



Vaccine uptake amongst people with personal experience of multiple disadvantage in Birmingham: research findings

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About BVSC Research

BVSC supports the voluntary, community, faith and social enterprise (VCFSE) sector of Birmingham to help build a more inclusive and dynamic city. BVSC Research is a directorate within BVSC core service provision offering research to inform and support the VCFSE sector and its public sector partners in response to identified needs; evaluation of service and delivery models that support innovation and development across sectors to ensure that service provision is evidence-based; and analysis, learning and shared intelligence and information around policy developments in the city.

About Revolving Doors

Revolving Doors Agency is a national charity that aims to change systems and improve services for people 'in the revolving door' – people who come into repeat contact with the criminal justice system due to multiple unmet needs such as mental ill-health, substance misuse, homelessness, poverty and other traumatic life events.

They work to create a smarter criminal justice system that makes the revolving door avoidable and escapable. They do this by working alongside national and local decision-makers. Revolving Doors combine lived experience insight, robust research and system knowledge to drive effective policy solutions.

About Institute for Community Research and Development (ICRD), University of Wolverhampton

The Institute for Community Research and Development works with partner organisations to undertake community-based research and co-productive work that improves the life chance of individuals. ICRD uses interdisciplinary expertise to affect positive change in communities, increase knowledge, and shape local and national policy. Through our research and evaluation work we are able to make a difference by understanding if and how projects are successful, and by ensuring that we identify any barriers to success and make evidence-based recommendations to improve projects.

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1. Background

This report presents findings from a piece of research about vaccine uptake amongst people with experience of multiple disadvantage in Birmingham.

What we did

The research began with two focus groups with staff working at organisations in contact with people with personal experience of multiple disadvantage. These were co-facilitated with members of the peer research team. The aim of the focus groups was to find out more about views and experiences of the vaccine amongst individuals these staff were supporting, and to identify any existing practice focusing on increasing awareness and information about the Covid-19 vaccine in Birmingham.

We then conducted one-to-one interviews with 27 people about their views of the Covid-19 vaccine. We spoke to a mixture of people to better understand the main reasons why people do, or do not, take up the vaccine, and whether this varies amongst different groups or in different areas. We also explored what messages or practical support might help people with lived experience of disadvantage to make informed decisions about the vaccine.

We identified people to speak to through our contacts at local organisations who were supporting people with current or previous experience of needs including substance use, homelessness, mental ill health and contact with the criminal justice system. We created information materials and had conversations to raise awareness of the research amongst frontline staff who then shared these details with potential participants. Those who were interested gave permission for their contact details to be shared with us, so we could get in touch to arrange a time to speak. The Big Issue also gave details of the research to their vendors who they knew had experienced multiple disadvantage, and seven agreed to be interviewed in cafes close to their selling pitches.

The characteristics of the people we spoke to are outlined in the tables below. Some people we interviewed did not disclose their ethnicity or age.

Table 1: Gender of research participants

Gender		
Male	Female	Non-binary
15	7	1

Table 2: Ethnicity of research participants

Ethnicity				
White (British, English, Irish)	Black (British, Caribbean, African)	Romanian	Asian	Unknown
9	6	1	1	6

Table 3: Age of research participants

Age				
18-25	26-35	36-49	50+	Unknown
3	1	4	9	6

Alongside this primary research, the ICRD conducted a rapid evidence review to explore existing literature and research on vaccine hesitancy more generally, Covid-19 vaccine hesitancy amongst socially excluded groups and good practice in addressing this.

Overall, the research aimed to:

- Explore whether there is a problem with the uptake of the vaccine amongst people with lived experience of a combination of homelessness, substance use, contact with the criminal justice system, mental ill health and domestic violence.
- Understand how widespread this problem is, and the reasons behind it.
- Think about possible ways in which people with such lived experience can be supported to make informed decisions about the vaccine.

Why we did it

The research came about as a result of Birmingham Changing Futures Together (BCFT) and Revolving Doors Agency hearing anecdotally that many individuals who have previous or current experience of multiple disadvantage were not planning to get the vaccine.

Therefore, we believed that the research was important because we wanted to understand the scope and scale of the problem and the reasons behind low take up of the vaccination. If this group is resistant to the vaccination campaign this could put an already vulnerable group at further risk of harm from Covid-19, exacerbating existing inequalities. Lastly, as a group of people who typically come into contact with public services on a regular basis (e.g., A&E, police, probation, social services), low vaccination rates in this cohort place frontline key workers at greater risk.

2. What the wider literature tells us

The below chapter provides a summary of the rapid evidence review conducted as part of the research.

Vaccine hesitancy in general: the bigger picture

There is scientific consensus that vaccines are a safe and cost-effective means of preventing death and disease. For instance, the WHO believes that vaccines prevent 2-3 million deaths each year (WHO, 2019). In 2019 the WHO identified vaccine hesitancy as one of the top ten threats to global health. If vaccine coverage for a particular disease drops, this compromises herd immunity and can lead to previously eradicated diseases returning. It is currently thought that herd immunity to Covid-19 will only be achieved when around 60% of the population is immune (whether through naturally acquired immunity or a vaccination) - although this is not yet known for certain. Other estimates suggest as high as 80% (no author, 2020; Murdan et al., 2021).

Vaccine hesitancy is defined as the reluctance or refusal to vaccinate despite the availability of a vaccine, based on the belief that a vaccine may be unnecessary, ineffective or unsafe (see Murdan et al., 2021; Freeman, 2020). The concept of 'hesitancy' recognises that beliefs and choices sit on a continuum - for instance individuals may accept one vaccine and not another or advocate it (or not) for their children but not them - and moves away from thinking of individuals or as either anti- or pro-vaccine.

Vaccine hesitancy is a complex phenomenon because the underlying reasons for it are multiple and vary over time and space. A common way to understand vaccine hesitancy internationally is the 5Cs model, reflecting key factors of:

- Confidence - lack of trust in the safety and effectiveness of vaccines and the wider health system.
- Complacency - reflecting a perception that the disease in question is low risk to the individual.
- Convenience - the degree to which uptake is influenced by availability and accessibility.
- Calculation - the engagement of individuals in information searching.
- Collective responsibility - willingness to protect others. (Murdan et al., 2021).

Models like this are an attempt to set out in broad terms the drivers of vaccine hesitancy, but in reality, these factors overlap and interact. Additionally, the factors determining hesitancy are complex and vary considerably between countries. Underlying these broad factors are more specific reasons given for hesitancy that can include concerns about safety, mistrust of medical professionals or 'government' more generally, and the influence of peer groups (Murdan et al., 2021).

There is some evidence that vaccine scepticism is becoming more of a problem, perhaps reflecting long-run trends including the decline of trust in institutions, in scientific evidence and medicine, and because of the influence of social media and the rapidity of global

communications. Perhaps more worryingly, very recent years have seen greater awareness of the role of internet cultures and social media platforms in facilitating more 'extreme' forms of scepticism including vaccine denial, conspiracy theories, 'fake news' and misinformation which may be driving more toxic attitudes to vaccines amongst other health issues (Jennings et al., 2021).

How vaccine scepticism varies within the population

We know a fair amount about the extent of vaccine hesitancy in the UK. UCL's panel study in 2020 showed that 22% said they were unlikely to receive the vaccine, and 30% have substantial beliefs that vaccines may cause future problems, and 15% believing vaccines do not work (Fan-court et al., 2020). Scepticism was higher in women, people with lower levels of education and income, and among ethnic minority groups (Paul et al., 2021).

A similar study by the Oxford Coronavirus Explanations, Attitudes, and Narratives Survey (OCEANS), looks at the degree of scepticism, whether hesitancy is more pronounced in some sections of the population, and why. 16% of the population are very unsure about receiving a Covid-19 vaccine, and another 12% are likely to delay or avoid getting the vaccine. The Oxford study also reported that vaccine hesitancy was evident across the population. Hesitancy was slightly higher in young people, women, those on lower income and Black people, but "the size of the associations was very small" (Freeman, 2020).

Other evidence suggests that vaccine hesitancy is higher amongst ethnic minority groups, especially Black or Black British groups, followed by Pakistani/Bangladeshi (SAGE, 2020). According to Murdan et al. (2021):

"Barriers to vaccine uptake among minority ethnic groups include perception of risk; low confidence in vaccines; distrust/mistrust of public services, such as healthcare, owing to historical issues and contemporary perceptions of institutional racism; access barriers; inconvenience; socio-demographic context; language; religious and cultural factors and lack of endorsement from community leaders; lack of vaccine availability; or lack of communication from trusted providers and community leaders."

Covid-19 vaccine hesitancy in socially excluded groups

From our rapid evidence review, no published literature was identified that explored the extent of, or reasons for, vaccine hesitancy in people living with multiple disadvantage. Subsequently we expanded our search to include research that focussed on Covid-19 vaccine hesitancy/uptake in one of the following: homelessness, substance use or contact with the criminal justice system.

Extent of vaccine hesitancy

The main evidence for vaccine hesitancy has been collected via surveys and explores intention to accept a vaccination against Covid-19. Two more recent studies (Berk et al., 2021; Chin et al., 2021) report data on the actual uptake and refusal of the vaccine in incarcerated individuals in the USA.

International research studies have explored the extent to which people experiencing homelessness are hesitant towards the Covid-19 vaccine. Generally, a third to half of the individuals that completed the surveys or interviews were hesitant of being vaccinated against Covid-19. Three studies compared these figures to the general population, with two reporting similar levels of vaccine hesitancy (Lacoella et al., 2021; Longchamps et al., 2021) and one reporting higher levels of hesitancy than the general population (Kuhn et al., 2021).

Similar levels of vaccine hesitancy were reported in studies investigating hesitancy towards a Covid-19 vaccine by people with experience of substance use. (Mellis et al., 2021; Dietze et al., 2021).

For those currently in prison, extent of vaccine hesitancy ranged between 22% in England (Webster, 2021) and 31% to 55% in the USA (Berk et al., 2021; Stern et al., 2021). Tavoschi et al. (2021) are conducting an EU research project that aims to increase access and vaccine uptake among prison populations.

Reasons for vaccine hesitancy

The reasons for vaccine hesitancy are largely similar to those mentioned previously for the general population. Regardless of the disadvantage faced (i.e., homelessness, substance abuse, in contact with the criminal justice system), fear of side effects, limited knowledge and trust were highlighted as reasons for vaccine hesitancy.

Concern surrounding the safety of a vaccine against Covid-19 was a commonly cited reason for hesitancy. These included fear of the known and unknown side effects (Mellis et al., 2021; Webster et al., 2021; Iacello et al., 2021; Kuhn et al., 2021), worries that the development of the vaccine has been rushed (Dietz et al., 2021), the need for more testing to ensure it is safe (Mellis et al., 2021; Webster et al., 2021; Kuhn et al., Stern et al., 2021), wanting to see other people have it first (Stern et al., 2021) and a desire to see the trial data (Mellis et al., 2021; Webster et al., 2021).

Another significant barrier to accepting the vaccine relates to trust - mainly a lack of trust in government and official sources (Knight et al., 2021; Kuhn et al., 2021; Stern et al., 2021; Webster et al., 2021) and lack of trust in vaccine campaigns (Iacello et al., 2021; Webster et al., 2021). Furthermore, the mistrust is likely systemic and arises from past experiences of accessing health, justice or social services, not just related to vaccines (Kahn et al., 2021; Stern et al., 2021; Webster, 2021). For instance, individuals with substance misuse have reported being denied appropriate care in the past (Barocas, 2021); and people who are homeless have reported poor quality care and incomplete or premature discharges (Kushel et al., 2021).

Meanwhile, other individuals may be sceptical of the risk of Covid-19 to them, do not believe that Covid-19 is serious, and/or that the vaccine won't protect them (Mellis et al., 2021; Dietz et al., 2021; Kuhn et al., 2021; Stern et al., 2021). In addition to the aforementioned reasons, interactions with pre-existing conditions and fear of injections causing a relapse in recovery were reported by people with experience of substance misuse (Mellis et al., 2021). On the other hand, convenience, incentives, accelerated vaccination schedules (RCGP, 2021) and

wanting to engage in everyday activities again were cited as facilitators of vaccine uptake (Knight et al., 2021).

It is important to recognise that vaccine hesitancy is not necessarily fixed. Willingness to get vaccinated may not translate into acceptance, as our decisions may change over time (Lazarus et al., 2021). There is evidence in the general population that hesitancy increased as the pandemic progressed in 2020 (Robinson et al., 2021). On the other hand, Chin et al. (2021) found that 45% of prison residents who had initially declined, accepted vaccination when it was reoffered, although the reasons for this were not explored. It would be of interest to explore the current extent and reasons for vaccine hesitancy since the vaccine roll-out has been established.

3. Experiences of the pandemic

Before discussing the vaccine, we asked research participants about their experience of the pandemic and the lockdowns.

Experiences differed, but many found the social isolation resulting from restrictions on contact and mixing difficult, especially as they lived often alone.

"I did find it difficult...I was on my own, in an area I was not familiar with it did really get to me...and I was not able to travel to see my family."

"Horrible...being locked in my house, not being able to go nowhere hasn't been good for my mental health. I'm a social person I don't cope well in isolation."

Furthermore, one respondent was in hospital and could not have visitors because of the restrictions, which they found difficult.

"I couldn't have any visits or anything. It did, it made my stay in hospital a lot more difficult, because I felt like I had no support from family. While in the past I've had support...it's so important to have that support, so difficult without it."

We spoke to a few individuals who explained that the isolation and/or stress from the pandemic had exacerbated their problems with drinking and/or taking drugs, and in many cases, it was not until this reached crisis point and they ended up in hospital and/or being arrested that they got the help they needed.

"I had been clean from alcohol... but when the lockdown came, I just did what I used to do hibernate and drink....so I kept going to A & E with withdrawals and I didn't know where to turn."

"I'd had a drink problem for a number of years, it didn't get that bad until all this...it was the straw that broke the camel's back, I was depressed, I had nothing else to do...I had to have a few hospitalisations."

"The difficulties with my son's autism, the difficulties schools closing, the refuge rules, I had a breakdown and I drank a lot of alcohol which resulted in my two children being put into foster care...I was using alcohol...I was emotionally drained I was not sleeping well and I was reaching out to refuge staff, I did warn them that my health is the better of me...I was drinking every night and every day...I drank myself unconscious they had to call paramedics and social services"

Revolving Doors Lived experience members highlighted that because shops stayed open, it was easy for people to get alcohol, whilst it was more difficult for people to obtain drugs at first.

Some also discussed money issues and the worry that this caused, for example because the restrictions limited how they were able to earn an income. Food vouchers from Big Issue and foodbanks such as City Mission were referenced as being particularly helpful to address this.

"People were in shock at the thought of changes to their economic circumstances."

Some respondents had been able to access specialist support services and/or continue receiving support remotely by telephone and/or video call, which they were grateful for, but

several acknowledged the limitations with this and would have preferred to be able to speak to people in person.

"I mean Zoom has been a godsend..."

However, several people we spoke to raised issues with getting support from their GP and other NHS services.

"Services seemed to like, your GP for example, used Covid as 'oh we can't because of Covid'... well actually, I worked in the Health Service and in the out of hours, we had to see patients all the time... so why couldn't GP see me?"

"I'm supposed to be having physio, but I've not been having it so my hands getting much worse...I keep getting phone calls saying we can't get hold of them, we can't do much until after the lockdown. Now I've moved doctors I'm still waiting, it's frustrating."

Likewise, staff in the focus groups explained that they would signpost people to information online because it was too difficult to signpost to GPs for people to access further details about the vaccine at the moment.

There were also examples of individuals who had more positive experiences of the lockdowns and restrictions because this helped with their productivity, and they used the time to learn new things. For example, one person had started University, been able to find work and access the support needed.

"I don't really tend to go out a lot anyway - being restricted, it sort of forced me to make a decision about am I going to be productive or not - I managed to get myself into quite a good routine and learn quite a lot."

"I'm pretty much a home body anyway... it's been pretty much straightforward for me, but there has definitely been a lot of opportunity...I would say going to University, I didn't think I would manage to do it but then yeah it became a possibility and then the support of the University's been there and St Basils and there's just been a load of opportunities really. Even working as well, the University asked me to publish some of the work that I did...it's been very positive, well for me anyway."

Revolving Doors Lived Experience team members were surprised that we did not hear more about the impact of Covid-19 on relationships. For example, they asked whether there were examples of conflict arising from people in the same household having different views about the vaccine, but many people interviewed lived alone. and where there was disagreement between family members and/or friends about Covid-19, the lockdowns and/or the vaccine, this did not appear to have a significant impact on relationships overall.

4. Finding out about the vaccine

To be able to make an informed decision about whether to have the vaccine people need to be able to access information and data about Covid-19 and the vaccines that have been developed. They also need to be aware that the vaccine is available in many ways from many different sources. So, we also wanted to understand whether there were any individuals and/or organisations that people with personal experience of multiple disadvantage trusted to inform them about the Covid-19 vaccine. This was also important as the evidence review highlighted the role that distrust had in creating vaccine hesitancy.

Trusted sources of information

Several individuals said they would trust information they got from their local GP or other medical professionals. Reasons for this included that they had a relationship with their family doctor and/or because they were seen as the experts on this subject.

"Most people trust their GP to send them you know proper information..."

"I've always trusted my doctor"

Another respondent who had recently registered with their local GP explained that they would trust their GP if they had the opportunity to meet with them in person and get to know them – at present they had only spoken to them at phone a couple of times.

"I would [trust my GP] if I had been with them long enough. The only time I spoke to them was on the phone. At the moment I'd probably think "mm" because you don't know you're talking to, do you? When its face to face like, it's alright. "

Linked to this, someone explained that they did not have as good a relationship with their local GP as they had in the past because they rarely had the opportunity to speak to the same person about their health, so they did not feel like they were in contact with someone who understood their health needs.

"When I was a kid, you had a family doctor who knew all about you, knew your whole family - so they could predict what you were going to need...now you get a different doctor everyday...when it changed from a doctor to a GP the whole care changed...people care a lot less."

It is also worth highlighting that staff in the focus group felt that previous negative experiences of NHS services could be a reason why people do not have the vaccine.

Other trusted sources of information included what was published online by the NHS and Department for Health, family members, support workers, faith leaders and well-known local charities. A reason for this was because these were trusted organisations and/or individuals who had helped interviewees in the past.

"A proper organisation. CGL, Big Issue, Shelter who can produce ID."

"My uncle, he said to go ahead and do it and that there was nothing to worry about...he's one man I really trust so that's why I went ahead and got the vaccine done. To be honest because of how long I've known my uncle, and how in the past he has helped me out, I trusted him and maybe like him

working for the NHS he would have got the correct information and he wouldn't mislead me, so it made me think the consultant was right, it was good for me to take the vaccine."

Staff in the focus groups also discussed the role of peers because some people they supported were waiting for some of their friends to get the vaccine before having this themselves.

In contrast, when we asked about who individuals did not trust, social media was regularly mentioned, particularly amongst older people. Several people spoke about the different conspiracy theories that are being shared on these platforms.

"Rather than going to Twitter, Facebook, Tic Tok, all that kind of nonsense, because there's a lot of false stuff out there and people pushing it for their own agendas and that, and people get sucked into it, and if you are in that particular circle, or all your friends are, then it's kind of brainwashing isn't it, it's like they go with that."

"Social media sites should take some responsibility here...loads of people have lost their lives, families have lost loved ones...and people are spreading conspiracy theories."

However, it is worth highlighting that others wanted to obtain information through social media and found this to be a useful and accessible way to learn new things, so there was contrasting views about this.

"You can pretty much go on social apps, I use that a lot, and a lot of information comes up on Snapchat....so yeah, I would definitely say social platforms [for sharing information]."

Several people also spoke about their distrust of the national government, this sometimes was in relation to their handling of the pandemic, but more often this was more deep-rooted and longstanding. The staff focus groups also discussed the lack of trust in the government amongst those they work with for similar reasons. An additional concern raised was around the government accessing people's personal information, which put people off registering to have the vaccine.

"The vaccine is for the government, and the government lie. It is stupid and political..."

"Anyone who had anything to do with the government plain and simple...I know there were health professionals when they went on the TV, but you know the government are pulling the strings. I believe they only told you what they wanted you to know"

"The government to a certain extent...they're going to play a lot of things down to work in their favour...the things that they've done wrong...when they've turn round and told us you're not allowed to do this....you're not allowed to travel - no wonder they don't get the public support when they're contradicting themselves all the time."

A few people mentioned particular professionals that they did not trust such as the police and probation officers, but others explained that it did not matter where the information came from – they were open to listening or reading about different perspectives and then they would make up their own mind.

What people want to know

We also sought to understand whether there was any particular information those we interviewed either personally wanted to know about the vaccine, or which they thought others might want to know to be able to make a decision about having this. The main things identified were:

1. What is in the vaccine.

Many people spoke about the importance of understanding what the vaccine contained. For some this was about the ingredients in this, and for others this was to help them understand whether it contained a live virus or not – as this is what they were concerned about.

"What's actually in the vaccine - a full list of ingredients, I'd say that's the main thing."

"What it actually does, what it contains..."

2. What are the side effects (both in the short and long term).

Linked to concerns about the negative impact that this could have on people's health, several people also wanted to know more about the effect that this could have both after having the injection and in the long-term.

"That [information] would be a lot better...I'd want to know what it actually does long-term."

"What it does to your body."

3. The benefits and risks of the vaccine.

Respondents also explained that it was important for people to be able to weigh up the pros and cons of having the vaccine to be able to make an informed decision.

"You need to know the facts, the pros and the cons in order to make a decision you need the information."

"I think it should highlight what it means not to get vaccinated as well as being vaccinated and then someone can then make a well-informed decision."

4. Whether the vaccine will protect people against the new variants emerging.

Some also raised concerns about the new variants that have emerged since the vaccine was developed and wondered whether the vaccine was able to protect people against these or not.

"Because it is changing so quickly, is the vaccine we've had going to be effective against different variants, that's the question which is always brought up in the news...one minute I heard you had to have booster then I heard you didn't...is it going to be like the flu jab where you have it every year? It's not something I was concerned about; I just want to know."

Underlying all the of the topics outlined above – some wanted to understand the difference between the different vaccines that were available, and how they worked.

"I think it's kind of confusing because there are so many different vaccines out there..... Pfizer, there's Astra Zeneca, I can't remember the other one, but there are loads of different ones and it's kind of getting a bit confusing now... so what is the difference.."

Format of information

Respondents had different preferences about how they preferred to receive information and learn new things. Some explained that they would like to have a 1-1 conversation – especially because this would give them a chance to ask the questions they had, rather than just be told things.

"If I'm honest I think Q and A's... I think they should be conversations like this ...where you can actually ask questions and actively listen..."

Others said they would like to watch a video or listen to audio recordings such as podcasts about this.

"If I had seen a video or a podcast or something on social media, to kind of reassure me like, it's not what you think, it's not like this, the bigger picture that might have helped, I don't know."

Several suggested posters or leaflets. Reasons for this included that people who did not or rarely used the internet were more likely to see posters and leaflets.

"I think the leaflets and make sure that they are legit, because there's a lot of stuff that goes round. But the old people because they haven't got technology, and it's old school they'd want to read."

"You can get information anywhere - shops, pharmacies, advertising boards. A poster would be better than the internet as you can see it everywhere - I walk around a lot."

We spoke to someone who had a visual impairment who explained that they cannot read the small text on leaflets about the vaccine. They highlighted the need for information to be in large-print or audio to make it more accessible.

"I can't read the leaflets that they give you because of my visual impairment, I don't know what's on there...I'd have the information in large print or audio."

A few respondents also suggested that the language used in information about the Covid-19 vaccine should be changed to make it less direct, for example by letting people know they are eligible for a vaccine and where they can find out more – rather than telling them they should have it.

"They should be texting saying that they are available for information about the vaccine, not demanding that people come and have it that's where people are turned off."

"Obviously don't force it down."

Linked to this, several people we spoke to raised concerns about the forceful nature in which they had been told to have the vaccine.

"You try and force me; I'm going to back off. If this is that good for me, why should you have to force me?"

"I was literally hounded and harassed about it and it's been literally rammed down my throat [in] my previous accommodation..."

Experiences of local organisations

Local organisations saw their role as enhancing the support and information about the vaccine already available to people in Birmingham. They wanted to have a balanced view and present the facts about the vaccine, such as daily rates/hospitalisations, whilst also showing compassion and accepting that people have legitimate fears about this. Some would ask clients if they had taken the vaccine or if they were going to as part of their support sessions. It was highlighted that it was important to build up trust and relationships before starting conversations about the vaccine, and one organisation waited for people to get their NHS letter/text to begin conversations about this.

Furthermore, many staff highlighted that they are not trained to give medical advice. Therefore, they will signpost clients to outreach nurses who are qualified to give that advice. They will also help clients to access information about the vaccine online, and to book their appointment if they choose to have the vaccine. One organisation shared staff case studies with clients about staff's experiences of taking the vaccine.

Some organisations struggled to keep track of who has/has not been vaccinated, which made it harder to target any specific activity or direct information at certain individuals. They wanted to see greater partnership with the NHS to help them know who to have conversations with. An accommodation provider asked the question when people moved in, as part of wider assessments to log of who has had the vaccine.

Examples of good practice in the UK

Resources such as videos, short guides and case studies across the UK highlight examples of good practice in rolling out the vaccine to vulnerable groups. The reports largely refer to barriers and enablers of vaccine uptake rather than addressing reasons for vaccine hesitancy directly and are predominantly focussed on people who are homeless.

Good practice includes services and councils being proactive in reaching the homeless population to increase uptake of the Covid-19 vaccine (i.e., Groundswell; Local Government Association, 2021; Homeless Link, 2021; Healthy London Partnership, 2021). This includes sharing accurate information about the vaccine and offering vaccinations in a convenient location to where they are.

Furthermore, working in partnership to provide a coordinated response to the vaccine roll-out is also effective (North West London Homeless Health Partnership, 2021; Doctors of the World, 2021, RCGP, 2021). A case study from Leeds and Bradford explained how Primary Care Networks, CCG's, local housing providers and VCSE organisations worked together to operationalise sourcing and delivery of vaccines to those clinically judged most at risk of Covid-19 (Doctors of the World, 2021).

A key facilitator of vaccine uptake is reported to be reassurance from peers and utilising the trust and relationships already built up with third sector organisations (Downs, 2021; RR3,

2021; RCGP, 2021; Deep End GP group, 2021; Homeless Link, 2021). For this to maximise its benefit there needs to be trust between the voluntary and statutory organisations to ensure accurate information is passed on timely and that the voluntary organisations are trusted to use that information in the way they see best fits the individuals they work with (RR3, 2021).

5. What respondents thought about the vaccine

Out of the 27 people we spoke to, 14 had chosen to have the vaccine (52%) and 13 had chosen not to have the vaccine (48%). The percentage of people in our small sample who had chosen to have the vaccine is lower than the most recent percentage of people over 18 who had received their first dose in Birmingham, which as of 16th August 2021, was 64.7%.¹

The section gives more detail into the different reasons behind people's decisions about the vaccine. Revolving Doors Lived Experience Team members asked whether we observed differences in opinion across different genders, but no noticeable patterns were identified.

Reasons why people chose to have the vaccine

Some people were worried about catching Covid-19 and the impact this could have. Some of these individuals were aware that they were clinically vulnerable because of their existing health conditions and lifestyles. Staff in the focus groups also explained that a reason that people they work with have had the vaccine was because of concerns about their wellbeing.

"I just thought protect myself because I thought if I get it with COPD it's not fair on my kids...it's [the vaccine] the only way forward."

"Aren't you far better off to keep yourself safe and other people...I'd rather keep myself safe rather than end up on ventilator."

Similarly, people who had the vaccine were concerned about their family members catching Covid-19 and so decided to have the vaccine to protect them.

"At some stage I'd go and visit them [family]...my dad had heart surgery, both my sisters have underlying health problems, so does my brother so for me it was a no brainer because if I want to be in touch with them and see them again the best thing was for me to get the vaccine...I wasn't going to put my father's life at risk."

"I think about my health, 50 plus, I've been smoking most of my life, my chest is never, if I was to catch it or my 86-year-old mother. I've had a brother that died of COPD, it was pneumonia they said when he died, but that was in June last year, so if he caught it you know, I've got an aunty that's 89, my inner circle I'm worried about, so reluctantly I go with it..."

Others knew people who had caught Covid-19 and been very ill as a result, which influenced their decisions.

"I have known people who've lost their lives to Covid, and I've known people who have had Covid and survived thankfully that have now got long Covid ...and even recently it's picking up again. A couple of people I know, I don't see them often, but they've been in hospital... I've known quite a few people that have had it... to know people quite close having this..."

"I felt unsafe not having them, and even better now I have had both... I was really scared when some family had covid and was glad I'd had the vaccine."

¹Birmingham City Council Public Health Division (2021), *Coronavirus Data Briefing 16-08-2021*

One person had recently had Covid-19 and was in intensive care. They explained that they would have had reservations about the vaccine if they had not been directly impacted by the virus.

"Had I not had Covid, I would have had reservations. I mean having had Covid, I was like 'yes, the minute I get an appointment I'm there. Yeah, it scared the life... it was the worst experience I've ever had in my life."

A Revolving Doors Lived Experience Team member asked whether social responsibility was given as a reason, as this had regularly come up in discussions they have had about the vaccine, but only two people interviewed spoke about having a duty to protect wider society. As described above, reasons given were more personal.

Other reasons given for having the vaccine were because people wanted to be able to do things, such as go to pubs and go abroad, and thought that not being vaccinated could prevent this. Likewise in the focus groups with staff, a reason for people they supported getting vaccinated was a desire for a return to 'normality'.

"Because heard that pubs might not let you in if you haven't had it, so I got it before lockdown was eased, otherwise I might not have been allowed in..."

"And to be honest I had the vaccine as well because I wanted to go away, abroad."

Lastly, one individual felt that they did not have much choice in being vaccinated because they thought this would impact whether they would be discharged from hospital, where they were staying because of their mental health.

"To be totally honest with you, I thought that if I didn't have the vaccine, I would have been discharged...so sort of get the vaccine, you've got more of a chance of getting discharged from the hospital, that's how I felt."

Reasons why people chose not to have the vaccine

The reasons why people did not want to have the Covid-19 vaccine were similar to what the existing literature shows. Firstly, there were concerns around vaccine safety. One reason given for people choosing not to have the Covid-19 vaccine by staff in the focus groups and people we interviewed was that individuals were worried about what was in it and what effect it would have on them. Some discussed specific concerns around side effects such as impact on fertility.

"Some people have died from jabs - what's the point of giving someone an injection if it's gonna kill them?"

Linked to this, people were put off by the idea that the jab works by putting the virus into your body to strengthen your immune response to this.

"You think about it, if you've got to have a disease first to get rid of it, that means your immune system is getting weaker."

Reflecting wider evidence, there was also scepticism about the risk that Covid-19 posed. Another common reason given, was that individuals interviewed considered themselves to

be healthy and have strong immune systems, so they did not think that Covid-19 would impact them.

"I am a healthy adult male and, you know, with the little bit of research I've done myself, I don't believe that I need it..."

"For me personally, as long as I'm healthy, I'm making sure I'm eating good food, I'm making sure my immune system is strong I don't really need to take any vaccines."

A few people believed that because they had not caught Covid-19 to date, this was proof that it would not affect them and that they had good immune systems. Furthermore, staff explained that younger people were initially less interested in taking the vaccine because they felt safe and unaffected by Covid-19.

"What's in it for me' if they're not high risk. There are no incentives to have it, unless you have close relatives who are at risk."

"Younger people don't feel so affected by it. They think they'll recover quickly from Covid, it's not detrimental to them."

Some people compared Covid-19 to the flu and sometimes did not think it would be particularly dangerous if they caught the virus.

"We've lived with the flu for years and that's killed a load of people - this is just another thing, I reckon we'll get through."

One respondent explained that they had previously had bad side effects from the flu jab, and this put them off having the Covid-19 vaccine.

"Every time I had that [flu] jab I get a chest infection before winter and before summer - it happens every year...I haven't had the flu jab for 2-3 years and I haven't had a chest infection since... the [Covid-19] vaccine is the same sort of principle."

Staff also found that some people had chosen not to have the second dose because they got bad side effects after the first.

Lastly, a respondent who identified as Black African believed that other people from the same ethnic background doubted having the vaccine because of the media coverage about take up being lower amongst ethnic minority groups. This made them think that there was a reason for this, and that they would be impacted differently if they had it.

"I'm from an ethnic minority background, there was a lot on the news like people from my background not having the vaccine and things like that, so I sort of found that that did put off people from my background from taking the vaccine because if we are not taking it as much as other ethnicities, it gets the questions why is it we are not taking it? Is it, would it affect us differently than it would affect other people? Is that why it's been mentioned so much in the news?"

Wider concerns about the Covid-19 vaccine

It is worth noting that individuals who had chosen to have the vaccine expressed concerns about this as well.

Both individuals who had and those who had not had the vaccine discussed worries about how quickly it had been developed. Staff had found that some people they worked with were put off by the lack of long-term evidence.

"I was a bit cynical about the vaccines. I'll be honest, because I thought something that has been developed that fast – wow."

"I don't think it's been tested for long enough. I mean, I've done some research again, on vaccines and then it seems to come out relatively quickly and I don't trust it to be honest."

One respondent who explained that they would have been less cynical about the vaccines if the government had been more transparent about the different decisions they had made, and the reasons for this.

"People have got quite cynical about the Government, how they are managing things. I think the main issue is they are not explaining their rationale for the decisions they are making. You know, talking about people not wearing face coverings. Ok tell us why...because if you understand why, you are much more likely to comply or make an informed choice."

The issue of blood clots resulting from the jab was raised in both the focus groups and interviews, as this concerned some people, and put others off having this. Staff also found that some people they supported did not want a specific type of vaccine because of the concerns raised about this.

"Blood clots scared me but watching a news programme reassured me. So many people have had the vaccine so that [blood clots] can't be the case."

"I was quite relieved that I wasn't having AstraZeneca because of the nightmare stories you were hearing about blood clots..."

Whether anything would change people's minds

Many of those who had chosen not to have the vaccine explained that nothing would change their mind.

"I will never change my mind. I've seen too much news. People who've died have had other problems."

For example, one person said they would rather end their voluntary job rather than have the vaccine to be able to continue this.

"If they said I can't work for [organisation] if I hadn't had the job I wouldn't work for them...unless the army come and get me I'll have it done but until then no one can make me do it."

A few people who had not had the vaccine did explain that they were open to learning more about this.

"I'm open to it if it helps, but it's not proven that it actually helps it's too early to tell."

One person explained that they were more trusting of certain pharmaceutical companies, and so would be more open to having a specific vaccine if that was possible.

"There are some biomedical companies developing vaccines that I would trust. I would trust the Moderna vaccine."

Good practice in supporting someone to make an informed decision about having the Covid-19 vaccine

We also spoke to someone who initially did not want to have the vaccine because of their fear of needles and concerns about what was in the vaccine. However, after ringing a NHS telephone line because they wanted to get their NHS number, someone spoke to them about this and answered their questions, which led to them changing their mind.

"But it was a long time after my age group. I didn't want to do it at first. And then I decided I'm going to do it...They explained it to me. It convinced me to have it. Because she said if there's any concerns then I said I don't like needles, I don't know what it does, I'm an ex-user and I was scared to go, and she explained to me don't be scared because you don't have to have it but I'd like you to have it. She spoke to me as if I'd known her a while."

This person had chosen to get the vaccine after finding out that this could protect them from getting very ill if they caught Covid-19 and because the person they spoke to went through some of the ingredients and process of developing this.

"She told me some of the things that was in it...She said some of them are the new and they've been tested, and not a lot of people know about them...I was quite happy what she told me everything over the phone."

6. Other factors impacting uptake

There were also a range of factors that appeared to impact people's ability to find out about and have the vaccine if they wanted this. These are described in more detail below.

Digital access. Text messages were commonly used to let people know they were eligible to be vaccinated and to share details about how to book an appointments. However, for some people, their limited access to technology such as phones and/or a computer, or their struggles to use this was a barrier. For example, one person we interviewed who had learning difficulties went to their GP after not understanding the text they had received about the vaccine.

"I went to the GP because I didn't understand the text. I told them I had special needs and they talked me through what the vaccine was. Then they booked me to go and have it straight away. They were helpful - one staff member didn't listen, thought I was taking too long sorting it out."

Similarly, someone else whose support worker had arranged the appointment for them explained that they would have struggled to book this online as they only used their phone for calls and would not have known what to do if they got a text about it.

Staff in the focus groups also highlighted that some people they support, such as those who are rough sleeping, do not have access to information about Covid-19 and the vaccine from the media, government or NHS because they do not have a phone or consistent address and/or because they are not computer literate. This was felt to result in the pandemic and the issue of the vaccine to be 'out of sight and out of mind' for some in this group. It also made it harder to let people know about pop up drop-in vaccination sites, especially those at the weekend as less staff were around to promote these.

Location and ease of access. Both focus group attendees and people we interviewed acknowledged that the location of vaccine appointments and people's ability to get to these was an important factor in people's decision and ability to have this. Where people had chosen to have a vaccine and had positive experiences of their appointment, a reason for this was that it was nearby and easy to get to, and/or familiar. In contrast, some individuals had to travel quite far and had issues with parking, which they felt could be a barrier for some people.

"People have had to travel miles. I mean I could go to millennium point that's ok...but driving there now in Birmingham, it's changed so much you know it's hard and sometimes where you have to go, mine wasn't at my GP. I had to go to another GP which wasn't too bad, but again there was parking but there were hundreds of us trying to get parked..."

Staff who took part in the research also highlighted the importance of location, and how travelling to get a vaccine required motivation, and quite often finances.

"They've got to physically get there. They need time, desire, the want, money to journey there."

People we interviewed spoke about the need for services to make efforts to go to people to let them know about the vaccine and offer this to them if they want it. Outreach approaches were seen to be important for those with multiple needs.

"I suppose there is location, isn't it? It has to be accessible... it's always going to be the minority group that don't seem to access the services, so bring it to them."

"It's getting their attention. If it got attention more there'd be a lot more people having it. A lot of people aren't having it. Go around... Making it easier for them to get it. Being spoke to maybe paperwork, leaflets."

We asked about existing local practice in the staff focus groups. Initiatives that were credited with helping to address location and travel barriers included vaccine vans that brought this 'closer to people', having a range of walk-in centres across the city and having vaccine clinics in 'safe spaces' that are familiar to people. Being able to book appointments at times that suited people was also considered important.

Vaccine vans

Mobile vaccination vans have been operating in Birmingham and Solihull since March 2021. Some staff in the focus group felt these were working well and helped to make the vaccine more readily available to people in their local area. One example was that they arrived at churches and mosques after religious services.

Easy-read leaflets were provided to clients in advance, with frequently asked questions. Those with doubts were asked to come anyway, so they could talk to staff/volunteers about these. Other positive factors highlighted included that there no queues, there were lots of refreshments available and people were given a provisional date given for their second vaccine.

However, there was a desire for more vans to increase uptake. Some organisations had not seen the vans and there was a suggestion for health professionals to walk around with staff to tell people about the vaccine.

Wider support provided. As discussed, some individuals were told about the vaccine and supported to arrange and attend appointments by support workers, sometimes as part of group initiatives, which proved key in their ability to have the Covid-19 vaccine.

"I have a fear of people, the support worker came with me, it made it easier."

Other examples given of services supporting people to have the vaccine if they wanted it, included people in domestic violence refuge's being able to give the accommodation provider's head office as their address so they did not have to disclose where they were living, and people who were previously homeless being able to access their vaccine through their supported accommodation provider.

"A lot of people have been put into a sheltered accommodation, and I think that was part of them being put somewhere. Not being told you're going to have it. If you want it, we can do it for you."

A housing provider was also able to give clients travel cards to get to their appointments that they could use for the rest of the day, which helped overcome travel barriers. Another organisation introduced wellbeing checks overnight/during the day (by phone or in person)

so that people who were worried about side effects and live alone had confidence that additional support would be available to them.

An additional suggestion was for there to be further support available at vaccine centres for people with additional needs and/or people who were finding the experience stressful and overwhelming, which include from people with lived experience of multiple disadvantage.

"I don't know if they were volunteers, paid staff to have some people that can see somebody is getting a little bit anxious or got a few issues, and just to talk to them, you know like a buddy, like a lived experience kind of person, somebody that can recognise something..."

For example, someone who had a negative experience of their first appointment felt that it would have helped to have someone acknowledge that he was anxious and to talk to him about his concerns and calm him down.

"If somebody was there, that kind of could see me, they came over and just spoke, not street slang, just on a normal on a level...If somebody was there for me like that, or I knew there was somebody there, I would go over and say look man, I've asked the question, they are being a bit funny with me, you know if would be two way, people would recognise there's a situation rather than allow it to kind of get to a point where somebody walks out or gets more anxious they can nip it in the bud."

Current or previous experience of substance use. A respondent who previously had problems with drugs explained that they feared needles and worried about someone else putting a needle in their arm. Several of their peers had similar concerns.

"I do know a few people that were saying the same about not wanting to get needles and all that. And I can imagine it would put a lot of people off, if you're scared of needles, you're scared of needles. There's no messing about when they do that to you, it's boom – in. When you do it yourself, you're careful aren't you."

Furthermore, having a sore arm after having the vaccine was found to be triggering because of previous experiences.

"No, I was a bit worried when I got the achy arm because I've had abscesses. When my arm got sore, gave me flashbacks if you know what I mean. Of having sore arms."

Multiple needs and 'chaotic lifestyles'. Interviewees acknowledged that people with multiple needs, have other priorities before getting vaccinated, and that mental health issues meant that people do not have the headspace to find out more about this.

"Because they're addicts, they've got to feed their habit first and by the time they have done that they just don't do it."

"I didn't understand the services was there. When you are feeling very unwell you haven't got that capacity to look."

Staff in the focus groups explained that factors such as mental ill health and substance use affected individual's ability to engage with the vaccine. They had similar concerns around individuals with multiple needs accessing their medication more generally because of the effort required and/or their chaotic lifestyles. It was considered difficult to pin people down to a specific appointment and to get them to remember this.

"When the moment's passed, they have other priorities... It's the planning, the build-up, they've got to remember it - this is one of the main barriers."

Staff explained that getting vaccinated was 'not a major priority' for those with multiple needs, for example those rough sleeping would be more concerned about getting off the streets. It was highlighted that some people may be waiting for someone to specifically tell them to go and get vaccinated because they are not proactive, and they are used to services giving them advice about what to do and when. People with no fixed address, were less likely to be registered with a GP, so despite being more vulnerable because of underlying health conditions, such individuals were overlooked. Likewise, people being released from prison do not immediately have a GP so do not get prompted about the vaccine in the same way that many people are. Staff found that making sure people were easily contactable, for example by making sure GP surgeries had the most up to date contact information, helped to make sure people had access to the necessary information.

Revolving Doors Lived Experience Team members also questioned whether not owning a photo ID would impact people's ability to get vaccinated, as they were aware that this was an issue that has caused barriers for people with experience of multiple disadvantage, such as preventing individuals from opening a bank account.

Social isolation. Staff explained that some people are worried about leaving the house after long periods of isolation and many people were still receiving remote support, so did not have the 'normal lines of communication' open to them such as informal conversations with others receiving support and staff/volunteers. Furthermore, staff believed that many individuals have had to make decisions about whether to have the vaccine on their own, because their peer group would not have those open conversations with them about it – compounded with limited digital access – this makes it more difficult for people to access information about this.

7. Experiences of having the vaccine

Lastly, we wanted to understand how people found the experience of arranging and attending vaccine appointments to be able to identify any good practice or suggested improvements.

Most people interviewed who had chosen to have the vaccine had positive experiences of arranging and attending their appointment(s). Staff in the focus groups reported that most people they were working with who have had the vaccine were happy to have done so.

Respondents usually found out that they were eligible for a vaccine after receiving a text with a link that they could use to book their appointment. A couple of people chose to use the telephone option to book their vaccine because they preferred speaking to someone. In these instances, many had found the process of booking their appointment(s) straightforward and did not have any suggested improvements. Although, a few struggled to get through to their GP to book their appointment after finding out about this.

"So, I was trying to ring the people who had offered me, cos I didn't want to waste an appointment, but it was impossible to reach anybody. So that was a barrier... I was trying to be a good citizen and not waste an appointment..."

Exceptions included that one person had attended a drop-in after being told about this by a nurse at the Homeless Health Exchange and one person's support worker had arranged this for them and other residents in their supported accommodation. Finally, one person interviewed had the vaccine when they were in hospital at the start of the year. They felt that they did not have much choice in this because they were worried that they would not be discharged if they refused.

"For me personally before I take anything in my body, I like to know what's in it. So, information about that I would have actually liked to have known before I had my vaccine, but that information was not available to me, so I sort of went into it blindsided and got the vaccination."

Positive feedback about people's vaccine appointments included that it was well organised, they were in and out quickly, the room was clean, and that people were following social distancing measures.

"I was in and out in five minutes on both of them. I was quite pleased about that..."

Most people were also positive about the staff and volunteers that they interacted with during their appointments because they were 'pleasant' and 'friendly'.

"The nurse, they were friendly, and they made sure I was comfortable before they gave it to me, yeah."

"The nurse that done it was ever so friendly."

In addition, one person who was trans explained that the woman who gave them the vaccine wrote their preferred name on their vaccine card, and that this small gesture meant a lot.

"Staff members were actually lovely with that. I specified that I was trans and she changed my name on the card. That's affixed to it, didn't have my trans name, but when she wrote it, she put

[name].....yeah, just really nice. Such a small thing, like she probably didn't even think about it but that meant so much to me."

Another suggestion was to make the process as inclusive as possible and ask people about their preferred name and pronouns during the appointment.

"Trans people are known to be people who might be terrified to be in a medical situation because of past experiences. To make it as comfortable as possible if it's just a process of "ok, it says this name here, it says a name here, is that the name you want me to call you?" Just something like that or something like: "oh can I ask what your pronouns are." Something very easy, very simple that you can also ask everyone."

Most people who had decided to have the vaccine did not have any worries or regrets after having this. Exceptions to this were being concerned about the side effects and being ill as a result, and concerns about getting blood clots as this had received a lot of media coverage (as discussed on p.14).

"You hear all these nightmare stories of people being laid out for a week from the effects of the vaccine."

"It was something about blood clots and everything...I think that's how people have reacted to the injection...I just wondered about it I've just seen it on the news."

Finally, as mentioned on p.20 one respondent previously had problems with drugs and found the pain in his arm to be quite triggering because of his past.

Negative experience of a vaccination appointment

One respondent made a formal complaint after their first vaccine appointment, which they described as a 'nightmare'. There were two police officers at the front desk and when they asked about why they were there, they felt like they were treated suspiciously, which was off-putting.

"So, from the moment I went in, I felt I couldn't ask a question, I was made to feel uncomfortable, my anxiety levels went through the roof..."

Then when they went to get the vaccine itself, because they explained that they were 'not completely sure' about having the vaccine, three additional members of staff were called over to talk to them, which was intimidating. They then felt that the staff member talking to them about having the vaccine was condescending and treated them like they were 'dumb'.

"One of them started talking to me and they were just talking to me like I'm dumb, d'you know what I mean? I said I totally understand, maybe because I said I was unsure, you've got to get me to explain it a little bit more, I said look I'm completely happy to have the vaccine and that what do you want me to do? You're talking down to me like I'm some dumb ass, I know many people would have just got up and walked away. I thought, I'm here for the purpose to get the vaccine, let's not get anxious, or fly off the handle and walk out."

Finally, once they had their vaccine, they felt there was little aftercare, instead they felt that they were just treated like a statistic. Hence, they explained that they would like staff to be more respectful and have greater understanding of people's worries about the vaccine.

"As soon as they gave it me, I was just a nobody. They just moved onto the next, they weren't interested, I said oh that's it now, I'm just a number, you just wanna get me in and get me out. I said you need to talk to people with a bit more respect and you know, understand these anxieties that people have and that, but they just kind of rolled their eyes..."

They did go for their second appointment but was anxious about this because of their initial bad experience. They did not ask any questions because they were worried about the reaction they would get.

8. Conclusion and next steps

This report has presented the findings from a research project exploring vaccine uptake amongst people with experience of multiple disadvantage in Birmingham.

It was evident that the pandemic and lockdowns had been difficult for many people we spoke to, largely because of the social isolation and difficulties with accessing mental and physical health support. Although our research identified unique aspects of the circumstances surrounding people with previous or current experience of multiple disadvantage, which impacted uptake, many of the factors influencing decisions about the vaccine were like the general population. Similarly, the information people with previous or current experience of multiple disadvantage wanted to know about the Covid-19 vaccine was fairly standard. Hence, the research has shown that the perception that there was a unique issue around vaccine uptake amongst people with experience of multiple disadvantage was to an extent false. This highlights the risk of 'othering' people with multiple disadvantage – because seeing people as 'different to the mainstream' can reinforce or produce hierarchies and discrimination (Johnson et al. 2004).

Key learning about views and experience of the Covid-19 vaccine identified through interviews with people with personal experience of multiple disadvantage and staff working with such individuals is listed below.

1. **Just under half of the people we spoke to do not want to take the vaccine and there were many reasons for this.** The most common was that people had concerns about the safety of the vaccine and how it will impact their health and wellbeing in the long term, and/or that people believe that they are healthy and have strong immune systems so do not need to take a vaccine to protect themselves from Covid-19.
2. **Many of those who did not want the vaccine did not think anything would change their mind,** and a few were open to learning more about this from trusted sources.
3. **Where people had chosen to have the vaccine, this was often linked to concerns about them or their loved ones becoming seriously ill from Covid-19.** Some people were aware that they were clinically vulnerable – and many knew people who have had Covid-19, which seemed to influence their decision. Some people chose to have the vaccine because they felt that they had more chance to do certain activities like go abroad if they were vaccinated.
4. **Those who had chosen to have the vaccine were mainly positive about their experience of having this.** Reasons included that it was easy to organise, the staff were friendly and that it was quick and straightforward when they were there.
5. **There were commonalities in who people trusted to tell them more information about Covid-19 and the vaccine and who they did not.** Most often people would trust their GP or other NHS staff as they were seen as having the necessary expertise, and

because they sometimes had a relationship with their doctor. Support workers and family members were other trusted sources, again because of the established relationship and also because of support provided in the past. Many people we spoke to explained that they did not trust the government, sometimes this was because of how they had handled the pandemic, but more often this distrust was deep-rooted and longstanding.

6. **Views about the role of social media were more split.** Some respondents, particularly older people, were critical about the conspiracy theories circulating online, whereas others found this to be an easy and quick way to access information.
7. The information that respondents wanted to know in order to make a decision about having the vaccine included: what is in the vaccine, what are the side effects, the benefits and risks of the vaccine and whether it protects against new variants. **Opinions differed about which format of information was best.** Some people wanted conversations, others wanted to watch videos and some suggested leaflets or links to read more information. It was also highlighted that language should not be forceful as this put people off.
8. **Several factors helped people to have the vaccine if they wanted it.** This included having vaccines available in a **location** that was considered 'safe' (for example because it was familiar), nearby and easy to get to. Linked to this, **outreach approaches** such as vaccine vans were considered beneficial in improving access to the vaccine. Furthermore, **additional support** to arrange and attend appointments was important for some people with multiple needs.
9. **Wider barriers making it more difficult for people to have the vaccine included the reliance on access to technology** such as phones and the internet to find out about eligibility for the vaccine and book appointments. Furthermore, limited digital access combined with **social isolation** was felt to make it more difficult for people to access information about Covid-19 and the vaccine.
10. **Specific barriers impacting uptake for those with experience of multiple disadvantage** included **having multiple needs that took priority** over getting vaccinated, **struggling to remember to arrange and attend appointments, not being registered with a GP** to find out about this, **being difficult to contact** because of changing addresses and phone numbers and **fear of needles linked to previous drug use.**

What next?

We believe that the above learning highlights some areas that should be considered if we want to help people with experience of multiple disadvantage to make an informed decisions about the vaccine.

Firstly, people need to be able to access information and understand this to be able to make an informed decision. The research showed us that not everyone has been able to answer the questions they have about the vaccine, and that too often the information provided is not in plain English. The Revolving Doors Lived Experience Team suggested making details available about how the different components of the vaccine effect your body, and the benefits and risks of this, in accessible format.

Linked to this, the research has suggested that the tone of the language used both in written information provided and by staff can be off-putting. People do not want to feel like they are being coerced into something, instead they want to be made aware of their options and the different implications of these.

It is also apparent that not everyone is registered with a GP or engages with health services. Organisations need to think about how else they can reach people to provide them with details about the Covid-19 vaccine. Frontline staff in contact with people experiencing multiple disadvantage need resources and support from senior management to feel more confident to discuss the vaccine with people accessing services. In addition, the public health teams should think about how third sector relationships with diverse groups of people in Birmingham can be harnessed to share information, address questions and concerns people have and ultimately support informed decision making. As many people interviewed saw medical professionals as trusted sources of information, better links between support services and NHS staff would be beneficial.

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