and thus need to be sheltered to be kept safe from infection risk. Discussion within the Facebook group often reaffirmed this sentiment. Additionally, many of the postings consisted of links to articles that reported that children had been affected by COVID-19 or in which their role in spreading the virus was emphasised. The members put effort into finding and discussing evidence that supported these ideas. Other and more critical links and postings were quickly deleted by the moderators, in this way creating a narrower set of arguments. These arguments and assertions tended to relate to the search for rational and scientific proof for keeping children at home, without discussing or even considering counterarguments and documentation. Notably, there were a lot of discussions about avoiding the economic sanctions linked to school absenteeism. Like the asylum-seeker parents, many had apparently not realised that such sanctions had been suspended early on in the pandemic.

In the interviews, the openly resistant practices of the parents were mainly motivated by significant disappointment and, subsequently, distrust in the school and the class teachers. In one particular interview, an informant described how she had not received communication from the class teacher during the home-schooling period and had realised

how little the school, in general, had contributed to the education of her curious child. Thus, her disappointment concerned both the handling of the lockdown situation and the area in which teachers ought to be experts, namely the facilitation of children's learning. When the reopening of schools was announced, she very much doubted whether her child's school could handle it safely. Thus, an agreement with the school was reached about keeping the child at home for longer:

> I knew that an order had been issued for schools to reopen. So, they didn't really have any other choice. At least, our school didn't think it had. So, I kept her at home. We agreed that she might start the Monday after the official start. But with a little 'but' – that, if we thought it was not working, I would not hesitate to pull her out again. Because now I knew she wasn't missing anything in terms of learning. (Parent 15)

Similarly, in the short cases and in discussions within the Facebook group it became clear that all parents who tried this approach did come to some kind of agreement with their respective public schools to keep their children at home. Considering that the demands of the parents in the Facebook group had thus been fully met, it is striking that their self-perception as being resistant 'outlaws' did not soften or change.

Parents who resisted covertly 'only' kept their children at home for around two weeks. They informed the school that their child had symptoms potentially compatible with a COVID-19 diagnosis to avoid repercussions regarding school absence. The asylum-seeker parents who kept their children at home without notice in the first weeks (before being met by an intervention) can also be included here.

In these examples, again, we identified a lack of trust, this time concerning functionally specific trust in the Danish health authorities:

> I didn't have a lot of trust in the Danish health authorities. The announcements made were always based on what was possible, right? When there were not enough tests, they said: 'Well, it is not necessary to test'. They said that they were expecting the reproduction number to rise again to 0.9-1.2. If it had gone up to 1.2, it would again spread with lightning speed. So, I thought, 'What? That can't be true. Then we will have exponential growth in infections again?' There were these strange announcements, where one thought 'Do they even know what they are talking about?' (Parent 12)

As described earlier, asylum-centre staff and teachers intervened in the cases of (covert) resistance among asylum-seeker parents. We argued earlier that this in some cases laid the foundation for trust building. However, the strong emphasis on the school attendance of asylum-seeker children also resulted in disciplining interventions reflecting their limited autonomy to navigate their everyday lives. Hence, some asylum-seeker parents were more or less forced to send their children back. One of them was parent 3 who, in an interview conducted around a week after schools were reopening, explained how she was very nervous about sending her children back to school as she was facing a number of health issues. In the interview, she reported how she tried to raise these concerns for the staff in the asylum system, who refused to acknowledge her concerns. According to her, the clear-cut answer was:

> 'No, no, all of you must send your children to school'. (Parent 3)

Discussion

In the context of the lockdown and re-opening of society in the Netherlands, Bröer and colleagues (2021) identified a shift from fear of infection to insecurities about the restriction in the risk management of parents, pointing out a possible role for (dis)trust. Trust has generally been emphasised during the COVID-19 crisis, mostly in the form of trust in national health authorities and politicians (Petersen & Roepsstorff, 2020). Our findings confirm the temporal progression and the importance of trust, though emphasising the pivotal role of specific institutions and professionals for the development of trusting and non-trusting navigation strategies of parents in the context of changing pandemic policies.

More specifically, our findings emphasise, the importance of specific institutions' (mainly schools) and professionals' (mainly teachers and staff in the asylum system) communication and handling during school closures and especially re-openings as crucially important for shaping parental navigation strategies. Some schools managed to demonstrate their competence in the implementation of hygiene and distancing measures through (digital) communication, which led to them being perceived as well functioning (Fersch & Breidahl, 2018) and, thus, trustworthy. Particularly, giving parents the possibility to prepare their child in a context where they otherwise were asked to give up control as their child's risk manager (Lee et al., 2010) appeared to be effective. Other schools were less successful, as the parents characterised the communication from and distanced interaction with schools and teachers throughout all early pandemic phases as lacking or very sparse. Our analysis, thus, provides insights into the importance of trust for the successful implementation of digitally mediated, distanced interactions between professionals and parents, contributing to a growing body of literature exploring the circumstances in which digital mediation might enhance distanced interactions (Schneider-Kamp & Fersch, 2021).

The ideal-typical classification of different forms and modes of trust (Fersch & Breidahl, 2018) has proven to be fruitful for studying how institutions and professionals can impact parental risk strategies. Particularly, our use of this classification in the analysis allowed for an attentiveness towards dynamics that otherwise might be overlooked but can be crucial in specific contexts like the re-opening of schools after a pandemic lockdown. As an example, consider how some of our informants simultaneously exhibited high and low levels of functionally specific trust in teachers: high levels of trust regarding teachers' professional abilities to convey materials from the curriculum and low levels regarding their abilities to create a safe environment for the children in the face of pandemic infection risk.

Zinn's (2016) distinction of responses to risk as comprising rational, non-rational, and 'in-between' strategies contributed to sensitivity towards a wide range of possible responses. As an example, it allowed us to distil from our analysis what we have earlier described as the prioritising strategy. Through the inclusion of varying groups of parents, our findings also contribute to knowledge about differences in parental experiences and perceptions and how they shape parental risk navigation and mitigation strategies differently. Some of these differences would seem to stem from the institutional opportunity structures parents were facing and how these varied profoundly (Danes vs asylum seekers). Meanwhile, other differences might be more connected to, for example, differences in the parents' social status: For instance, the narratives of the two older and highly educated mothers resisting school re-openings appear to be significantly more relaxed concerning the breaking of pandemic policy rules than the impressions given by the

younger, less educated members of the Facebook group in our survey. This is in line with the assumption that high cultural capital brings with it the competence not only to know the rules but also how to sovereignly break them (Bourdieu, 1984).

Finally, the comparison between the latter group (Facebook group members) and the asylum seeker parents, both opting to resist the mandate to send their children to school at the beginning of the re-opening, illustrates how the structural constraints and institutional opportunity structures the two groups were facing differed in important ways. Interestingly, though not entirely unexpectedly, these differences resulted in different possibilities for employing resisting navigation strategies:

On one hand, the Facebook group parents, individually and through interactions with class teachers, found ways to keep their children at home without repercussions. They were thus successful in their mobilisation through social media by sensitising and inspiring frontline institutions and professionals to find individual, pragmatic solutions for their wishes to mitigate their children's infection by keeping them at home.

In contrast, the asylum seeker's resistance to sending their children back to school was met by an intervention by the frontline staff in the asylum system. This intervention can be seen as a double-edged sword: On one side, it had some potential for promoting inclusion and effectively meant that a vulnerable group was not left alone during a difficult time facing challenges of further social isolation. It also laid the foundation for trust building for some of the parents due to the facilitation of a dialogue between asylum-seekers and schoolteachers in which they could express their anxiety and doubts.

On the other side, the intervention represents an attempt to discipline a vulnerable group, which (in line with other vulnerable groups in society) often is considered as one that legitimately can and should be educated or disciplined by the authorities (Breidahl, 2020; Gilliam & Gulløv, 2017). This is in line with earlier findings on informal practices of professionals' preventative work with parents focusing on specific groups with a disadvantaged background (Aamann & Dybbroe, 2018; Harrits & Møller, 2014), although so far these studies have mainly focused on class. However, taking into account that asylum seekers in Denmark are facing a restrictive, hostile, and highly conditional institutional framework, the preventative bias is, moreover, enforced by formal rules, which – at least partly – are explicitly instructing the involved frontline professionals and staff to discipline this group. Thus, insights from this article show how societal exclusion may manifest itself during a pandemic in a country such as Denmark known for a very restrictive and exclusionary approach towards migrants.

Conclusion

To conclude, we have investigated parents' strategies of navigating risks, in particular, risks of infection and illness and repercussions of pandemic policy during the first reopening phase in April 2020 when primary-aged schoolchildren were the first to be sent back to school. Our focus has been on how parents' varying experiences with and perceptions of institutions and professionals, especially concerning their perceived trustworthiness, have shaped these strategies, focusing on the first reopening phase in April 2020 when primary-aged schoolchildren were the first to be sent back to school. We have found three main strategies employed by parents: one anchored in trust, especially in schools and teachers; one that was characterised by prioritising other aspects; and one that consisted of several resistance strategies that opposed the schools' reopening. Our findings emphasise the

importance of reflective trust in institutions and professionals and demonstrate how this dimension of trust can successfully be strengthened by adequate (digital) communication and strong relationships with teachers and schools. Such trust ensures not only compliance with pandemic policies but in a broader sense also potentially contributes to the well-being of the parents and families involved during uncertain times.

Acknowledgements

This work was supported by the VELUX Foundation as part of the project "Risk, Emotions and Trust in Times of Health Crisis" (first and second author); by the Independent Research Fund Denmark, Social Sciences as part of the project "Life in a suspended state: Rethinking the reception of asylum seekers and pathways to integration in Sweden and Denmark" under the umbrella of the comparative project "The State at the Street" (https://voices.uchicago.edu/stateatthestreet/) (third author); and by the University of Southern Denmark as part of the project "Patientology" under the umbrella of the research platform "Human Health" (open access fee).

Disclosure statement

No potential conflict of interest was reported by the author(s).

Funding

This work was supported by the Independent Research Fund Denmark, Social Sciences [9038-00107B]; and the VELUX Foundation [36628]

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References

Aamann, I. C., & Dybbroe, B. (2018). 'So under "cause for concern", I'll write that . . . ': class, parenting and risk prevention in public health practices in schools: A question of moral worth? *Health, Risk & Society*, *20*(5–6), 259–275. https://doi.org/10.1080/13698575.2018.1537438

Beck, U. (1995). *Risk society: Towards a new modernity.* Sage Publications.

Bourdieu, P. (1984). *Distinction: A social critique of the judgement of taste*. Routledge.

Braun, V., Clarke, V., Boulton, E., Davey, L., & McEvoy, C, et al. (2020). The online survey as a qualitative research tool. *International Journal of Social Research Methodology 24*(6), 641–654 . Advance online publication. https://doi.org/10.1080/13645579.2020.1805550

Breidahl, K. N., Hedegaard, T. F., Kongshøj, K., & Larsen, C. A, et al. (2021). *Migrants' Attitudes and the Welfare State: The Danish Melting Pot*. Edward Elgar Publishing.

Breidahl, K. (2020). Understøttelse og tilpasning af 'samfundssind' under covid-19 pandemien: empiriske betragtninger og refleksioner fra asylområdet i Danmark. *SOC DOK*, *1*(2), 35–41.

Bröer, C., Veltkamp, G., Bouw, C., Vlaar, N., Borst, F., & de Sauvage Nolting, R, et al. (2021). From danger to uncertainty: changing health care practices, everyday experiences, and temporalities in dealing with COVID-19 policies in the Netherlands. *Qualitative Health Research 31*(9),1751–1763. doi:10.1177/10497323211005748.

Brown, P. (2020). Studying COVID-19 in light of critical approaches to risk and uncertainty: research pathways, conceptual tools, and some magic from Mary Douglas. *Health, Risk & Society*, *22*(1), 1–14. https://doi.org/10.1080/13698575.2020.1745508

Clotworthy, A., & Westendorp, R. G. (2020). Risky business: How older 'at risk' People in Denmark evaluated their situated risk during the COVID-19 pandemic. *Anthropology & Aging*, *41*(2), 167–176. https://doi.org/10.5195/aa.2020.318

Di Luzio, G. (2006). A sociological concept of client trust. *Current Sociology*, *54*(4), 549–564. https://doi.org/10.1177/0011392106065087

Endreß, M. (2012). Vertrauen und Mißtrauen—Soziologische Überlegungen. In C. Schilcher, M. Will-Zochol, & M. Ziegler (Eds.), *Vertrauen und Kooperation in der Arbeitswelt* (pp. 81–102). Springer.

Fersch, B., & Breidahl, K. N. (2018). Building, breaking, overriding . . . ? migrants and institutional trust in the Danish welfare state. *International Journal of Sociology and Social Policy*, *38*(7–8), 592–605. https://doi.org/10.1108/IJSSP-12-2017-0177

Flyvbjerg, B. (2006). Five Misunderstandings About Case-Study Research. Qualitative Inquiry, 12 (2), 219–245. 10.1177/1077800405284363

Giddens, A. (1991). *Modernity and self-identity: Self and society in a late modern age*. Polity.

Giesler, M., & Veresiu, E. (2014). Creating the responsible consumer: moralistic governance regimes and consumer subjectivity. *Journal of Consumer Research*, *41*(3), 840–857. https://doi.org/10.1086/677842

Gilliam, L., & Gulløv, E. (2017). *Children of the welfare state: Civilising practices in schools, childcare and families*. Pluto Press.

Halkier, B. (2011). Methodological practicalities in analytical generalization. *Qualitative Inquiry*, *17*(9), 787–797. https://doi.org/10.1177/1077800411423194

Harrits, G. S., & Møller, M. Ø. (2014). Prevention at the front line: How home nurses, pedagogues, and teachers transform public worry into decisions on special efforts. *Public Management Review*, *16*(4), 447–480. https://doi.org/10.1080/14719037.2013.841980

Herrero-Arias, R., Lee, E., & Hollekim, R, et al. (2020). 'The more you go to the mountains, the better parent you are'. Migrant parents in Norway navigating risk discourses in professional advice on family leisure and outdoor play. *Health, Risk & Society*, *22*(7–8), 403–420. https://doi.org/10.1080/13698575.2020.1856348

Jackson, S., & Scott, S. (1999). Risk anxiety and the social construction of childhood. In D. Lupton (Ed.), *Risk and Sociocultural Theory* (1st ed., pp. 86–107). Cambridge University Press.

Kvale, S., & Brinkmann, S. (2009). *Interviews: Learning the craft of qualitative interviewing*. Sage Publications.

Laustsen, C. B. (2020). 'Man går jo ikke til bageren for at købe hakket oksekød' – Når følelser altid vinder. *Point of View International*. 10 April.

Lazarus, R., & Folkman, S. (1984). *Stress, Appraisal and Coping*. Springer Publishing Company.

Lee, E., Macvarish, J., & Bristow, J, et al. (2010). Risk, health and parenting culture. *Health, Risk & Society*, *12*(4), 293–300. https://doi.org/10.1080/13698571003789732

Luhmann, N. (1968). *Vertrauen: Ein Mechanismus der Reduktion Sozialer Komplexität*. UTB.

Lupton, D. (2013). Risk and emotion: towards an alternative theoretical perspective. *Health, Risk & Society*, *15*(8), 634–647. https://doi.org/10.1080/13698575.2013.848847

Petersen, M. B., & Roepsstorff, A. (2020). *Danskernes adfærd og holdninger til Corona epidemien 26/11/2020*. Århus universitet. https://github.com/mariefly/HOPE/raw/master/Danskernes_Adfærd_Og_Holdning_Til_Corona-epidemien_1126.pdf

Schneider-Kamp, A., & Askegaard, S. (2021). Do you care or do I have a choice? expert authority and consumer autonomy in medicine consumption. *Consumption Markets & Culture*, *24*(5), 419–438. https://doi.org/10.1080/10253866.2020.1814260

Schneider-Kamp, A., & Fersch, B. (2021). Detached co-involvement in interactional care: transcending temporality and spatiality through mHealth in a social psychiatry out-patient setting. *Social Science & Medicine*, *285*, 114297. https://doi.org/10.1016/j.socscimed.2021.114297

Schneider-Kamp, A., & Kristensen, D. B. (2019). Redistribution of Medical Responsibility in the Network of the Hyper-Connected Self. In K. Otrel-Cass (Ed.), *Hyperconnectivity and Digital Reality: Towards the Eutopia of Being Human* (pp. 83–102). Springer.

Sheikh, A., Sheikh, A., Sheikh, Z., & Dhami, S, et al. (2020). Reopening schools after the COVID-19 lockdown. *Journal of Global Health*, *10*(1), 010376. https://doi.org/10.7189/jogh.10.010376

Uslaner, E. M. (2008). The foundations of trust: macro and micro. *Cambridge Journal of Economics*, *32*(2), 289–294. https://doi.org/10.1093/cje/bem039

Weber, M. (2004). Science as a vocation. In M. Weber, D. S. Owen, T. B. Strong, & R. Livingstone (Eds.), *The vocation lectures* (pp. 1–31). Hackett Publishing Company.

Zinn, J. O. (2008). Heading into the unknown: everyday strategies for managing risk and uncertainty. *Health, Risk & Society*, *10*(5), 439–450. https://doi.org/10.1080/13698570802380891

Zinn, J. O. (2016). 'In-between' and other reasonable ways to deal with risk and uncertainty: A review article. *Health, Risk & Society*, *18*(7–8), 348–366. https://doi.org/10.1080/13698575.2016.1269879