



COVID-19 & COMMUNITY LIFE

SNAPSHOT 4

**LET THE ROLL OUT BEGIN:
VACCINE HESITANCY, DILEMMAS, &
DIVISION**

**FOR STRONGER COMMUNITIES
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This project was funded by a Wellcome Trust public engagement grant

COVID-19 & COMMUNITY LIFE

Covid-19 & Community Life is a study run by The Young Foundation and generously funded by a Wellcome Trust public engagement grant. The project is exploring how Covid-19 is changing our relationships, interactions and experience of community in real-time. Using both a digital platform, whereby around 140 participants share their stories and experiences online, supplemented with phone interviews with 30 people who do not have access to, or feel comfortable using, digital devices. We are focusing on three key themes:

- How the Covid-19 pandemic is affecting interactions between individuals in society;
- How the role of the digital realm plays a role in community response; and
- How individuals and communities relate to science and research.

A more detailed summary of the methodology is at the end of this report.

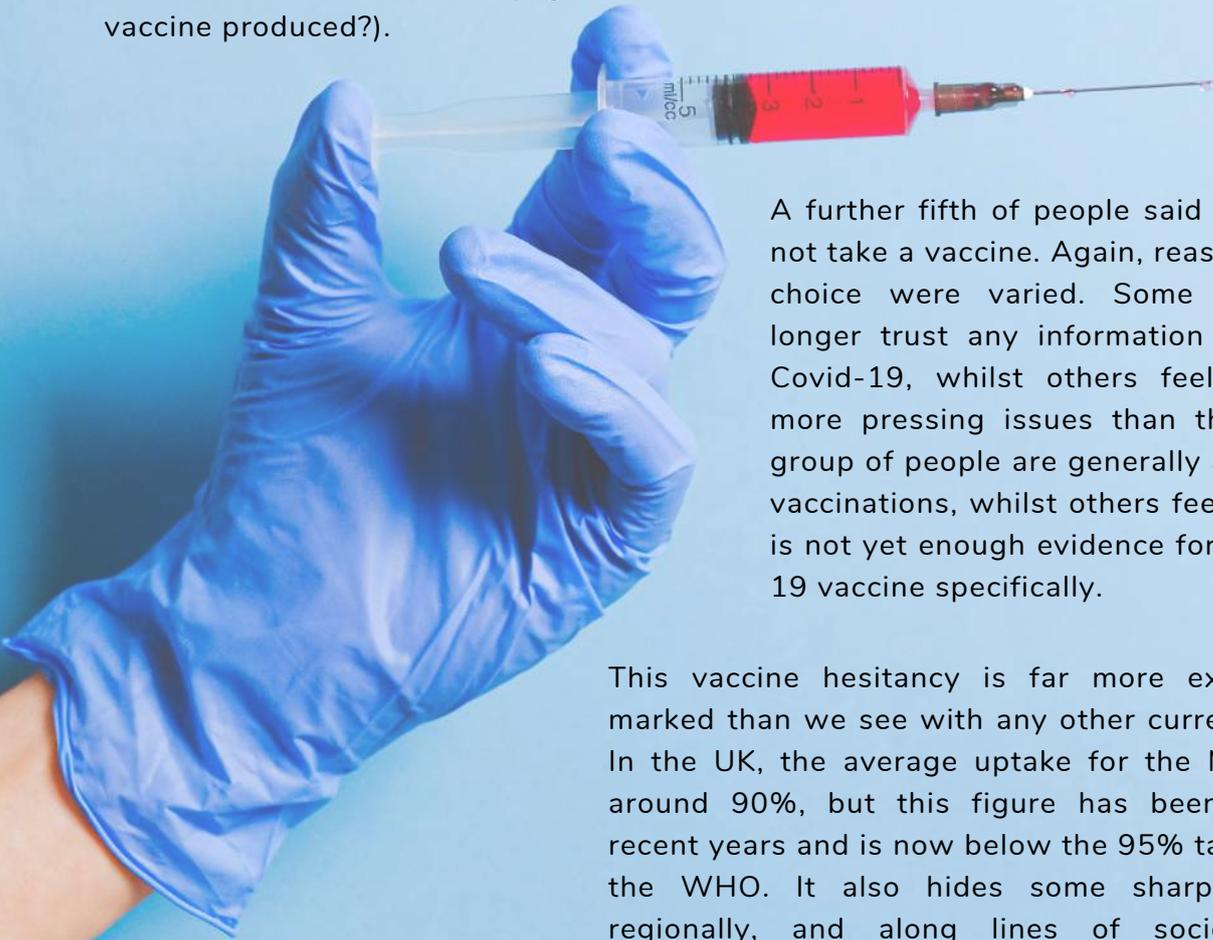
This snapshot report is based on the findings of 123 online participants. It represents an interim, top-line analysis. A more detailed report will be published later in the project.



LET THE ROLL OUT BEGIN: VACCINE HESITANCY, DILEMMAS & DIVISION

If a Covid-19 vaccine became available, would you take it? In recent weeks, the news has been scattered with announcements about vaccine developments- with three potentially effective vaccines making headlines. Just days before the first 'milestone' was announced, with results from the Pfizer/BioNTech trials demonstrating 90% effectiveness, we asked our digital 'diary-keepers' for their views about a Covid-19 vaccine. Now, this vaccine has been approved for widespread use in the UK and vaccinations will begin imminently.

Yet more than a third of people (35%) said they were unsure about whether they would take a vaccine, and that they would need more information.[1] Underlying these uncertainties were feelings of a need for more research on immunity and the potential side effects in the long run, as well as concerns around personal health conditions or already having anti-bodies. Some also said they would base their final decision on the wider situation or context (e.g. What are current rates of infection? Where was the vaccine produced?).



A further fifth of people said they would not take a vaccine. Again, reasons for this choice were varied. Some people no longer trust any information relating to Covid-19, whilst others feel there are more pressing issues than the virus. A group of people are generally against any vaccinations, whilst others feel that there is not yet enough evidence for the Covid-19 vaccine specifically.

This vaccine hesitancy is far more extreme and marked than we see with any other current vaccine. In the UK, the average uptake for the MMR jab is around 90%, but this figure has been falling in recent years and is now below the 95% target set by the WHO. It also hides some sharp variations regionally, and along lines of socio-economic deprivation and ethnicity.

[1] While our sample size is small, our data surrounding this topic is similar to the University College London Covid-19 Social Study which has surveyed 70,000 individuals across the UK on the psychological and social impacts of the pandemic [<https://www.covidsocialstudy.org/>]

While a vaccine has been presented by many as the ‘silver bullet’ that could solve all our problems, only 45% of our panel expressed that they will definitely take it, with the main reasons for doing so broadly falling into three categories: wanting to protect themselves, wanting to protect others, and trusting science. A common narrative was around wanting to return to a certain sense of “normality” and seeing the vaccine as a route to get there.

So, what are the wider implications of vaccine hesitancy and these debates in the longer-term context of a recovery from the coronavirus pandemic? Could a vaccine create more problems than solutions for community life?

Our research highlights three key challenges to community cohesion, which could be further exacerbated by the divided views on the vaccination programme:

1. **Distrust:** A lack of trust in vaccines is symptomatic of a lack of trust that has built up throughout the pandemic.
2. **Division:** Divergent views about a vaccine could intensify fractures within our communities.
3. **Dilemmas around Distribution:** Questions about how to fairly distribute the vaccine once again pit the interests of different groups against each other.

IF A VACCINE BECAME AVAILABLE, WOULD YOU TAKE IT?

45%

RESPONDED
YES
I WOULD
TAKE A VACCINE

I WOULD TAKE A VACCINE BECAUSE:

It would benefit me...

- I am vulnerable
- I want to return to normality

It would benefit those around me...

- I work with vulnerable people
- It would protect vulnerable people in my community

I trust scientists and doctors...

- I trust the science behind the vaccine
- I trust in vaccines generally

I would probably take it not only to protect myself but also to help protect my family and friends and the whole of the community.

Female, 65-74, South West

As a 70 year old, I am more likely to die or get seriously ill from Covid 19 than [from] the side effects of an approved vaccine.

Female, 65-74, South East

The stages of having a new medication approved are so robust, especially if for human trials as these are - therefore I am not concerned about safety or side effects as this will have been very carefully studied and assessed.

Female, 35-44, North West

If the vaccine had been developed in the UK, I would be more likely to accept it than if it had been developed in Russia - or, perhaps even in the USA, given the political imperative that obtains there as long as Trump is the POTUS.

Male, 75+, Wales

35%

ARE
UNSURE
AND NEED
MORE INFORMATION

IT DEPENDS ON:

...additional research:

- How long does immunity last?
- What are the side effects?

...my situation:

- What are the implications for my health conditions?
- Do I need it if I already have antibodies?

...the wider context:

- Where was it produced?
- What are the Covid-19 rates like at the time?

I would definitely hesitate as a vaccine has never been produced so quickly [in] such a short space of time so there's side effects that could have been missed.

Male, 18-24, Yorkshire

I think I would be incredibly dubious about taking it. I'm very vulnerable in more ways than one. No one would know the side effects really well and I just think for something that would normally take years to make...I worried that it's been rushed ... I would need lots of reassurance, stats and results first.

Female, 25-34, Wales

20%

RESPONDED
NO
I WOULD NOT
TAKE A VACCINE

- There's not enough evidence
- I don't trust information about Covid-19 anymore
- I don't trust vaccines in general
- I believe natural immunity is better
- There are worse problems than Covid-19

I would be highly unlikely to take the vaccine due to a total lack of trust in what is happening now. There are too many things that don't make sense and I do not trust the information we've been given.

Female, 45-54, Yorkshire

I've read up on what they can put in vaccines and it's really quite horrific ... dear knows what they are putting in us or what way it will effect us in the future.

Female, 35-44, Northern Ireland

WHO CAN WE TRUST?

This has been one of the recurring themes shaping people’s response to Covid-19, and a lack of trust has been building throughout the pandemic. When asked about who they trust in terms of receiving information about Covid-19, it is clear that people aren’t sure where to turn. 72% distrust Prime Minister Boris Johnson and 28% were unsure of whether they even trusted their national public health authority. These trust issues are reflected in responses to whether participants would take a Covid-19 vaccine.



Figure 1. A heat map indicating which sources are the least trusted according to our participants (n=117). The top three least trusted sources were Prime Minister Boris Johnson with 72% distrusting of him, social media including Facebook, Instagram and Twitter with 70.2% distrusting these sources and Secretary of State for Health, Matt Hancock with 65.7% distrusting of him,

“I’m not sure. As a lot of decisions of late by government seem messy and they are in panic to get a vaccine. I would hope we have solid robust evidence which allows us to be confident to take vaccine”.
(Female, 35-54, Scotland)

“Not likely! I’d like to see Boris Johnson and the Cabinet (visibly) take it first. Then I’d like to see all the MPs across the country take it. After many months, if they’re still standing then I might consider it”. **(Male, 45-54, East of England)**

“I have reservations about the speed this is being pursued with and the amount of money riding on it which may lead to pharmaceutical companies and Governments being economical with the truth regarding the vaccine”.

(Male, 45-54, Northern Ireland)

This lack of trust in information about Covid-19 could make it difficult for sufficient proportions of the population to be vaccinated, with the vaccine hesitant waiting to see how things pan out. Clearly, the trust-gap must be incorporated into vaccination plans. Whilst some people implicitly trust that scientists and doctors will provide a safe and effective product, other people are more sceptical and expressed a desire for information that would help them come to their own decisions. This information needs to come from sources which are deemed to be trustworthy. Whether or not this includes the ‘credible celebrities’ the government is reportedly considering to front a public campaign remains to be seen.

Moreover, as vaccinations become an increasingly controversial concept, any complications, mishandling or misinformation related to a Covid-19 vaccination could further undermine confidence in long-established vaccination programmes and other public health initiatives.

“It MUST be organised by the NHS, not dinner party friends of the Prime Minister. The hospitals and GPs in each area should call people in, explaining face to face the risks and the benefits. I would far rather have a trusted doctor explaining things than a teenager on minimum wage at Serco doing a job they are incapable of performing so that Dido Harding can rake in more money because the Prime Minister fancies her!”

(Male, 55-64, South East)

“Unless I gets desperate, I will not be taking it as I don’t have any confidence whatsoever in the vaccine and the Covid development by the government or the scientists. I have heard stories which I do believe that these vaccines can have tremendous side-effects and to be honest these days you can’t trust anybody especially when it comes to these types of things”.

(Male, 45-54, North West)

"SHEEPLE?", "TIN HAT WEARERS?" OPENING NEW LINES OF DIVISION

As our previous analysis found, Covid-19 has provided fertile ground to keep the divisions in our communities alive.[2] With wide variations in opinions, it seems the Covid-19 vaccinations are reinforcing or creating a new line of division which would further cement the fractures that exist across society.

In a situation where few of us are scientists, experts in infectious disease or public health specialists, it is unsurprising that the debate is highly emotionally charged. Whilst some people are deeply fearful about the effects of a vaccine on their health, a large tranche of the population cannot empathise with these concerns as they are more scared about impacts of the virus itself. A desperation to return to a sense of normality is rooted in the significant impacts the pandemic has had on people's lifestyles, livelihoods and wellbeing.



I'm completely against anti-vaxxers who will probably all be out protesting in their tin foil hats. Idiots. **(Male, 35-44, Greater London)**

100% will take the vaccine. No hesitations. I've got family in Australia and I work in theatre and my husband's a hospital doctor. Between those three things I'd be desperate to get it. And I'm all for vaccines regardless, but especially when it's something as devastating as Covid. It's a no brainier for me. **(Female, 35-45, Scotland)**

The conspiracy theorists will have a field day as everyone shuffles through like sheep but people (including me) are so desperate to get back to normal that they'll sign up to anything. **(Female, 45-54, Scotland)**

I would not have the vaccine. I would fear having a severe or fatal reaction to it. It is something new, very new - it is not proven over the long term. I live alone and this vaccine scares me. **(Female, 65-74, Yorkshire)**

An awareness of these opposing mindsets means that some people are becoming concerned that their ability to return to normality will be threatened by people refusing to take a vaccine. This will only feed the blame culture which has developed throughout the pandemic. As we approached the 'second wave', our analysis found people were pointing fingers at the "selfishness" of others.[3] With some viewing vaccination as a "public duty", it seems those that choose not to take it up could be branded with the same blame.

Yes, I would take the vaccine. I see it as my public duty to do what I can to protect myself and other people. Yes, I might react badly to it, but ... I'm prepared to put up with the small risk and slight discomfort to protect me and others. **(Female, 45-54, Scotland)**

It wouldn't be safe to go back to life as usual straight away because it will take time for the majority of people to get a vaccine. There'll also, of course, be a lot of people who are against vaccines and they'll put vulnerable people at risk. **(Female, 18-24, Scotland)**

However, in the midst of this obsession with 'normality', there is the reality that these divisions preceded the pandemic and are likely to persist beyond it.

I feel the psychological effects of Covid won't go away overnight. I'm not convinced that life will ever quite go back to normal as so many people will have lost jobs, homes etc and it will take a very long time to build things back up. The effects of Brexit will only, in my view, exacerbate this. **(Female, 65-74, South West)**

AN ORDERLY QUEUE?

Throughout the pandemic, we have been faced with a series of dilemmas about what is fair. Is it fair that some places remain locked down whilst others are opening-up? Is it fair that some individuals have had to continue to go to work and potentially be exposed to the virus, while others have stayed at home? Now, the distribution of a potential vaccine initiates further debates around fairness - a very British problem of who should go to the front of the queue.

“Waiting until there are enough doses for all would seem fair, but doesn't make sense when it might be saving lives during the time when everyone is waiting. So, as always, it will be another delicate, difficult balance between the ethical and the practical. **(Male, 65-74, South East)**”

The current approach proposed by the Joint Committee on Vaccination and Immunisation (JCVI) prioritises care home residents and staff, then health and social care workers and all those in age groups over 65, before high-risk groups under the age of 65.[4] Whilst 80% of our participants agree that some prioritisation is required, the majority of these (88%) would prefer to prioritise those who are vulnerable because of a pre-existing health condition, regardless of age. 58% would also prioritise the elderly, regardless of health status, and 52% would prioritise health and social care workers.

These responses are rooted in two main schools of thought - targeting those who are most vulnerable and targeting those with most exposure. Again, these are implicated in moral dilemmas around fairness. Some argue that, as well as being at the highest risk, the vulnerable should be prioritised to make up for having to shield for so long. Meanwhile, targeting those with high exposure could be more effective at limiting the infection rate, and people also feel that Key Workers should be compensated for the vital services they have offered through this crisis.

“There are so, so many different groups that could be targeted – BAME; elderly (but what age IS “elderly”?); those at the highest risk because of medical conditions and had to shield themselves..... A regional approach may also be a way forward – but would vaccinations also need to be prioritised for highest risk groups? **(Female, 55-64, East Midlands)**”



Inevitably, some groups will have to wait. Under the current proposals, high-risk individuals in younger age groups could face extended periods of shielding. If the vaccine becomes privately available, wealthier groups may also be able to 'jump the queue'. The desperation to return to normality could exacerbate feelings of impatience. With the interests of different groups pitted against each other, this could create further divisions.

“In terms of regions, I sincerely hope the north are prioritised over the south, but I'm not holding my breath on that. Apart from the obvious North/South divide, life expectancy in the north is less than in the south. Health and wealth go hand in hand, so surely the north should get the head start. **(Female, 55-64, North West)**”

“It would make logical sense to offer the vaccine to BAME people first, as they are a group which has been particularly badly affected by the virus. However, I can't see any way of doing this without causing accusations of reverse-racism/political correctness etc., which could potentially lead to a rise in resentment and hate crimes towards this group. **(Female, 25-34, Yorkshire)**”

“What I would hate, would be for the vaccine to be available privately, and beyond the means of anyone who wasn't rich, or willing to go into debt. Somehow, that's unrealistic with Boris and co at the helm. **(Female, 55-64, North West)**”

Moreover, there are questions about the implications for those who choose not to take a vaccine. Whilst some people are imagining a two-tier society, with different levels of freedom for those who have taken the vaccine and those that have not, they recognise that this would have negative implications for the unity and equality of the country. There are also fears that imposing these types of restrictions would put pressure on people to take up the vaccine, meaning ethical rights to a freedom of choice and medical consent are threatened.

“I suspect that the idea might be floated that vaccinated people could have some kind of 'covid-free pass' giving them unrestricted access to things like pubs, clubs, workplaces, not wearing a mask. Although it makes sense logically, I'm not sure this would be a good idea as it could lead to deep resentment, division and a feeling of some people being second-class citizens. **(Female, 25-34, Yorkshire)**”

“We may be forced to take it- i.e. you cannot go to work or send your kids to school unless you take it. I can see this happening and foresee a lot of people being afraid. **(Female, 45-54, Northern Ireland)**”

“Freedom of choice and the ownership of my own body are vital to me. That's the basis of informed choice. **(Female, 55-64, South East)**”

80% OF PARTICIPANTS SAID THAT DISTRIBUTION OF THE VACCINE REQUIRES PRIORITISATION

WHO SHOULD RECEIVE IT FIRST?

THOSE WITH PRE-EXISTING HEALTH CONDITIONS

88%

THE ELDERLY

58%

HEALTH & SOCIAL CARE WORKERS

52%

KEY WORKERS INCLUDING TEACHERS, RETAIL AND TRANSPORT WORKERS

29%

PLACES WITH GREATER NEED

19%

HIGH TRANSMISSION GROUPS E.G. STUDENTS

13%

HIGH RISK GROUPS E.G. BAME

11%

OF THE REMAINING 20% OF PARTICIPANTS

14% WERE UNABLE TO DECIDE

THINK THE VACCINE SHOULD BE DISTRIBUTED EQUALLY

7%

FACING THE CHALLENGE: HOW DO WE MOVE FORWARD?

HELPING PEOPLE MAKE BETTER DECISIONS

While there are people who have conclusively made up their minds about whether or not they would take the vaccine, there remain a significant number of individuals who have expressed a desire for additional information in order to make a better-informed decision. Despite lots of discussion about vaccines in recent weeks, the answers to many questions remain largely unknown:

- What is the vaccine's effectiveness in preventing transmission?
- What are the potential side effects and long-term implications?
- How long will immunity last?

Although vaccines are one of our most effective health interventions, they are often misunderstood. Information available about vaccines can sometimes be confusing, contradictory, and incomplete, and therefore ineffective in giving the public the knowledge they need to make informed decisions. What has been presented to the public regarding the development of a vaccine since the start of the pandemic has been constantly evolving, and this has not only raised a significant number of questions, as described above, but highlights the need for clear and consistent information.

Therefore, **the problem is not a deficit of information- but too much conflicting information.** A significant number of the participants of this study report that they receive their news from Facebook (51% of participants) and internet search engines (43%). While it is difficult to influence the individual search process, **what can, and should, be influenced is how easily people can find high quality, reputable, public health information.**

FACING THE CHALLENGE: HOW DO WE MOVE FORWARD?

FOCUS ON UNITING, NOT DIVIDING

As we have seen, there is much variation in people's reasons behind whether they would take a Covid-19 vaccine. This is reflective of the wider trend of communities becoming fragmented in terms of opinion in recent years. As such, a blanket solution runs the risk of alienating certain groups further. The rise in vaccine hesitancy is in no small part due to the fact that many people feel their concerns are not being listened to, and that they are not being provided with the answers they need. Of course, it is essential to continue to challenge damaging and extreme views at the fringes - especially when these call for behaviours that actively put people's lives at risk - but a focus on finding common ground is imperative in order to heal divisions within communities.

Policymakers must account for the fact that they need to respond to a diversity of views – focusing on finding ways to bring us together rather than perpetuating the blame culture.

Blaming and restricting people who do not want to take the vaccine will only act to isolate these groups – potentially pushing them towards more extreme opinions. As such, working towards a recovery that is inclusive means administering vaccinations on an opt-in basis, with no repercussions for those who choose not to take the vaccine.

Although as many as 80% of people agree that the distribution of vaccine requires prioritisation, once again, transparency around decision-making will be key. **Without clear communication on the decisions behind prioritisation methods, there is a risk of further eroding people's trust, as has been the case following opaque and unclear decisions in past months.**

Overall, a vaccine marks the beginning of a recovery from this crisis. Whilst distrust and divisions predate the pandemic, we should set out as we mean to go on: rather than allowing the vaccine to intensify these problems, a focus on healing could mark the start of an inclusive recovery which works towards creating a fairer society.



APPENDIX

HOW WE ARE CONDUCTING THIS RESEARCH

Using both a digital platform and telephone interviews, this study hears from voices around the UK to better understand how interactions and relationships have influenced the role of communities during the Covid-19 pandemic.

Around 140 nationally representative participants from around the UK participate in weekly online tasks and discussion boards set by The Young Foundation on an online digital platform called Recollective. The participants are tasked with completing specific activities including polls, photo and video responses, digital diaries and other creative activities, to help us gather insights on different issues as the situation continues to evolve. The tool and method used enables a highly interactive yet un-intrusive approach to working in a participatory way. It also enables a flexible and interactive method in what is a fast-evolving context which can respond to new changes and challenges.

In order to capture the voices of those individuals who are digitally excluded, we are working with 15 trained peer researchers who are part of The Young Foundation's Peer Research Network. These peer researchers are individuals who are deeply connected within their own communities and as part of this project are conducting bi-weekly telephone calls with around 30 individuals from around the UK who either do not have access to, or feel comfortable using, digital devices.

This combined approach ensures that we are hearing from a range of voices and viewpoints, allowing us to create a nationally representative picture of what is happening around the UK as the Covid-19 pandemic continues to unfold.

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