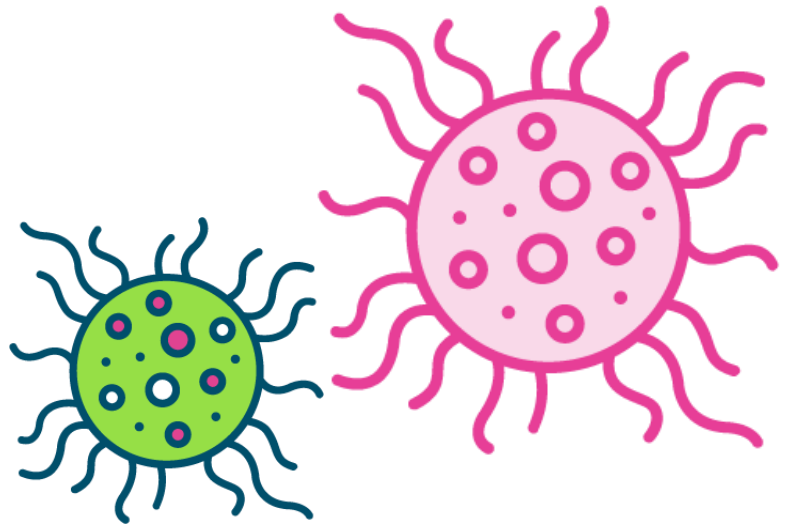




## Young Adults' Attitudes to the COVID-19 Vaccine in Liverpool 2021



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## Healthwatch Liverpool

We are the independent champion for people who use health and social care services in Liverpool. We're here to make sure that those running services, put people at the heart of care. One of our main purposes is to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf.

- We focus on ensuring that people's worries and concerns about current services are addressed.
- We work to get services right for the future.
- We listen to patients of health services and users of social care services, along with their family members or carers, to find out what they think of the services they receive.
- We advise people how to get the best health and social care for themselves and their families.

We provide help and information about all aspects of health and social care provided in Liverpool. We make sure that service user views are heard by those who provide health and social care.

Wherever possible we try to work in partnership with providers to influence how they make improvements.



# Executive Summary

## Young People's and Young Adults' View on the COVID Vaccination, Liverpool 2021

In February 2021 Healthwatch Liverpool held a focus group with adults addressing the roll out of the COVID-19 Vaccination programme in Liverpool, which sought to identify the views and attitudes of the community at that time. Young adults aged 16-25 were not targeted for this piece of work.

Considering developments within the vaccination roll out, with programmes being opened up to under 25s, we sought to gain an insight into the thoughts and opinions of this group, and this was undertaken through focus groups and an online survey. The survey was launched in early June 2021 and ran until late September. We additionally ran focus groups at the start of July 2021 with young-adults all aged 16-25.

We wanted to know:

- Whether young people would take up the vaccine when offered within their respective age group
- Why they did or didn't want to take up the vaccine
- What sort of information sources or people influence their decisions?
- Whether any practical/perceived obstacles would influence their decisions
- Whether someone's background/ life circumstance might influence their decision to take up the vaccine and why

## Aims

The aim of work was to:

- Establish the views of young adults (16+) around the COVID 19 vaccination
- Identify any trends in relation to potential motivations or deterrents
- Highlight the challenges affecting possible vaccine take-up rates amongst this group, particularly around fertility, cultural/religious concerns, intergenerational homes, health concerns, concerns regarding side effects and future development
- Identify any (mis)information around vaccines, and preferential types/ brands of vaccine (Pfizer, Moderna etc)

## Observations

**24% of young adults told us they already had the vaccine**



**54% of young adults told us they would take the vaccine up when offered**



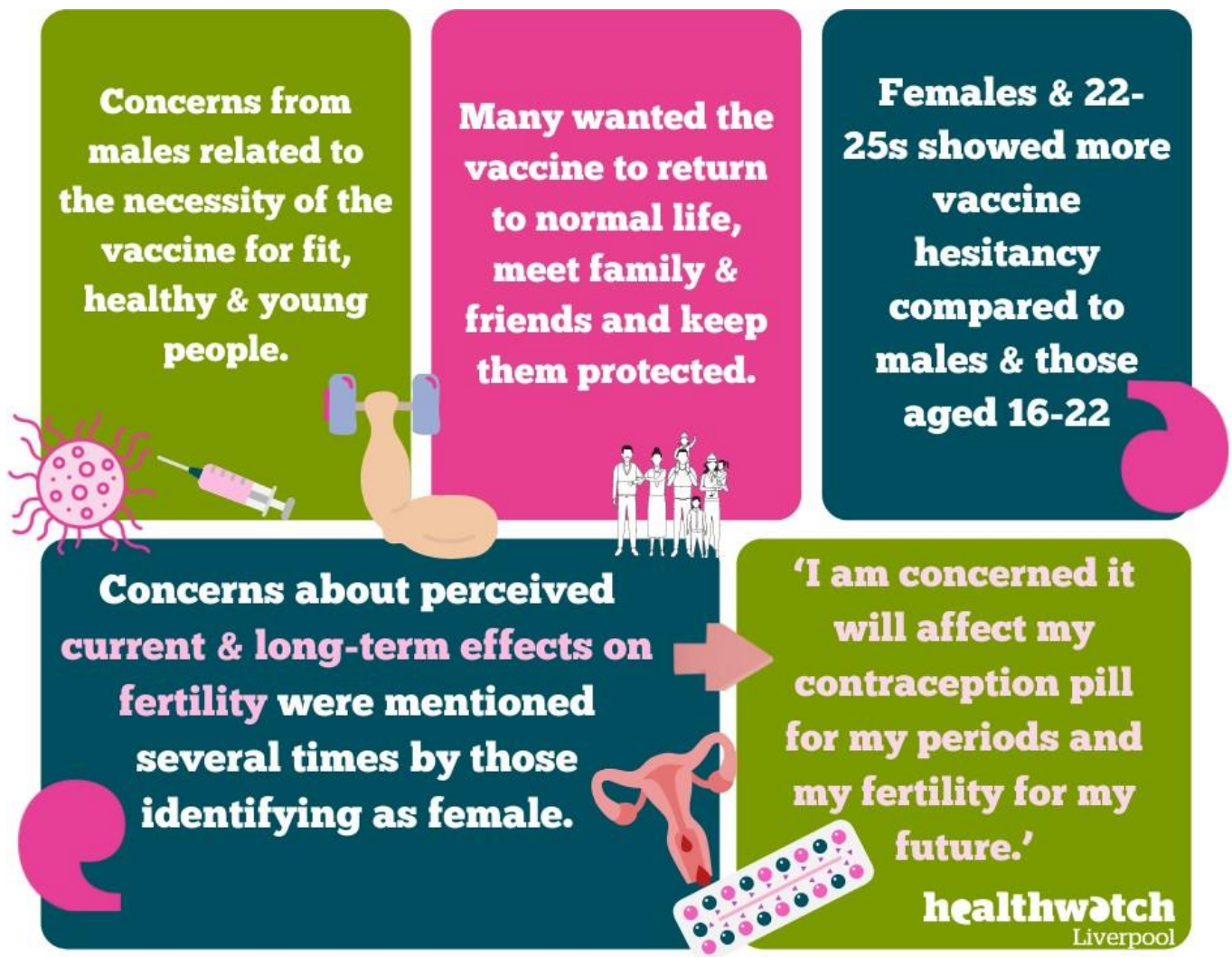
**14% of young adults told us that they either would take the vaccine, but had concerns, or, they were still undecided.**

**Through focus groups and a survey, we gathered the opinions of 195 young adults aged 16-25 who lived, worked or studied in Liverpool**



**55% of the young adults surveyed told us they were influenced by their families to get information about the Covid-19 vaccine**

**healthwatch**  
Liverpool



- We engaged with **195** young adults ages **16-25** through online surveys and focus groups throughout June to September.
- A high percentage of young adults who participated were very positive about the COVID-19 vaccine.
- Young adults, however, did raise concerns about getting the vaccine regarding its side-effects. Concerns surrounding the perceived long-term effects on fertility were specifically mentioned several times by those identifying as female.
- Concerns mentioned by those identifying as male related to the necessity of the vaccine for fit, healthy and young people.
- The young adults who would take up the vaccine, mainly wanted to so that they could return to normal life and be able to meet family and friends whilst keeping them protected.
- Most people said that the distance needed to travel would **not** affect their decision to take up the vaccine, however some expressed concern about not





having access to transport or not wanting to use public transport due to concerns about catching COVID-19.

- When asked 'would the brand of vaccine affect your choice', 49% said 'no', however, 29% said 'yes' and 23% said that they were 'not sure'. The concerns that were raised specifically related to the Astra Zeneca vaccine, which had been restricted to use on over 30s due to risks of rare blood clots.
- Those that were undecided about getting the vaccine, indicated concerns regarding the affect it would have on their fertility and concerns around the speed of its development.
- The majority of respondents said that their views of the COVID-19 vaccine were influenced by their families, with health and social care staff being the second most popular influence.
- Those over the age of 22 within our sample were more likely to say that they wouldn't take up the vaccine than younger age groups, who were more likely to say yes, or that they had concerns or were undecided.

- The respondents in this survey said that, if given the option, they would prefer to have their vaccination done within a healthcare or education setting

## Background to our work



16-25-year-olds have been a section of the population who many have been unable to attend full-time education or training since March 2020, and for those in work many have been furloughed or lost their jobs due to employment in industries like service, hospitality and accommodation. Additionally, there are 70,000 students that make up the population of Liverpool (14%) which might mean the vaccination outcomes of these groups go on to affect the population.

Emerging evidence on the economic and social impact of the COVID-19 pandemic shows young people 12-24 are one of the worst-affected groups, particularly in terms of the labour market and mental health outcomes. These age groups have had just as much, arguably more, of a lack of opportunities for participation in ‘normal life’ due to restrictions than any other group. Since the 17<sup>th</sup> of June 2021, young people over 18 were able to receive their first dose of the vaccine. After July 19<sup>th</sup>, young people who are clinically vulnerable or caring for adults who were immunosuppressed were also offered the vaccine. Furthermore, on the 8<sup>th</sup> of August, young people over 16 were able to access the vaccination programme. We wanted to judge the impact that this offer may have, and its influence on vaccine take up. In addition, record numbers of young adults are still living at home with their families, with a growing number of households becoming intergenerational. This means potentially more younger people living with older and therefore more vulnerable adults. It is important to gather information about opinions on vaccines surrounding these groups of young people as they may feel differently knowing they have a more direct effect on the health of their family due to their living situation. This would be similar in relation to younger people with caring responsibilities.



## What we did

The focus of the research was to investigate attitudes towards the vaccine, and whether young adults would take the offer up when asked. We additionally investigated the messaging surrounding vaccines and young people, whether there *is* anything aimed at young people and if there is, is it appropriate? How could it be improved? Where is it being aimed- in schools, universities or in colleges? These questions sought to identify key messages to inform communications with young adults regarding vaccine uptake and information.




The survey we created was hosted on the Healthwatch Liverpool website, social media platforms, shared with other statutory and voluntary youth work organisations, promoted by the hospital trusts and the Liverpool CCG and its Partners. A social story was also created to support the engagement of young people with additional needs. Additionally, Healthwatch Liverpool spoke to young adults in group settings, and we spoke to professionals to find out their opinions of the experiences they had heard from young people.

As part of the research, we captured demographic information, allowing us to see if/why particular communities hold specific or similar views, which will enable partners to design/develop/market vaccine information more appropriately.

## What we found

The results identified themes such as accessing the vaccine, vaccine take-up and vaccine hesitancy. We wanted to give young adults the opportunity to have a voice and share their opinions.

- 54% of 16-25-year-olds who took the survey said that they would take up the vaccine when offered.
  - 24% of 16-25-year-olds had already received the vaccine.
  - 8% of 16-25-year-olds said that they would not take up the vaccine when offered.
  - 14% of 16-25-year-olds either would take up the vaccine, however they still had concerns, or, said that they were still undecided.
- 
- Out of the people that had concerns, these mainly related to; worries surrounding current and future fertility, concerns about the unwanted long-term effects and side-effects of the vaccine, and concerns relating to the integrity and trustworthiness of the research surrounding the vaccine.
  - Another concern involved worries about the Anti-Vaccination protests and some young adults felt that they would be scared to go in for their vaccination if people were shouting at them outside.
  - Concerns were also raised around access to the vaccine for housebound young adults.
  - The need was highlighted for appropriate information targeted at young adults with additional needs for them to make an informed choice about the vaccine.
  - The young adults that said that they would take up the vaccine wanted to mainly so that they could return to normal life, be able to meet family and friends and keep them protected.
  - Others mostly wanted to have more freedom and be able to take part in activities, go to venues, events and holidays, and also be able to return to school/college/university.
  - Most of the respondents said that their views of the COVID-19 vaccine were influenced by their families (55%) health and social care staff (42%), the news (39%) and government/NHS websites (39%).

- Most of the respondents said that the distance needed to travel would not affect their decision to take up the vaccine, however, some expressed concern about not having access to transport or not wanting to use public transport due to concerns about COVID-19.
- Many would prefer to receive the vaccine, if they had a choice, at healthcare venues, such as: doctor's surgeries, vaccination and walk-in centres, Alder Hey, or alternatively, education settings.



- When asked 'would the brand of vaccine affect your choice', 49% said 'no', however, 28% said 'yes' and 23% said that they were 'not sure'.
- Most people said they would prefer Pfizer, as they had concerns around the AstraZeneca vaccine due to stories at the time conveying concern about blood clots, and also due to anecdotal evidence about worse side-effects of AstraZeneca. However, on 7 April, the UK effectively restricted use of the Oxford/AstraZeneca covid-19

vaccine to people aged 30 and over because of the risk of a rare blood clot syndrome.

- A higher proportion of those who would say yes but have concerns is visible with the youngest age group, this age group is also more undecided. Whereas a higher proportion of those in older age groups, aged 22-25, would say 'No'.
- We found that males are more influenced by the news and social media compared with females.
- Females are more likely to be influenced by Health and Social Care staff and Government and NHS websites compared with males.
- Younger people within the sample were more likely to be influenced by social media and their families

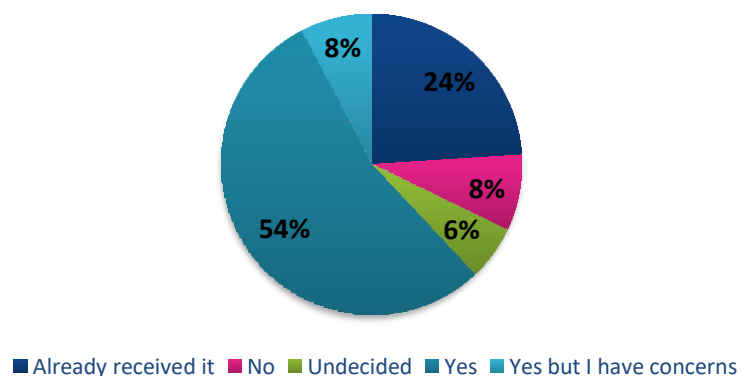
# Results

## Survey

We asked, ‘will you take up the offer of the vaccine when offered it?’ The majority of our sample said that they either would take up the vaccine when offered (54%), or, they had already received it (24%). Other respondents said that they would take up the vaccine, but had concerns (8%), they would not take up the vaccine when offered (8%), or, that they were still undecided (6%).

### Will you take up the offer of the vaccination when offered it?

(Answered 171, Skipped 2)

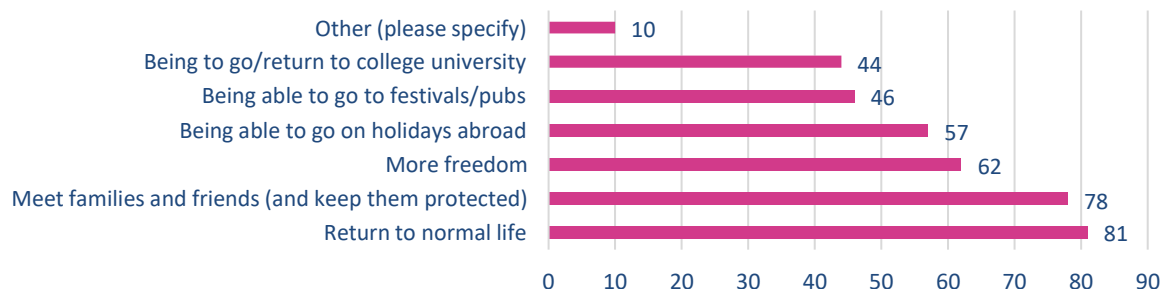


## Yes

We also asked respondents who would want to have the vaccine when offered what motivates this decision? The graph below combines all those who said ‘yes’, and additionally, ‘yes, but I have concerns’

### If Yes, why? Tick all that apply

Answered 106



76% of those who said they would accept the offer of the vaccine, or stated 'Yes, but they have concerns', were motivated by wanting to return to a normal life and 74% wanted to meet with family and friends (and keep them protected). 58% wanted more freedom and 54% chose being able to go on holidays abroad. Other responses stated included protecting wider society for the greater good, protecting themselves from catching Covid-19, and to reduce Covid-19 anxiety:

**'It will protect those who are seriously affected by covid by ensuring herd immunity',**

**'Feel safer and reduced covid anxiety',**

**'My mum has cancer so I got it for her even though I didn't want it'**

## **Yes, but I have concerns**

The respondents who said that they would have the vaccine, but they have concerns, were largely concerned about changes to their periods and fertility,

**'I am concerned it will affect my contraception pill for my periods and my fertility for my future.'**

**'It affects fertility.'**

**'INFERTILITY'**

**'Changes in period'**

They also said that they were unsure about the necessity of the vaccine for younger people,

**'I feel I don't need it but still want to do it'**

**'...[I] am young fit and health and had covid and was fine? Feels very rushed.'**



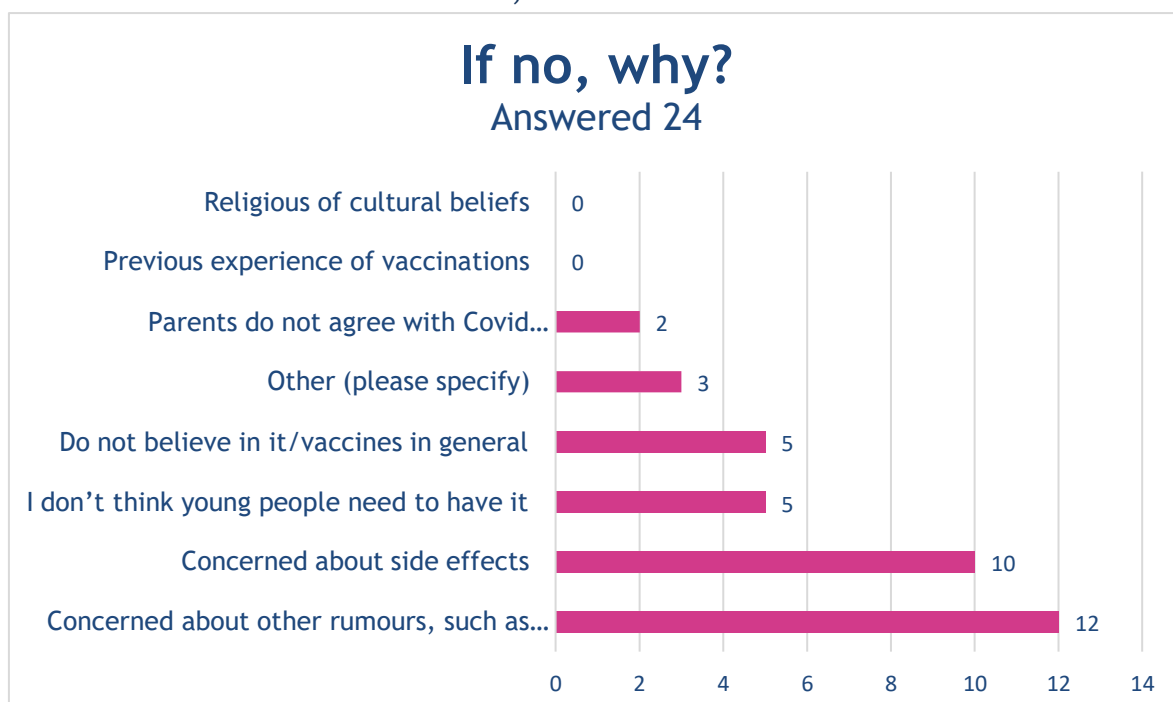
Concerns were also expressed about the adverse side-effects and the efficacy of the research surrounding the vaccine.

**‘The speed the vaccine has been manufactured makes me think the vaccine was rushed and not fully studied to fully understand it.’**

**‘Long term effects of the vaccine, how does anyone know what will happen in years to come?’**

## No

Respondents who said that they would not take the vaccine when offered or that they were still undecided, said that they were concerned about rumours such as fertility side-effects (50%), general side-effects (42%), they didn’t think young people had to get it (21%) or they didn’t believe in vaccines in general (21%). Other concerns are cited below the chart,



‘It’s an experimental vaccine. Been too many deaths. Will never be experimented on’

‘It was too quickly developed and I do not trust that it is 100% safe.’

### Which side effects were young adults concerned about?

We received 9 responses from the 10 who indicated they have concerns about side-effects and 11 responses from the 12 who indicated they have concerns re: rumoured side effects (some expressed more than one concern). Below, we have combined these concerns into a word cloud which shows the main concerns young adults had about getting the vaccine.



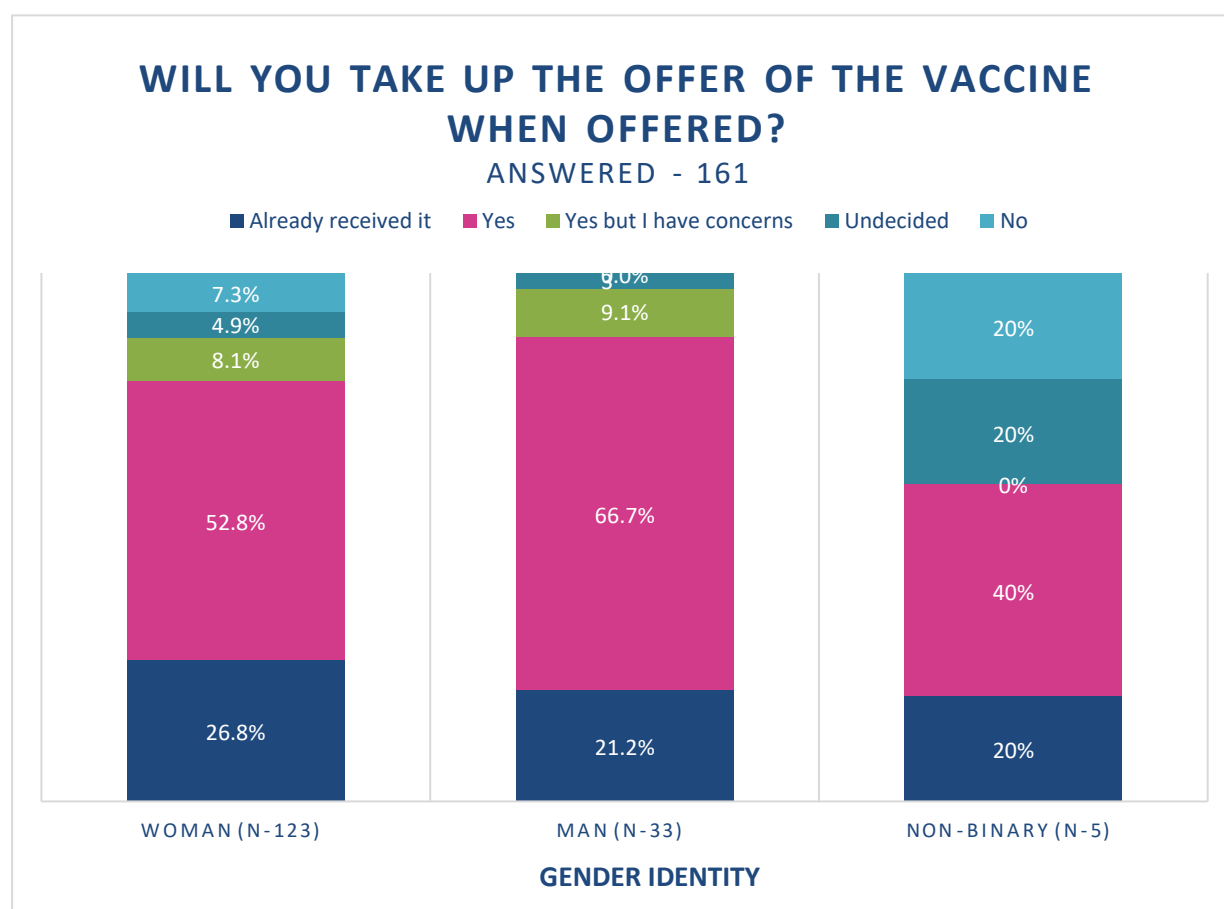
### Undecided

Those that were undecided about getting the vaccine, indicated concerns regarding the affect it would have on their fertility and concerns around the speed

of its development. One person also stated that their parents did not agree with Covid vaccinations or vaccinations more generally. Their concerns were also included in the word cloud above.

## Gender

We explored any differences between gender identity and vaccine hesitancy within our sample and found that women were displaying more hesitancy towards the vaccine than men.



Male respondents are the least hesitant of all groups, 66.7% would say yes, and no male respondents would say no within this sample.

Males do have some concerns as one respondent is undecided and three have said yes but they have concerns. Concerns from males relate to long-term effects and two of the three commented on whether the vaccine was necessary for them.

Female respondents show some hesitancy towards the vaccine, but the majority would say yes when offered. 10 women (8.1%) would have the vaccine, but they have a variety of concerns; fertility, contraception, effects in later life, immediate changes to physical health and fitness, side-effects and the lack of research and

speed of manufacturing are all mentioned. Fertility concerns are the most common worry amongst this group with 3 respondents mentioning this.

6 women (4.9%) are undecided, of the five who provided further information, 4 cited 'fertility' as a concern. Unknown and long-term side effects are also a concern for this group.

9 women (7.3%) would say no to the vaccine when offered, 6 provided further information explaining why. The responses varied from concerns around fertility, blood clots and long-term side effects. One respondent had experienced a family member having an adverse reaction to the vaccine. Three respondents expressed concern regarding a perceived lack of research or the experimental nature of the vaccine which is the most common theme amongst this group.

For those who are undecided and those who have concerns, fertility is a dominant concern among these individuals. Given that these respondents may be more likely to take the vaccine than those who stated 'no', these concerns could be addressed by targeting information at these groups, relating to myth-busting rumours surrounding fertility to help tackle hesitancy within this group.

We have not compared those who identify as non-Binary due to the low sample size for this population.

## **Age**

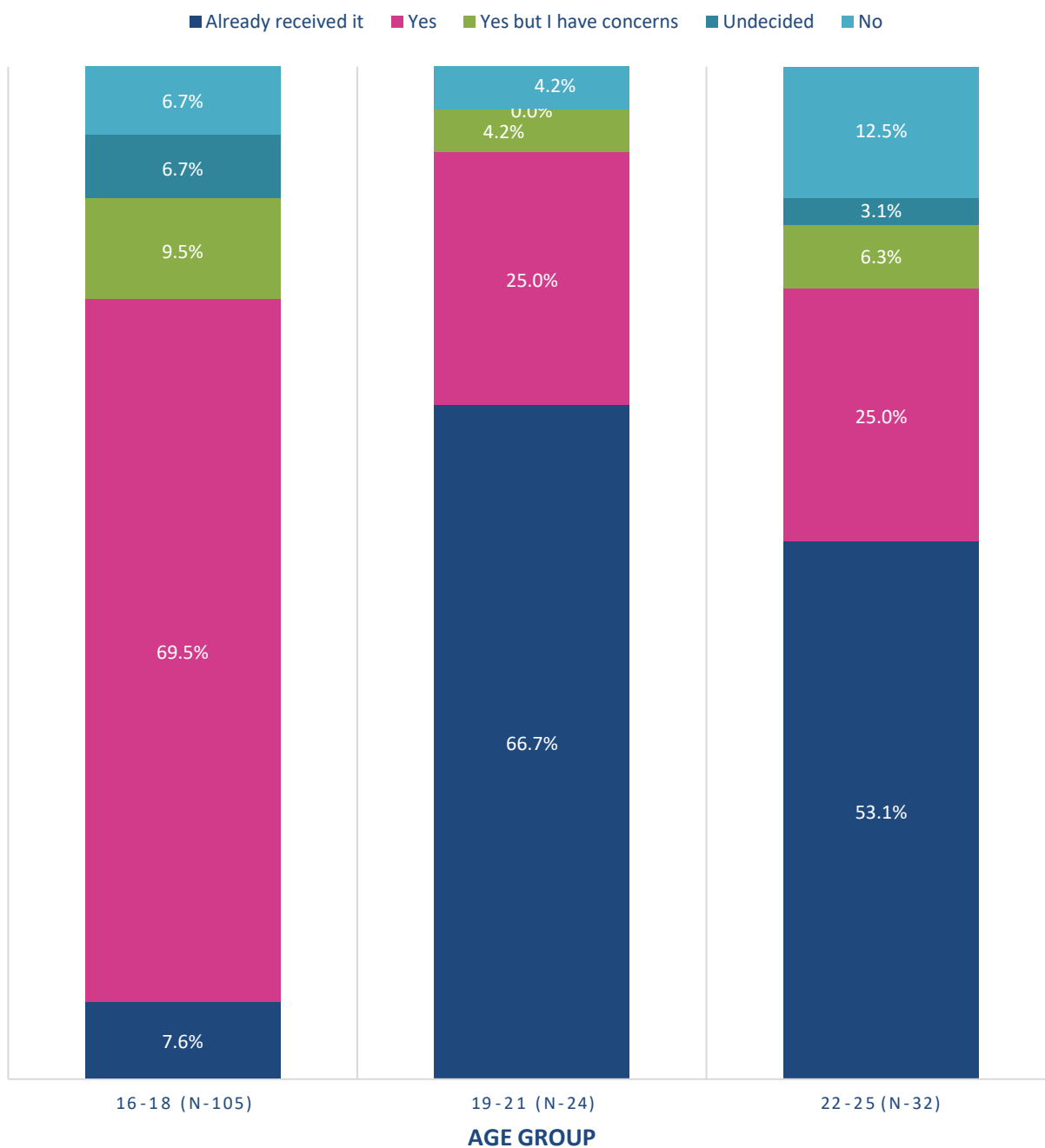
173 people in total completed the online survey. The majority of the sample was made up of 16-18 year-olds (65%) the rest were 19-21 (15%), and 22-25 (13%).

We explored any differences across the ages of our sample and found that in terms of 'overall hesitancy' there is not much difference between those aged 16-18 (23% of all surveyed) and those aged 22-25 (22%). We had a low sample size for 19-21-year-olds (24 responses).

A higher proportion of those who would say yes but have concerns is visible with the youngest age group, this age group is also more undecided. Whereas a higher proportion of those in older age groups, aged 22-25, would say 'No'. From our sample, this suggests that those who are younger may be more likely to take up the vaccine, if their concerns are addressed. One way of tackling hesitancy in younger age groups may be by offering myth busting sessions with healthcare professionals in schools when school vaccination programmes progress.

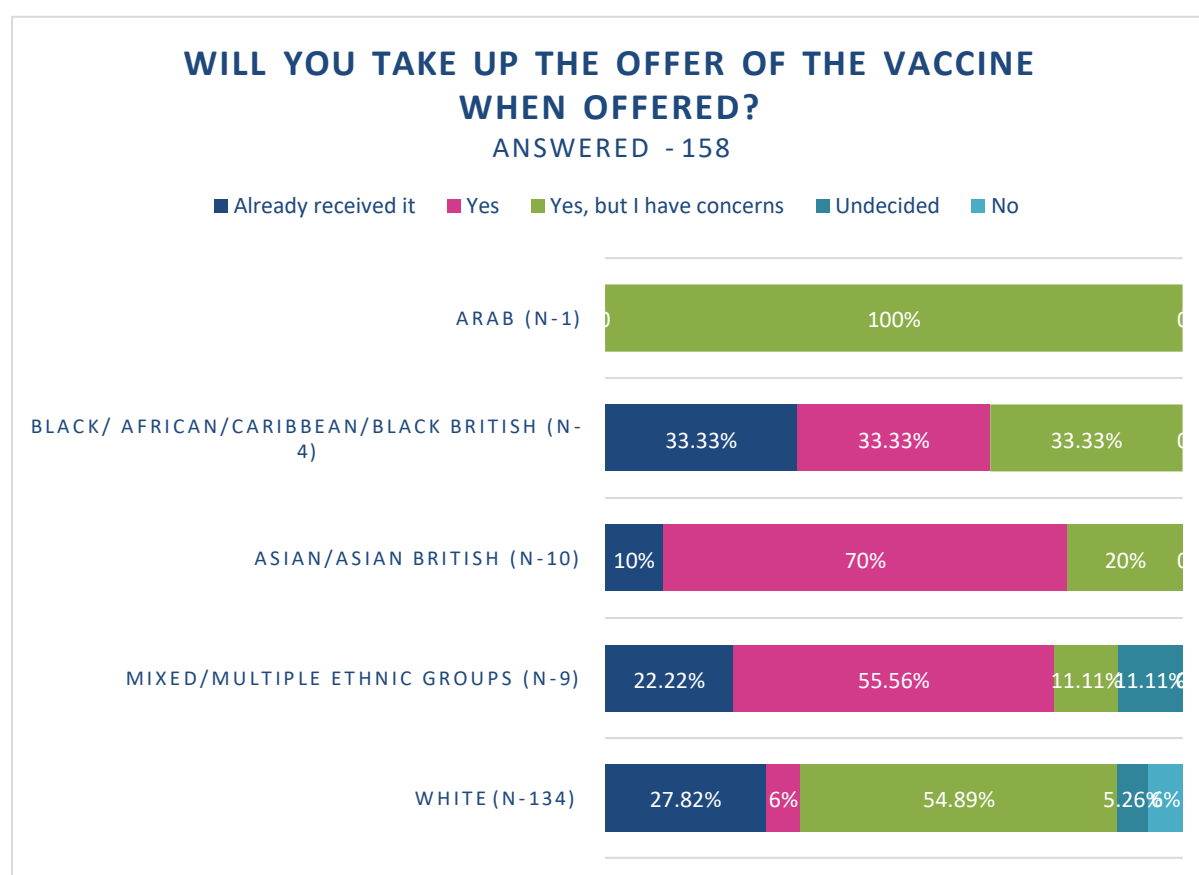
## WILL YOU TAKE UP THE OFFER OF THE VACCINE WHEN OFFERED?

ANSWERED - 161





## Ethnicity



The majority of the sample was made up of respondents who were White British/English/Northern Irish/Scottish (76.8%). The remainder of the sample were from Black, Asian and mixed backgrounds (14.6%).

We grouped the ethnicity responses to explore any differences between groups. The sample had very low numbers for several groups within the population. Therefore, we recognise these differences may vary if we received more responses for non-white groupings.

Where we have ethnicity data and responses to Q1, it shows that all of the 'No' responses came from white participants and only one undecided respondent was an ethnicity other than white. On exploring this further, all the white hesitant responses came from White British respondents.

Importantly, by breaking the data down this way, we have been able to show that the concerns being expressed by those who have stated they are 'undecided' or, 'no' (hesitant responses) are only representing the concerns of those we know to be from a White British background.

## Disabilities & long-term Health conditions



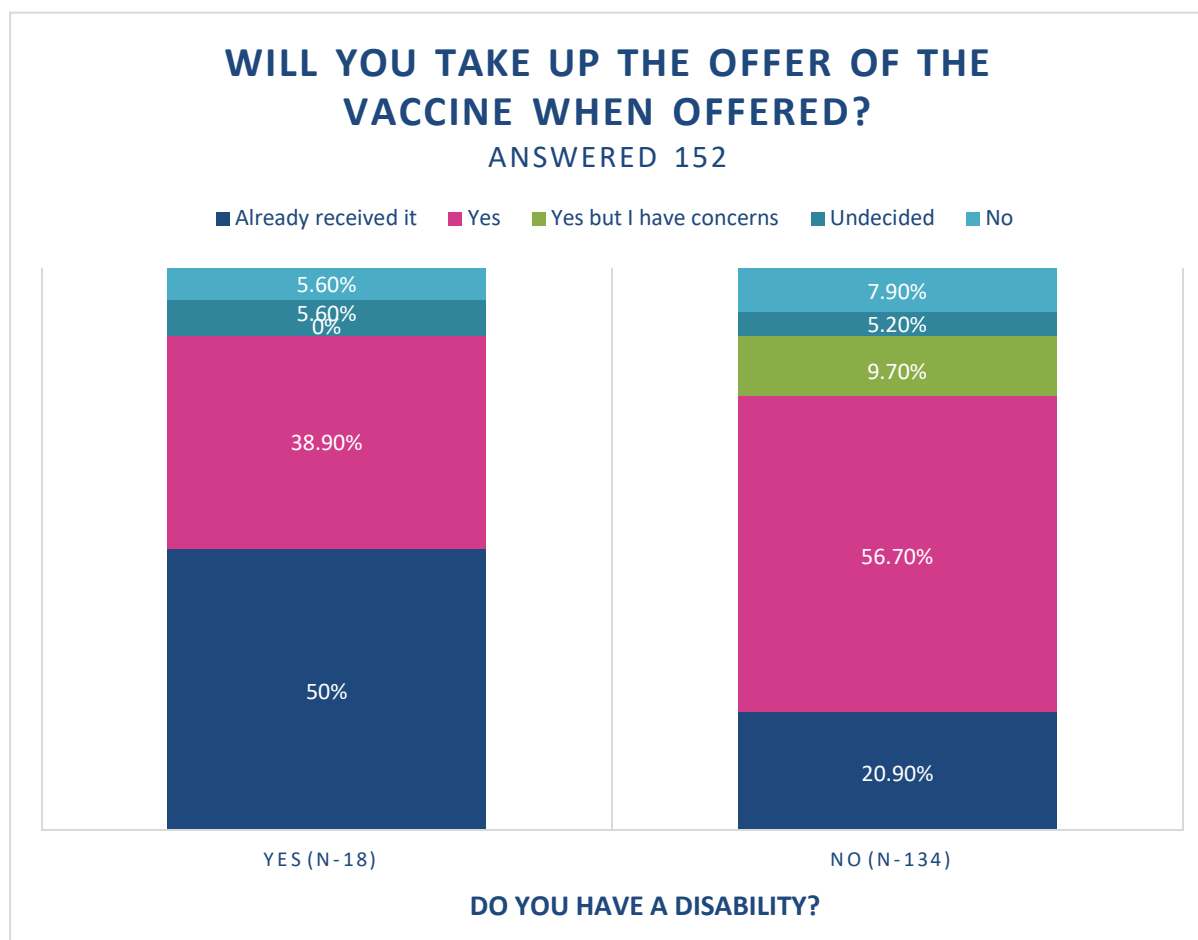
11.7% of respondents said that they had a disability, either a long-term/chronic condition (66.6%), a mental health condition (88.8%) or a physical or mobility impairment (66.6%).

Those that had long-term conditions either said that it was a mental health condition, a respiratory condition or 'other', which accounted for a number of different chronic health conditions. 2% of participants said that they currently cared for a parent.

The majority of those who described themselves as having a disability said that they either had already received the vaccine or that they would take it up when offered. Out of the 18 respondents that classed themselves as having a disability, 9 of them had already received the vaccine, 7 said that they would take it up when offered, only 1 was undecided and 1 said no.

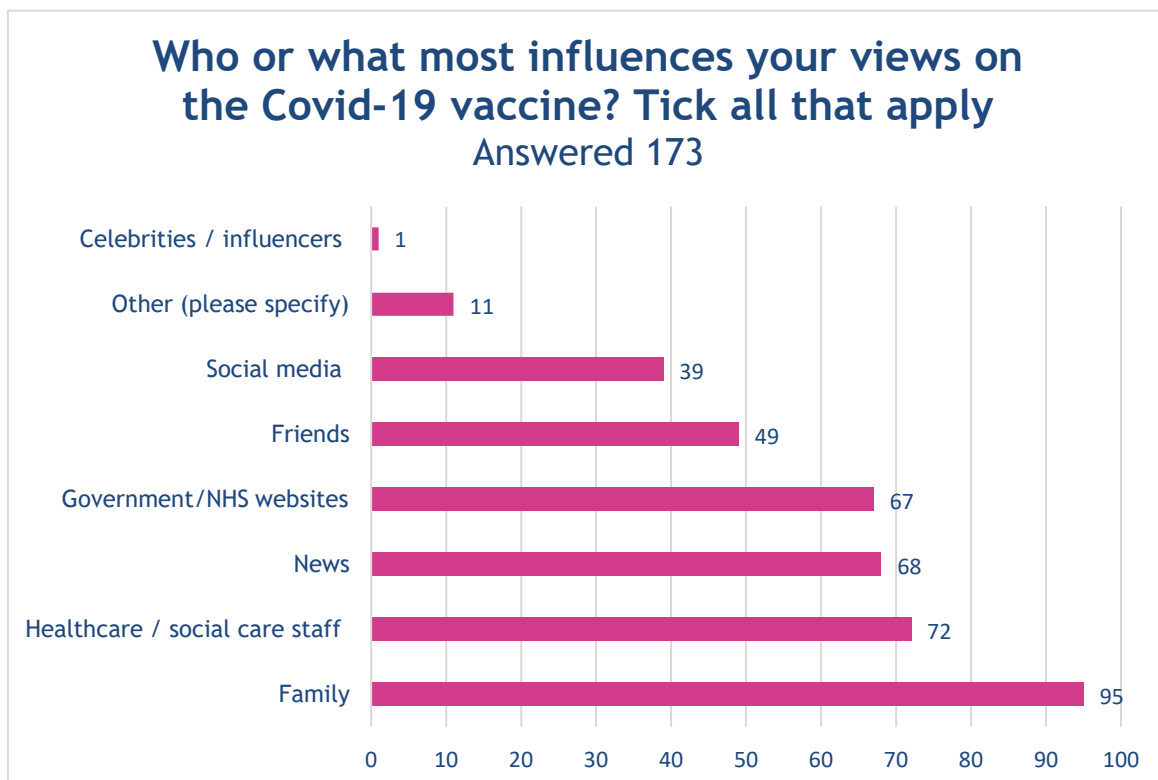
Some people who describe themselves as having certain disabilities may have been offered the vaccine before others in their age group. This could explain why the numbers of young adults who had already received the vaccine in this group was higher than those without a disability. However, we acknowledge the range of disabilities encompassed within this category could be extremely varied. Some individuals with disabilities may have been classed within the 'clinically extremely vulnerable' category, therefore receiving vaccine priority, and some may not have been.





## Influences

When asked ‘who or what most influences your views on the COVID-19 vaccine’, the majority of respondents said their families influenced their views on the Covid-19 vaccine (55%), closely followed by healthcare/social care staff (42%), the news (39%), government/NHS websites (39%) and friends and social media (28%, 23%)



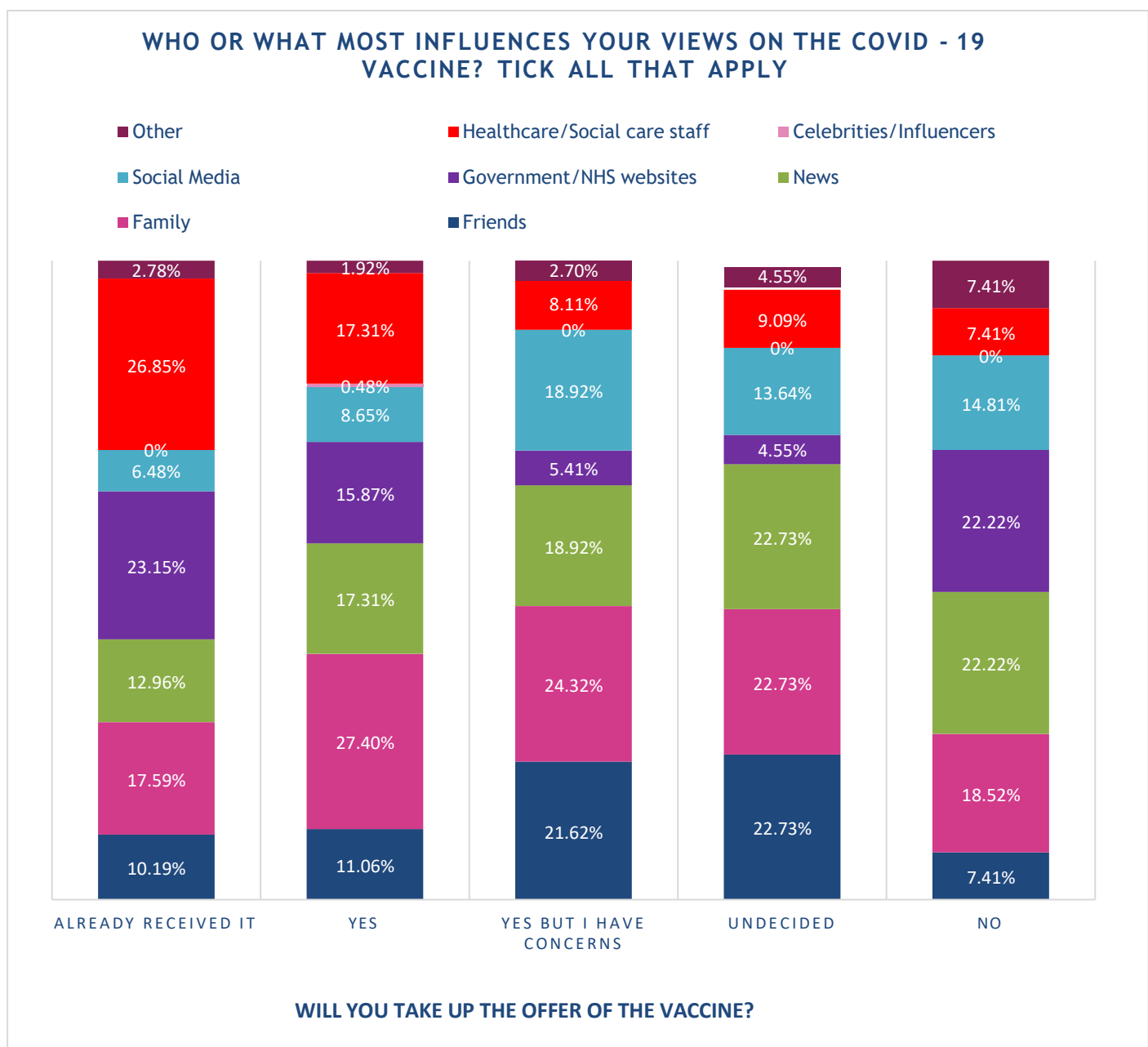
Other responses indicated that people relied on their own research and knowledge to influence their views. Others stated science, doctors, and their opinion as a medical student as influential on their views:

‘Doctors and scientists’ / ‘Science/Fact’

‘I make my own decisions’, / ‘Myself’

‘My own opinions as a medical student’

We also analysed whether these influences differed based on the responses given in Q1.



**Friends** have more influence on those who have concerns and those who are undecided compared to other groups, and less of an influence on 'No's' than all other groups.

**Family** is a big influence amongst all respondents and for all groups yet has the least influence for those who have already received the vaccine (17.5%) and those who would say 'No' (18.5%).

**News** is more of an influence for those who are hesitant than for those who are not. As news increases as an influence, so does hesitancy.



**Government/NHS websites** are a big influence for those who have already received the vaccine and for those who would say 'No'. For those who have concerns and are undecided, 'Government/NHS websites' have very little influence on these groups. Influence by this factor appeared mixed, which poses the question as to whether the government is likely to negatively influence those who said no, and positively influence those who already received the vaccine.

## **'NHS websites... but I don't fully have faith in our government lately'**

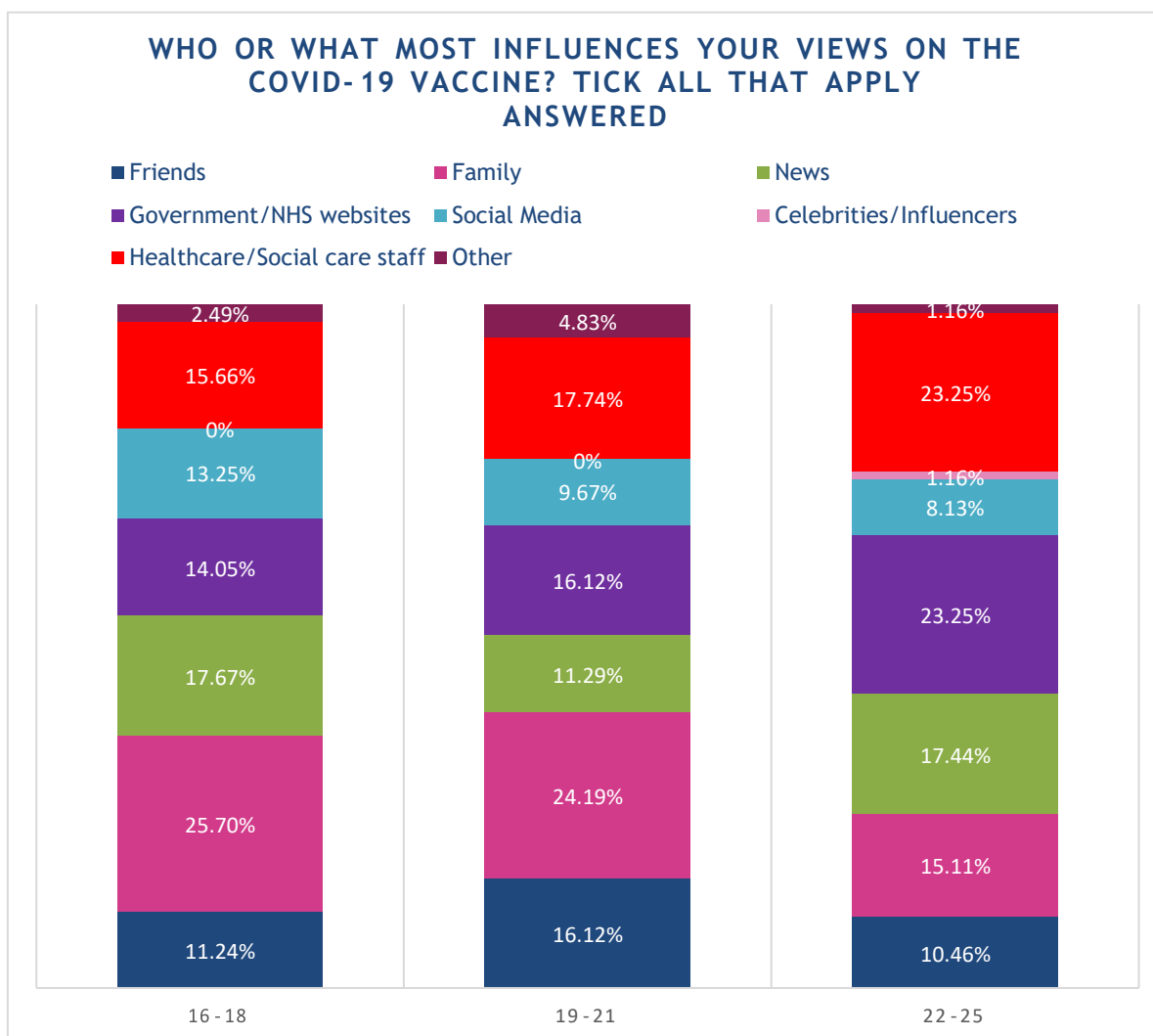
**Social Media** has more of an influence on those who expressed some level of hesitancy and is quite a big influence for those who would say 'Yes, but I have concerns'. Social media has the least influence on those who have no hesitancy and who have already received the vaccine.

**Celebrities/Influencers** had very little influence on this sample with only one respondent selected this as an influence.

**Health and Social Care staff** have very little influence on those who express any level of hesitancy. Conversely, for those who express no hesitancy, health and social care staff are a big influence and the most influential for those who have already received the vaccination.

## **Influences by age**

We also wanted to know whether different age groups may be influenced by different sources of information on the Covid-19 vaccine.

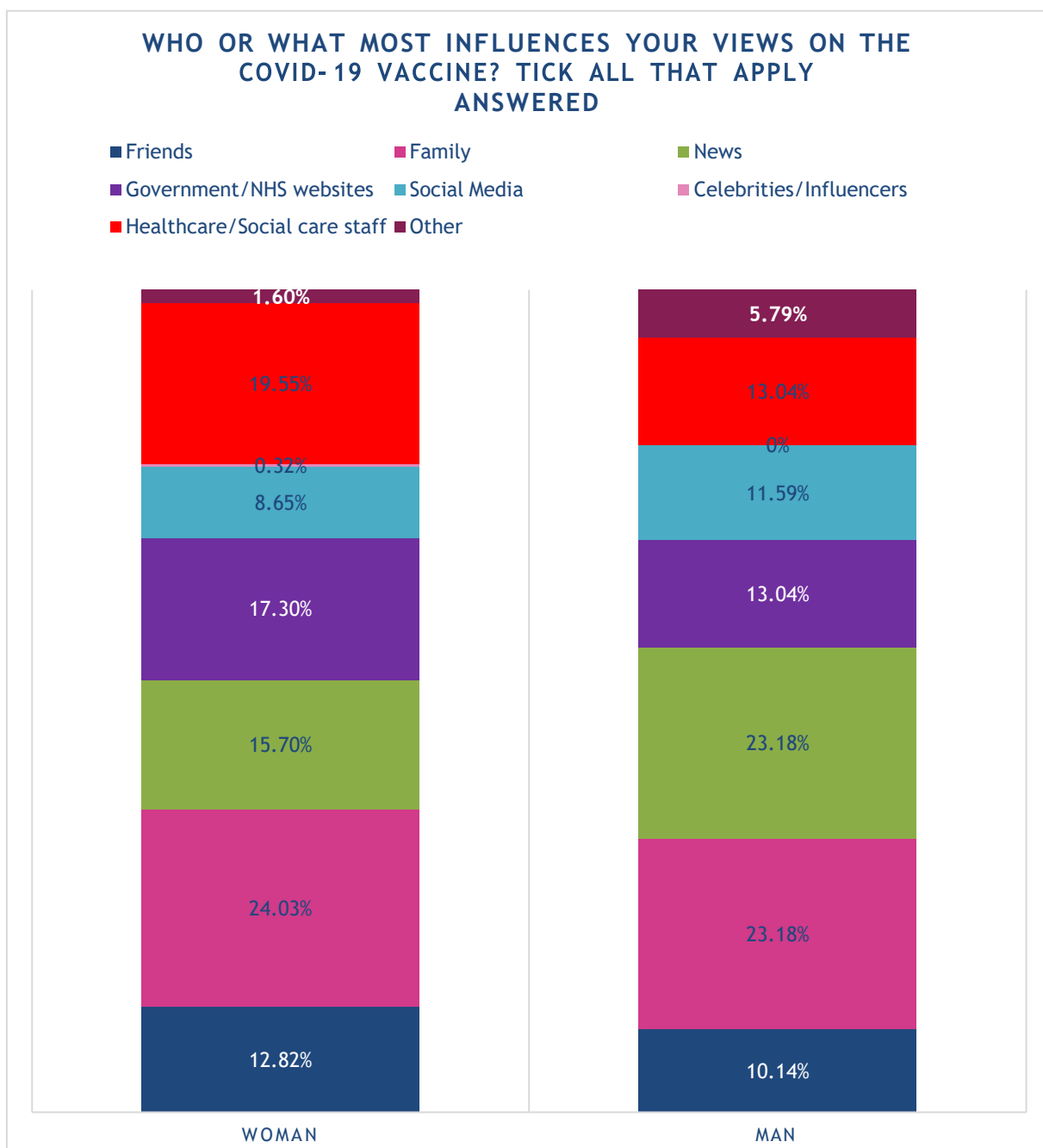


Family and social media are more influential with younger age groups. It may be likely that these influences are similar for younger age groups that are eligible to be offered the vaccine currently, along with younger children in the future. Therefore, it is useful to take into account these influences when targeting/ sharing information among these age groups about the Covid-19 vaccine, and when addressing any concerns publicly, that younger age groups may have.

Health and Social Care Staff and Government/NHS websites are more influential with older age groups.

## Influences by Gender

As our sample also showed some differences between males and females, we looked to see if there were any differences for who influences these groups.



We found that **males** are more influenced by the news and social media compared with females.

**Females** are more likely to be influenced by Health and Social Care staff and Government and NHS websites compared with males.

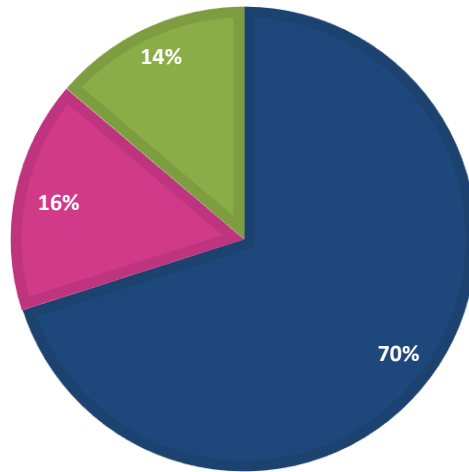
## Choice of Vaccination Centre & Venue

When asked about travel to and venue of vaccinations, 70% said that this would not influence their decision to take up the vaccine. 16% said they was unsure about this and 14% said yes.

**WOULD THE DISTANCE YOU HAVE TO TRAVEL AFFECT  
YOUR CHOICE TO HAVE THE VACCINE?**

ANSWERED - 167

■ No ■ Not sure ■ Yes

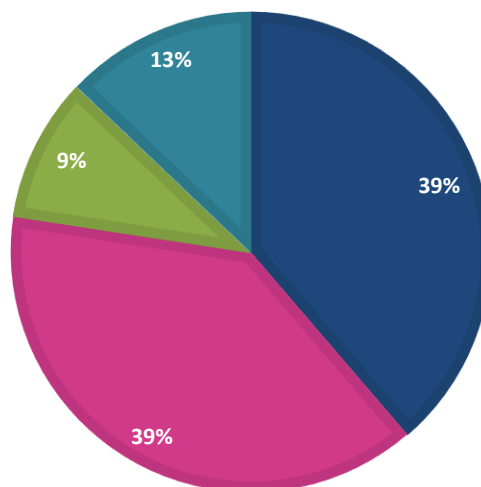


Based on the comments provided, we found that concerns could be categorised into the following themes:

**WHERE TRAVEL WAS AN ISSUE IT WAS DUE  
TO...**

ANSWERED - 21

■ Transport options ■ Travel distance/ Ease of Access  
■ Relying on others for transport ■ Costs



## Transport options

‘Accessing public transport still daunting’

‘I don’t drive or take public transport’



## Travel distance/Ease of access

‘If more local then easier to fit into any day, can go straight for work or home without the extra hassle’

‘I wouldn’t want to travel a long distance to a location I didn’t know.’



## Relying on others for transport



‘Because if it was further than walking distance/being able to get train or bus then a parent would have to take me and they work full time which is an inconvenience to them’

‘I can’t drive so it would mean asking my parents to take me’

## Costs

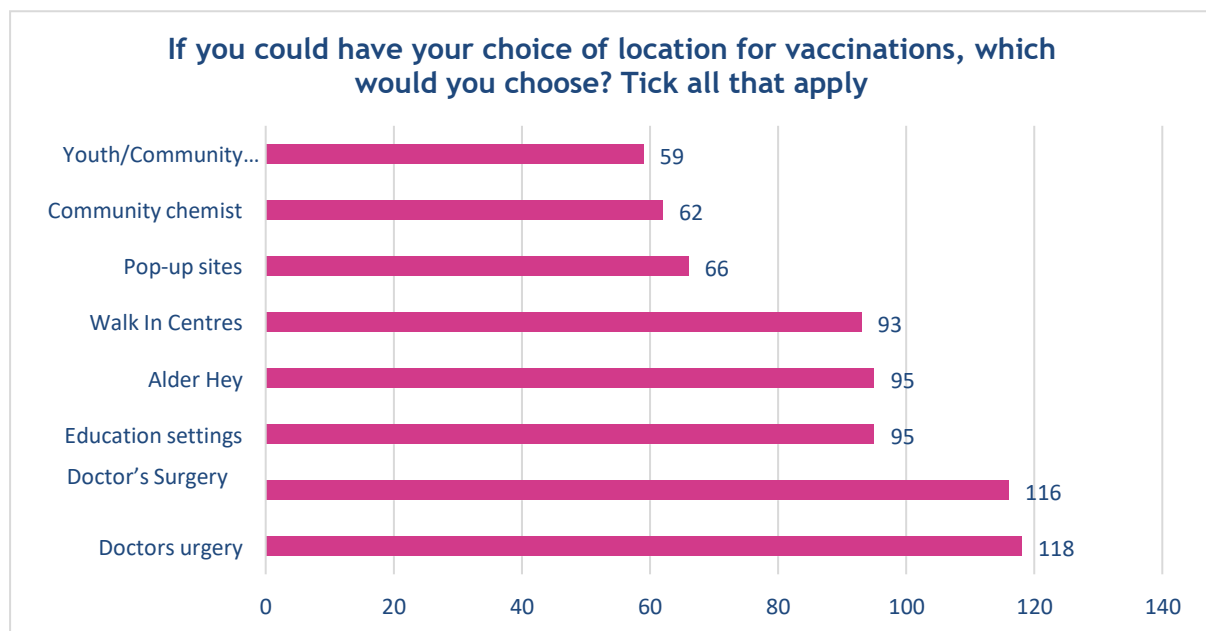
'I am unable to drive and cannot afford most train fees'

'If it cost a lot of money to travel to the centre'



## Location

We asked young adults about their choice of location for getting their vaccine. We wanted to gauge whether the location of vaccination centre would influence whether or not young adults would take up the vaccine. The respondents in this survey would prefer to have their vaccination done within a healthcare or education setting with a doctor's surgery or vaccination centre being the most popular choices.



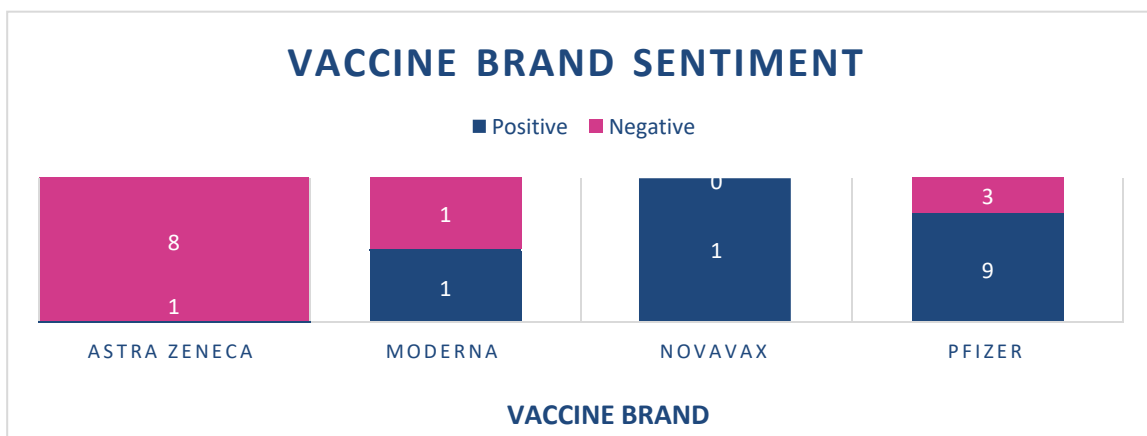
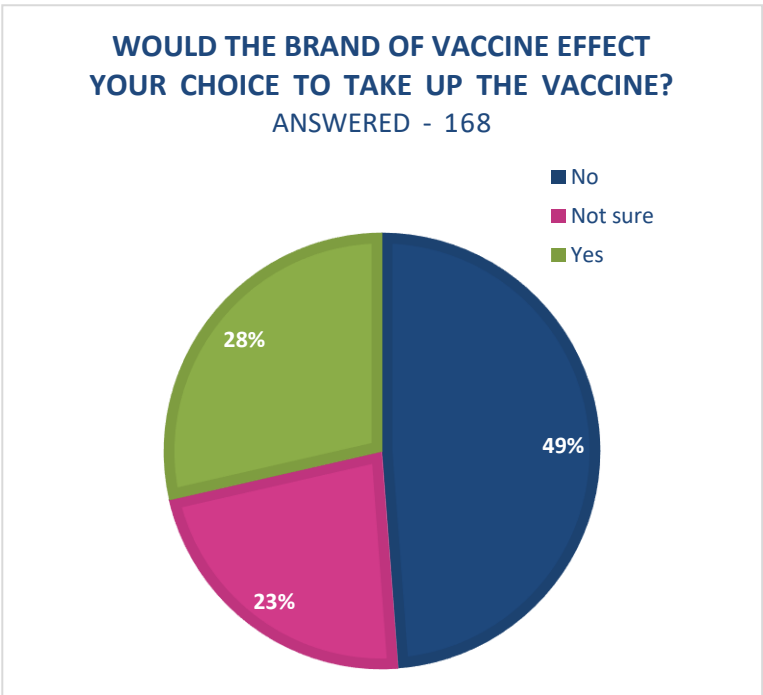


# Vaccine brand preference

Media coverage of different brands of vaccines has meant both adults and young people may associate the different brands with positive or negative connotations.

We asked the young adults we surveyed ‘**would the brand of vaccine effect your choice to take up the vaccine**’. 49% of young adults said the brand of the vaccine would not affect their decision with 28% saying it would and 23% being unsure.

Based on the free text responses provided by those who responded ‘Yes’ (44), we counted the mentions of specific brands and classified the sentiments expressed towards them. The most commonly spoken about brand of vaccine was Pfizer and 75% of those had positive thoughts about this brand. Astra Zeneca was the second most mentioned brand and the sentiments expressed towards this are largely negative.



The other comments included in the free text responses relate to:

### Information (media stories, family, friends...)

These comments explain where people are getting information on vaccine brands and risks,

‘Bad press’

‘Because of the current stories’

‘Because I know many people who have had reactions to the Astra vaccine’

‘I think a lot of people including myself feel that they’re top choice would Pfizer as there is so much on the news about Astra Zeneca’

‘I would pick the Pfizer vaccine if I had a choice because I seen my mum get the Pfizer vaccine’



### Side-Effects

The majority of concerns relate to side effects, but no specific brand has been identified. The side effects that the majority names were blood clots, some concerns about using certain vaccines with younger populations and non-specific negative health impacts and side-effects. The majority of the concerns relating to these side-effects relate to the recent findings relating the Astra Zeneca vaccine. On 7 April, the UK effectively restricted use of the Oxford/AstraZeneca covid-19 vaccine to people aged 30 and over because of the risk of a rare blood clot syndrome.

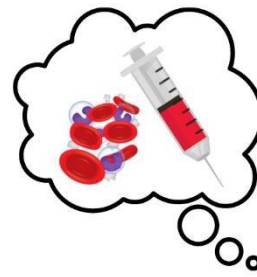
'I wouldn't want one that has been suggested to cause blood clots'

'One was said to have the chance to cause blood clots so me and my mum had the other'

'Some of the vaccines seem to have worse outcomes than others'

'Because some have had bad after affects with people my age'

'Each vaccine has caused different medical issues i.e. blood clotting'



## Existing Medical conditions

Some respondents with pre-existing conditions had concerns about how certain brands may affect their conditions or increase their risk to certain side-effects



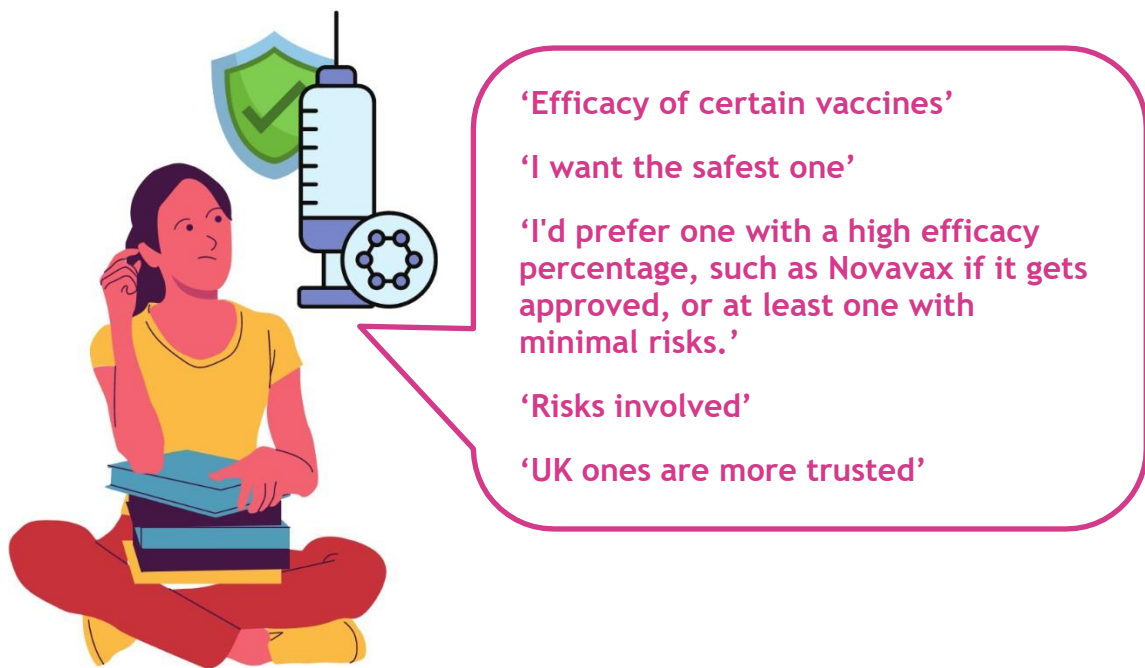
'Due to my medical condition (MS), I am not able to take certain vaccines.'

'I have a health condition (sickle cell) so I need to be careful.'

'The risks that some come with, I have an increased risk to blood clots and the Pfizer increases that risk more'

## Effectiveness and safety

Other comments related to the effectiveness and safety of certain vaccines over others.



## Focus Groups

Additionally, as part of the research, Healthwatch Liverpool spoke to young adults in group settings, and we spoke to professionals to find out their opinions and the experiences that they had heard from young people.

We spoke to some young people and their parents and carers who are involved with the SPLICE group, a youth club for young people with additional needs that is supported by Merseyside Youth Association (MYA) & Liverpool Targeted Services.

We also spoke to the Young Ambassadors group supported by Young Persons Advisory Service (YPAS), in total there were 20 participants over both sessions. We met with



the SPLICE group in late June, just as vaccinations for 18 years old were beginning to open up and met with YPAS ambassadors in September 2021.

Most of the SPLICE group had had their vaccination as they had previously been shielding or living with someone who had been, and those that had not were booked to have it soon. Some were happy to have their vaccine as it meant that they could get on with volunteering, and their main motivation for uptake related to their concerns about spreading COVID-19 to others. Some of the group just wanted to get it done with early on, and they wanted to do it to protect their family and see their nan. However, there were also a couple of concerns raised regarding the side-effects of having the vaccine, concerns around uptake related to its potential to **'make me feel sick'**, and one person worried if the vaccine would make them die.

From the young people who attended the group, the majority were really keen to get the vaccine as they felt that it would help them protect their families and to get out and about to see people. Some of the young adults in the group had been in the shielding category. They had found the isolation from others difficult and said the chance to have the vaccine would enable them to resume their social and family-based activities which was important to them.

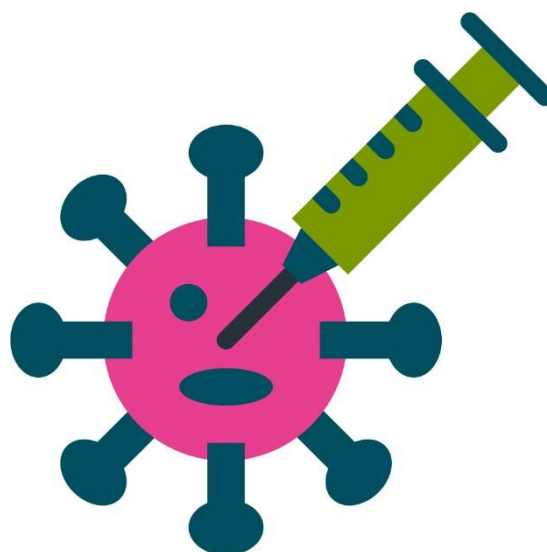
To prepare young people for vaccination the group suggested that people/adverts should tell you: **'that it doesn't really hurt'**, **'you can't feel it'** and that to make sure that you: **'take a book or phone so that you can keep yourself entertained while you're waiting'**.

The groups felt that it was a good idea to offer vaccination clinics close to where you live. One person liked the vaccine bus, as they were able to just get it and not wait to book. Some of the groups were vaccinated at Anfield and this was a big deal as they were football fans.

Members of the group were also happy to have vaccinations in schools and colleges in future.

The concerns that the young people talked to us about were around the **'Anti-Vax' protests, feeling that they would be scared to go in for their vaccination if people were shouting at them outside.**

However, overwhelmingly, the group said that they don't care where they get it, they just want to get it. The young adults at this group did not mind how far



they had to travel, or at which of the sites the vaccination would take place, they just wanted it.

The YPAS Young Ambassadors group told us that they knew how to book a vaccination and could access it if they should wish to. An issue around house bound young adults with mental health issues was raised, relating to how they could access the vaccinations as GP practices were unwilling to do home visits to vaccinate. Due to their diagnosis, they were unable to go out to register with a GP or attend a vaccination centre.

The views of professionals at the group sessions focused on the needs for young adults with additional needs to be able to make an informed choice. The professionals at the group were concerned that trusted organisations should not necessarily be the venues for vaccinations, and it should not just be about the using the relationships that they and their carers have with the workers at the project to facilitate vaccine uptake. This should come from an outside source, and informed consent should be achieved.

Another issue raised by professionals working with young adults with additional needs was around the feelings that young people had about not wanting to be touched, or not wanted to experience pain when they don't have to. Vaccine uptake is optional, therefore the young adults may be reluctant to have a vaccine as it involves another person touching them, however, again, this needs to be managed and addressed by health professionals.

## Limitations

The responses only represent a small percentage of 16-25-year-olds who can take up COVID-19 vaccines. The findings should therefore be viewed as a snapshot of some people's experiences and it's possible that findings would be different with a higher number of participants.



## Recommendations

Possible recommendation:

1. Myth busting information should be developed to directly address issues surrounding future fertility.
2. Vaccine promotional materials should include elements of 'getting back to a normal life' as part of their key messages.
3. Information should be targeted at both young adults and their parents/carers.
4. Designated, coproduced literature, marketing materials and social stories for young people with learning disabilities that can be cascaded to all Primary Care Networks and education settings
5. Vaccination teams to support children and young people with additional needs and their families to feel reassured and able to make an informed decision about the COVID-19 vaccination.
6. Advertise /ensure that young adults should feel safe at vaccination centres
7. Tackling hesitancy in younger age groups by offering myth busting sessions with healthcare professionals in schools or on social media when school vaccination programmes commence

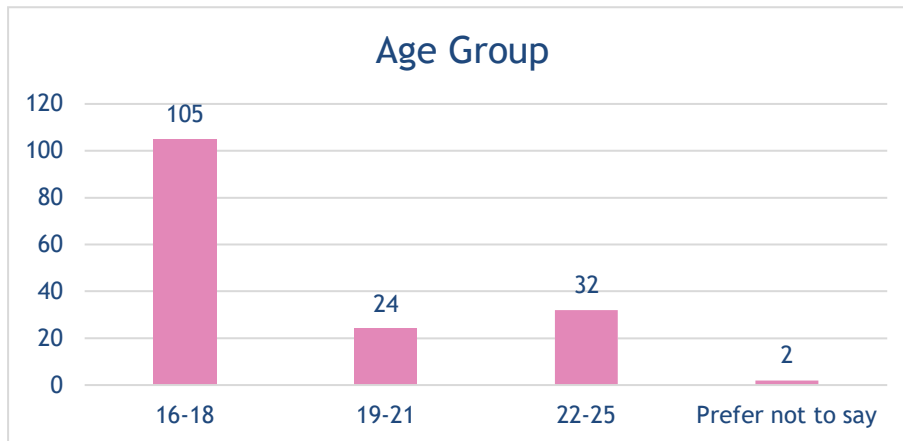


Ultimately this may influence opinions of younger people who may take up the vaccine in the next few years, or, if the vaccine becomes available to younger adults, it may help contribute towards targeting areas of concern regarding hesitancy towards and delivery of the vaccine.

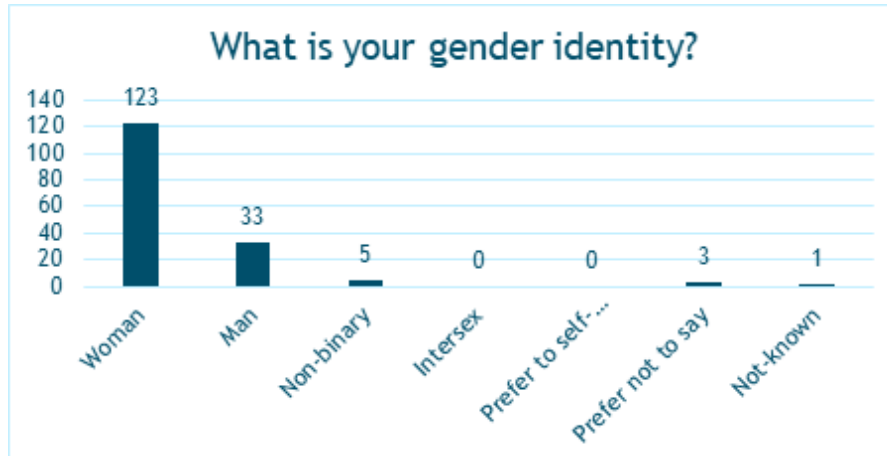


## Who did we heard from?

### Age

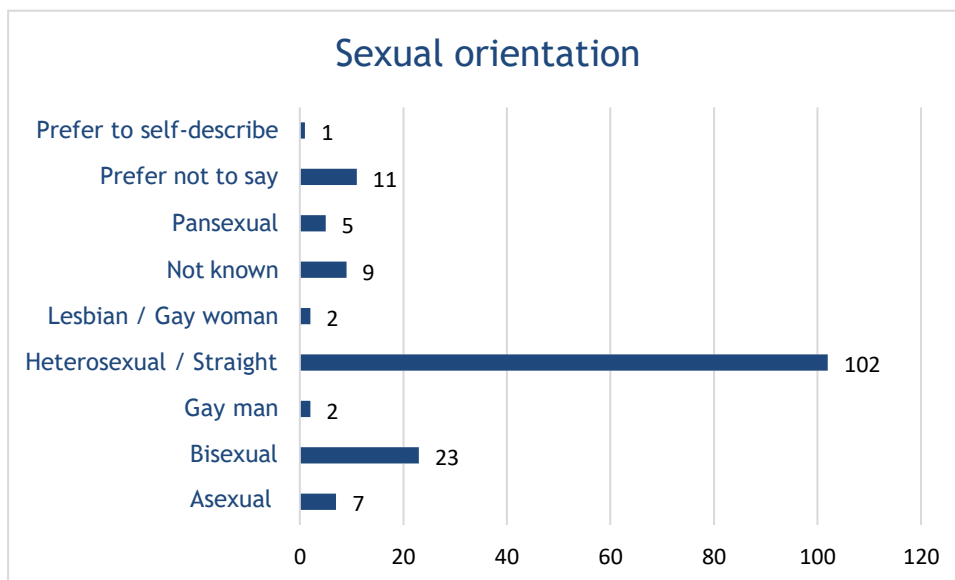


### Gender





## Sexual Orientation



## Ethnicity

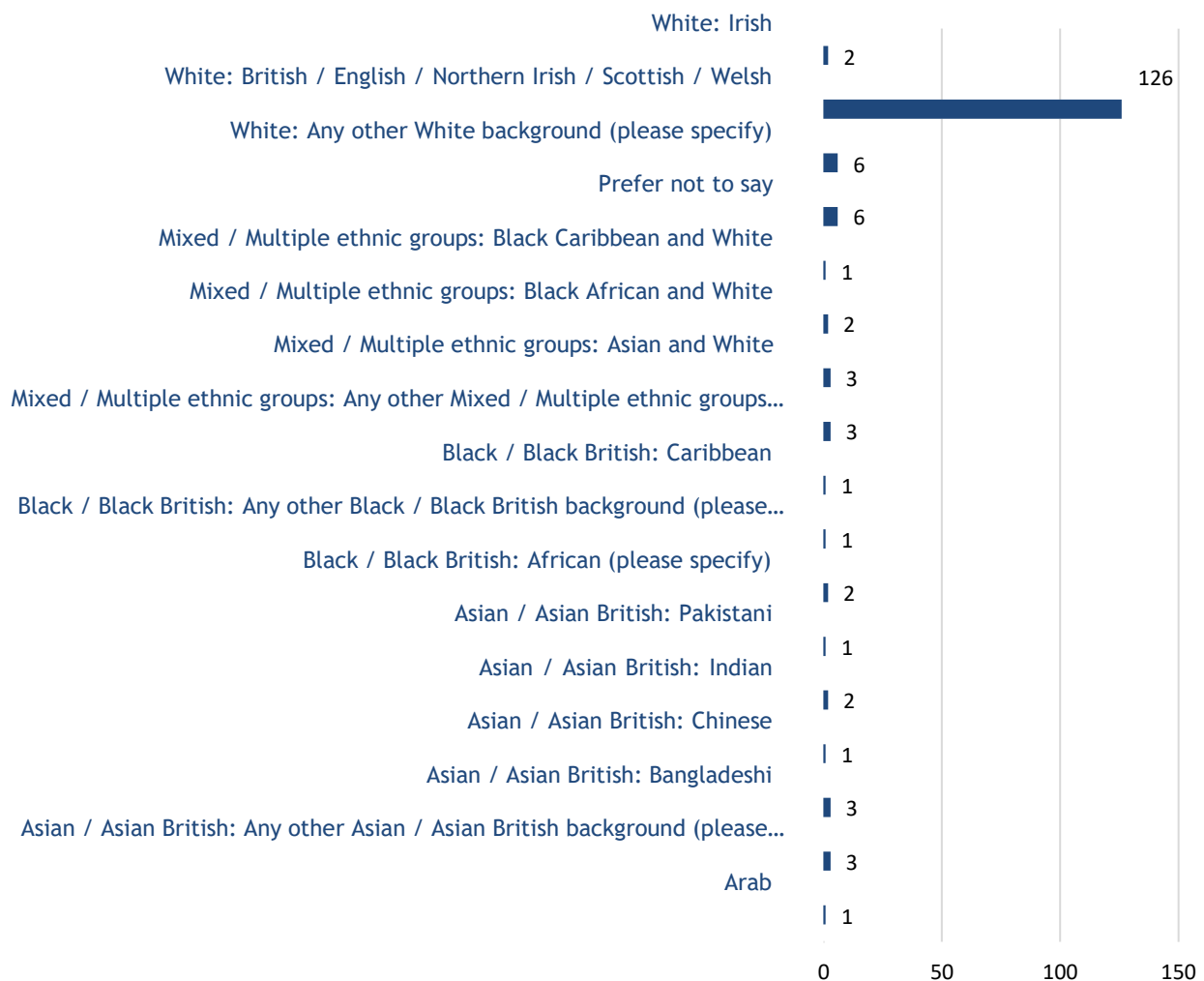
Ethnicity 'Other' responses	How many
White/Arab	1
White Latin	1
Sri Lankan	1
Scandinavian	1
Polish	1
Latino	1
Iranian	1
Eastern European	1

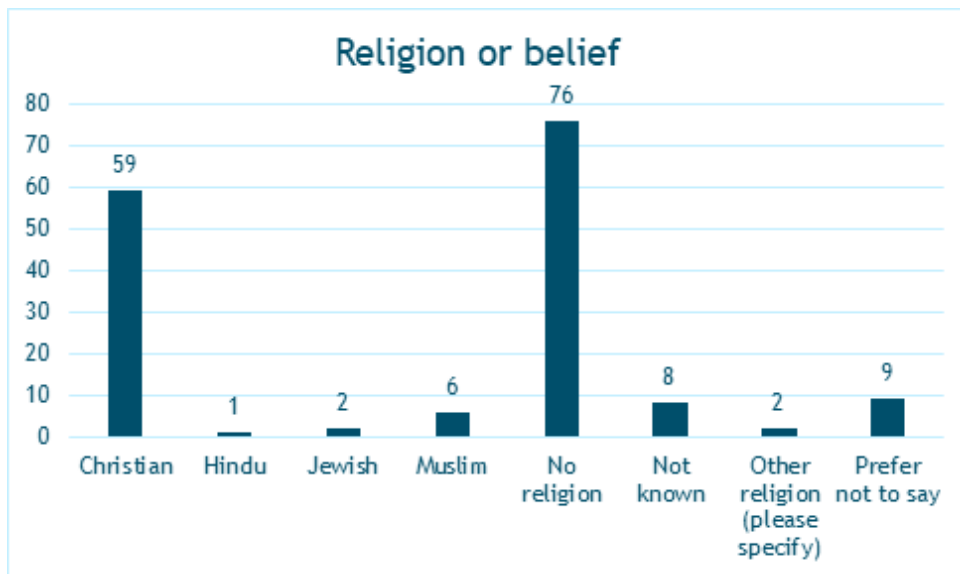
Black Irish/Nigerian Irish	1
Black Caribbean/Black African	1
Asian/White/Jamaican	1

## Religion

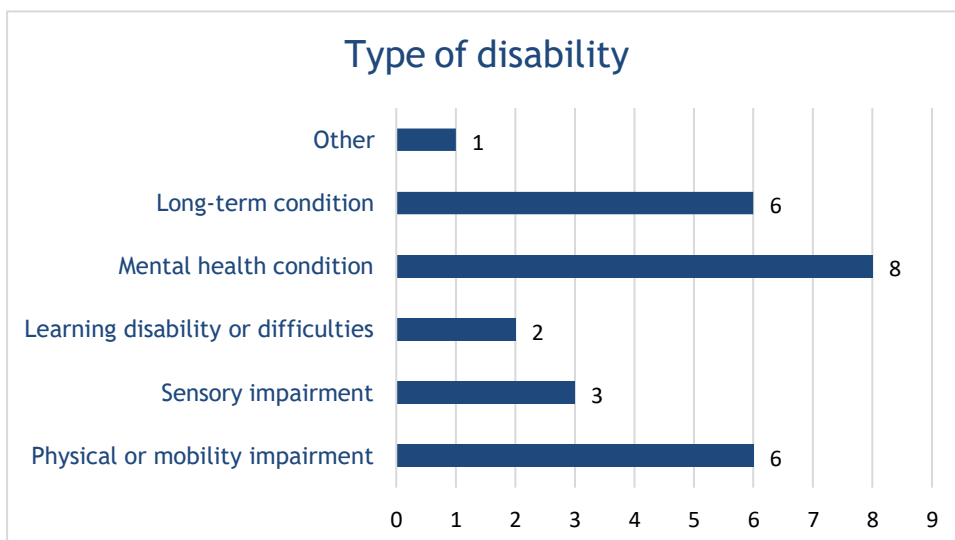
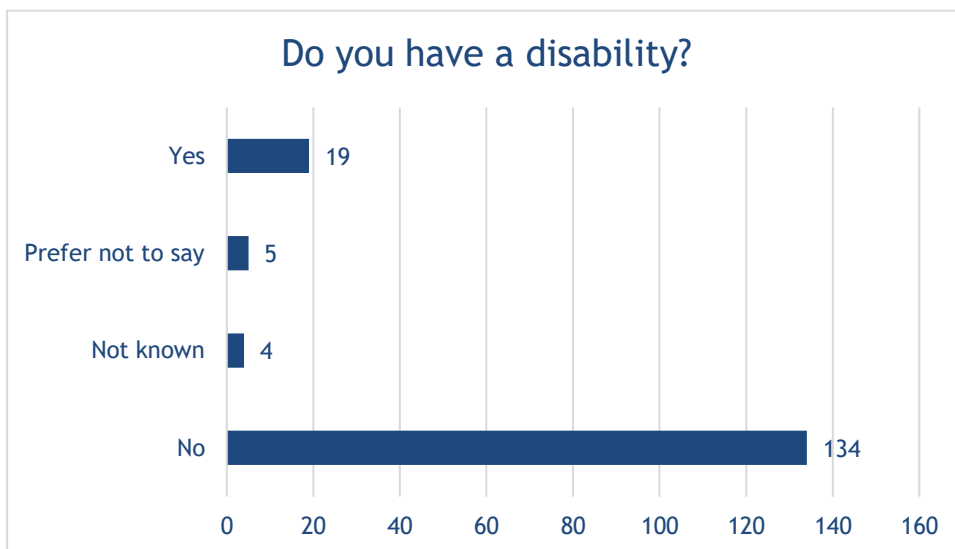
Most of the respondents were either not religious (76) or Christian (59), some were Muslim (6), Jewish (2), Hindu (1) or did not know (8), or preferred not to say (9).

## What is your ethnicity?

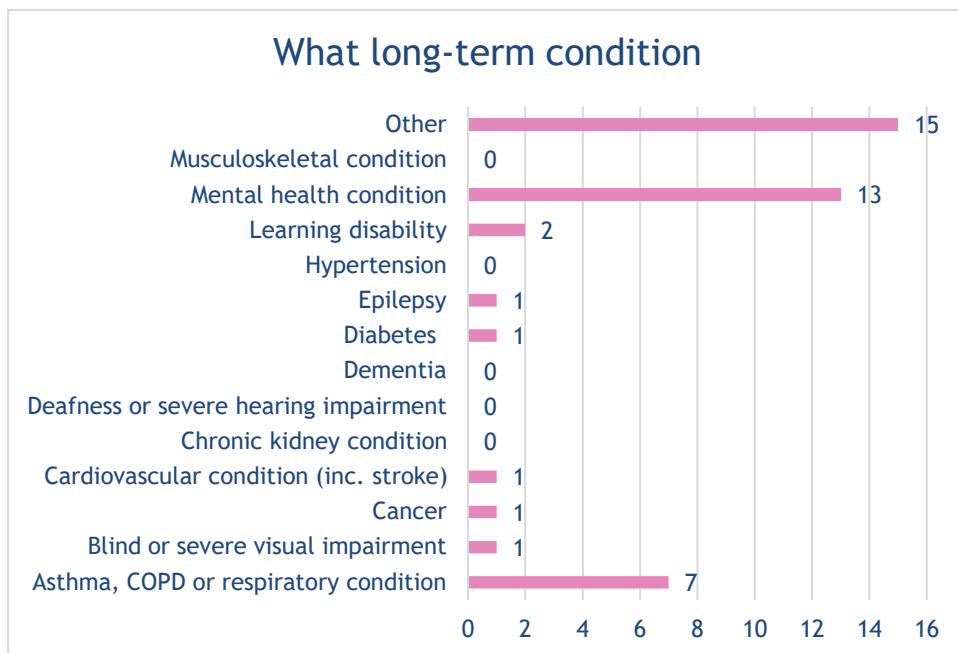
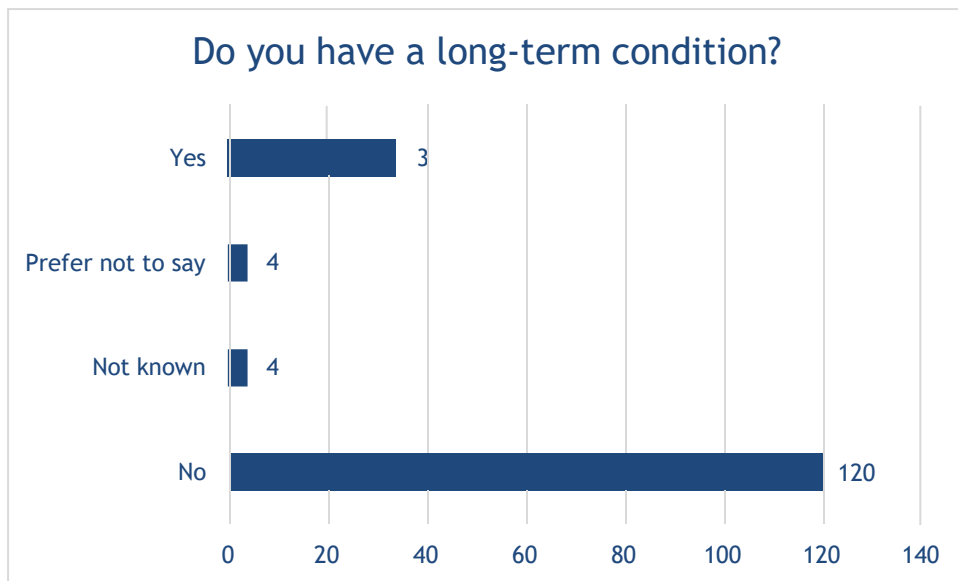




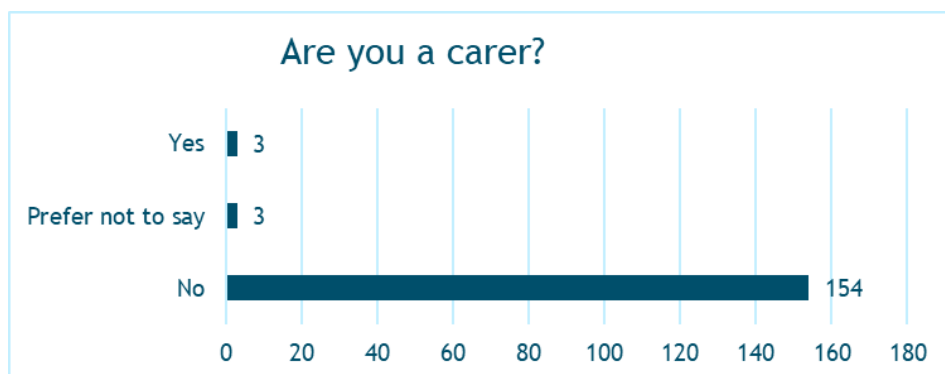
## Disabilities

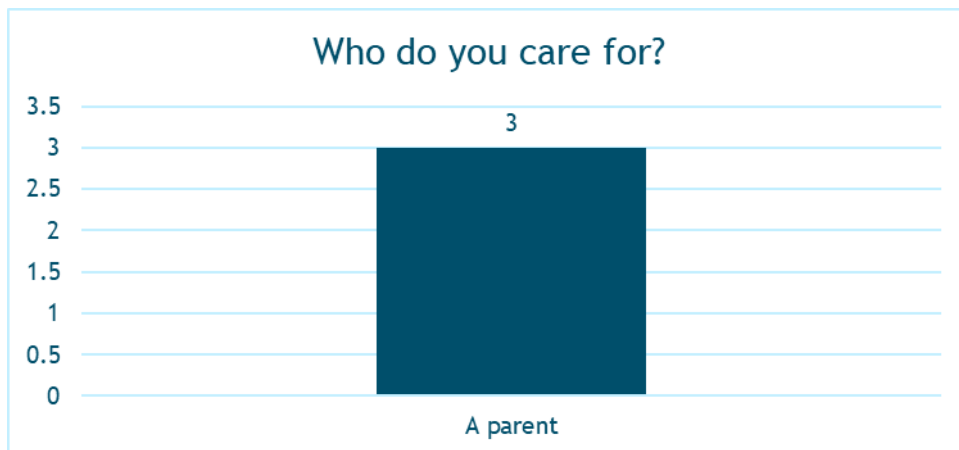


## Long-term Health



## Carers

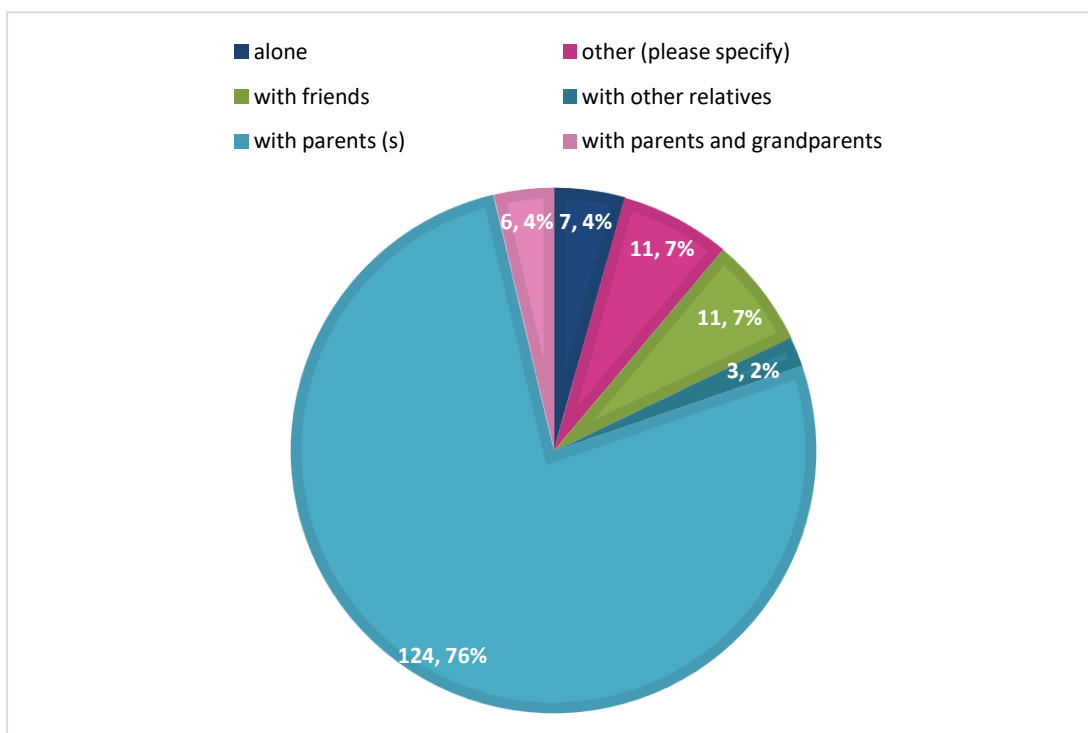




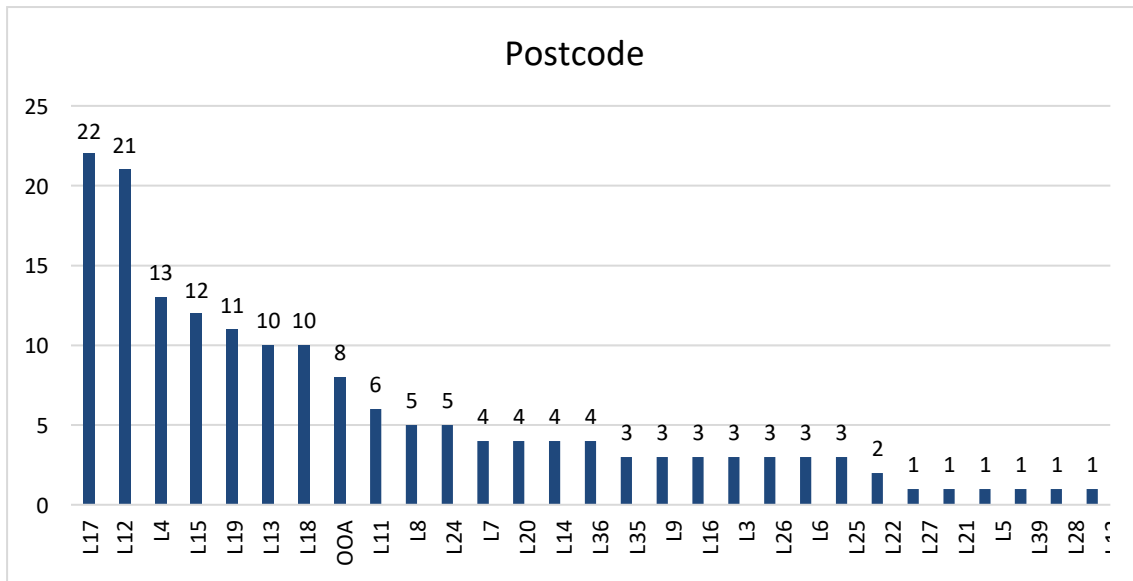
## Care Experience

1 participant told us they had had experience of being in care, 4 preferred not to say, and 3 were not known.

## Residence & Living arrangement



## Areas of residence





## Appendix - Focus Group Report / SPLIC



**Have your say**

**Thank you for letting us come along to your group, we came to find out what 16-25-year-olds think about the Covid-19 vaccine**



**WE MET**

10 young people aged 15-30 from SPLICE youth group on the 30th June.  
There was also a worker and parents supporting the session on Zoom.

**YOU TOLD US**

We talked about Covid-19 vaccinations and how you felt about having the vaccination. Most of the group had had their vaccination, and those that had not were booked to have it soon.

You told us that the things which most concerned you before having the vaccine is if it would make you feel sick, and one person worried if the vaccine would make them die.

Some of the group were happy to have their vaccine as it meant that they could get on with volunteering, and what motivated them was they didn't want to spread Covid. Some of the group just wanted to get it done with early on, and they wanted to do it to protect their family and see their nan.

You said that it was a good idea to have places that could vaccinate you close to where you live. One person liked the vaccine bus, as they were able to just get it and not wait to book. Some of the group were vaccinated at Anfield and this was a big deal. Some of you said you say don't care where they get, you just want to get it!

You said that young people need to know before the vaccine that it doesn't really hurt, you can't feel it and that to make sure that you take a book or phone so that you can keep yourself entertained while you're waiting.


Members of the group would be happy to have vaccinations in schools and colleges, one thing that they did worry about is people protesting outside school buildings who were anti vaccine, that would be frightening. Also if you were to offer vaccinations in a youth club you would have to make sure that young people and families should not feel pressured, advice should be unbiased and that people should have a full choice.

**WHAT NEXT**


We will take your views and put them in a report we are writing. The report will also have the views of other young people from across Liverpool. This report will be shared with NHS, Public Health and the Hospitals across Liverpool to help them plan services.

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## Appendix - Social Story




# WHAT DO YOU THINK?




We are Ellie & Zarah and we work for Healthwatch.




Covid 19 is a virus that has made people very sick. Some people have died.




Now there is a vaccine, it's in an injection.






The vaccine helps put medicine in your body to stop you getting sick from Covid.

## COVID 19 VACCINE




At first only people who were old, sick or had some illnesses had the vaccine.




Now younger people can have it

What do you think?



We want to ask you some questions



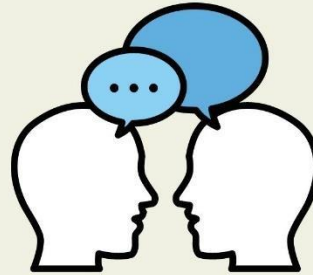


# WE WILL ASK YOU QUESTIONS ABOUT THE VACCINE & HOW YOU FEEL

Would you like the vaccine?  
Why do you think this?

What have you heard about the vaccine?

Who could make you change your mind?



Click on the survey  
<http://bit.ly/Healthwatchvaccine>

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# THE QUESTIONS ALSO ASK ABOUT VENUE & LOCATIONS

How far should people travel to have their vaccine?



Do you think people should be able to get it at places they know



Where should the vaccinations take place, somewhere you know or a medical place?

What time of day should people be able to get it, morning, afternoon, evenings?

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Click on the survey  
<http://bit.ly/Healthwatchvaccine>

