

Would you take a COVID-19 vaccine?



Rapid survey report and recommendations on the social care sector 2020

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Introduction

Coproduct Care CIC is a non-profit organisation made up of a team of volunteers and people who work across different roles in social care. We tackle the sector's biggest issues by running activities that amplify the voices of those working and experiencing social care and which promote decision-making for everyone across the sector as well as the wider communities they serve.

Find out more about our work on our [website](#) and [YouTube channel](#).

This rapid report summarises the findings from our recent survey of people working in social care nationally on whether they would have a COVID-19 vaccine and why. Survey results were taken over the period 15th November 2020 to 30th November 2020. This is during the time that reports of successful trials for viable vaccines were first released but just shy of verification by the medicines regulator, the MHRA, of the Pfizer/BioNTech vaccine which was announced on 2nd December 2020.

We asked respondents to comment on their confidence in taking a vaccine. We were particularly interested in the reasons behind any misgivings about taking a vaccine. The aim of this report is to assist health professionals and policy makers in providing specific and directed messaging about any potential vaccine which will directly address reported concerns. This will hopefully make delivery and uptake of the vaccine more efficient, especially for those most at risk of COVID-19. This will also help towards preparing information which will support people in giving informed consent in taking the vaccine.

We identified the following themes from responses to our survey:

Theme 1: [Side Effects](#)

Theme 2: [Efficacy](#)

Theme 3: [Age and existing health conditions](#)

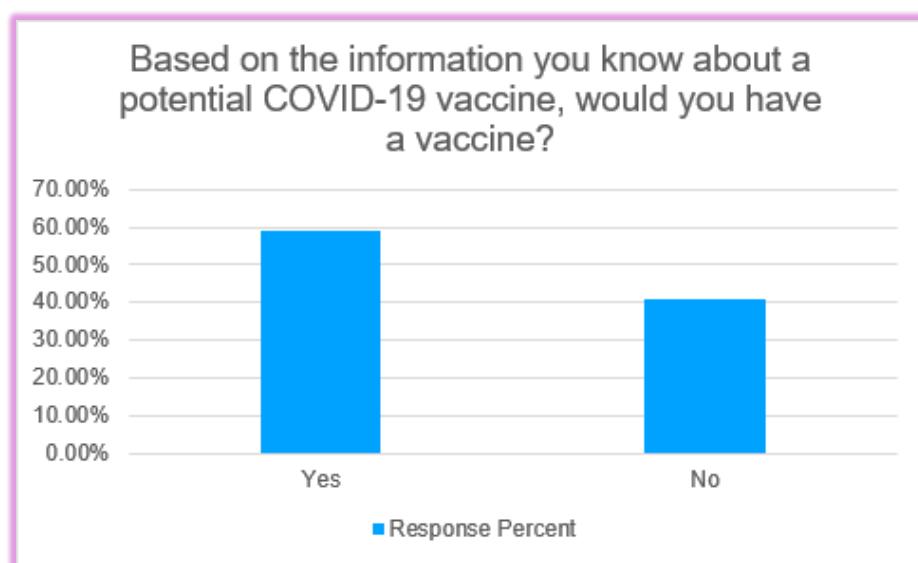
Theme 4: [Transparency and trust](#)

These are described in more detail later in the report. Our research has found that clear FAQs providing information on the vaccine, trust in messaging and roll out capability, as well as making it easy to physically access the vaccination site, are amongst key implications for improving uptake of the vaccine across the social care workforce. Our recommendations can be found [at the end of this report](#).

Summary

Our survey was completed by **319 people**, with **99%** confirming they are **currently working in the social care sector**.

When asked whether they would have a COVID-19 vaccine, **59% of respondents said they would** and **41% said that they would not** currently take a COVID-19 vaccine.

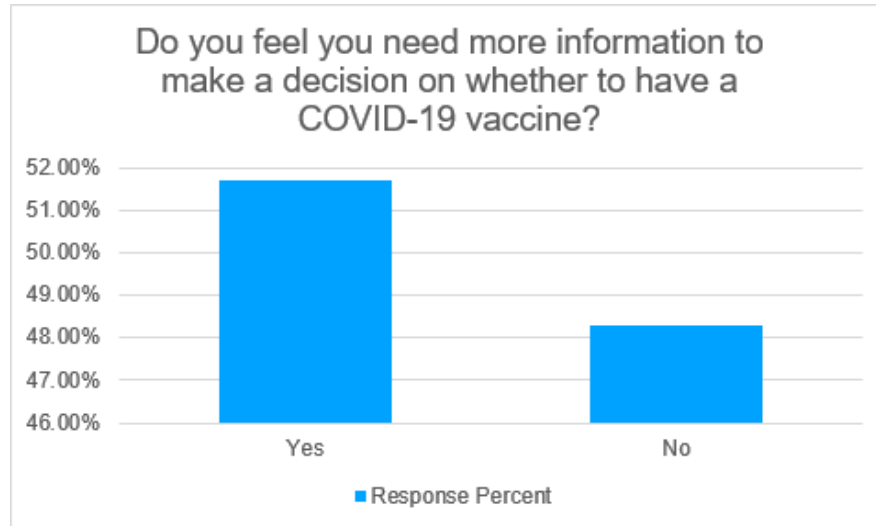


We found that a **higher proportion of people working in social care said they would not take a COVID vaccine** than what the World Health Organisation found when examining vaccine hesitancy in populations generally (Bloomberg 2020).

There is support for our finding that there is a **higher level of hesitancy in the social care sector than in the wider population**. A YouGov poll following the certification announcement on the 2nd December showed that across all professions, 27% of people were very confident and a further 43% were somewhat confident in the safety of the Pfizer/BioNTech COVID-19 vaccine ([YouGov 2020: A](#)).

As of the 6th December, in the wider population just one in five (20%) said they were unlikely to take it if it is available and the government recommends that they take it, down from 24% two days before ([Guardian 2020](#)). The higher level of hesitancy in our survey shows the importance of looking into **the social care sector as a key stakeholder group in the vaccine rollout**.

Our findings also echo global studies on vaccines in terms of **disadvantaged groups** being more likely to report that they would not take the vaccine, **misinformation** potentially building distrust and how we can develop effective processes for popular uptake through **making access easy** and providing clear, targeted **information**.



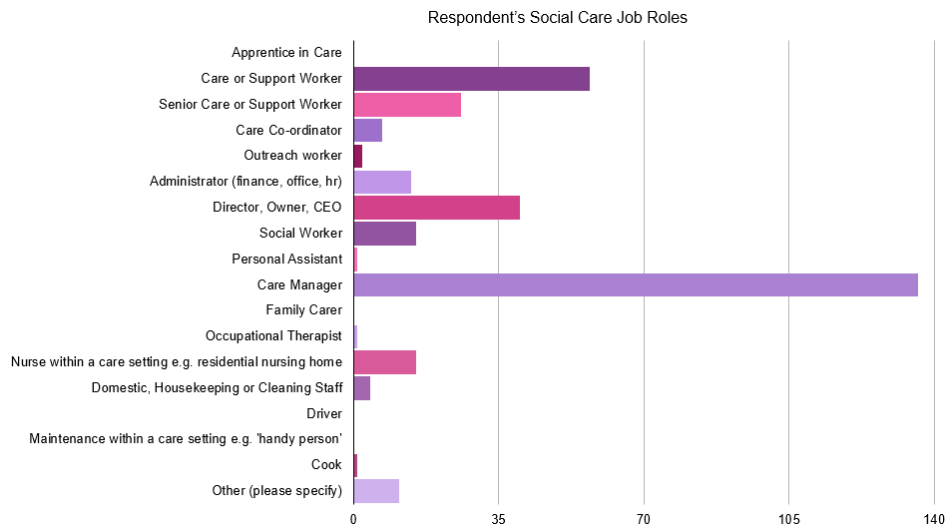
Our survey revealed that the most frequent comments about the information needed to feel confident about the vaccine revolved around there being **known possible side-effects**.

Respondents wanted to know the specific details from the testing up to this point. They were particularly interested in how long it will be effective for and the health and efficacy outcomes for people with existing health conditions, comorbidities or diverse demographic backgrounds.

Breakdown of respondents

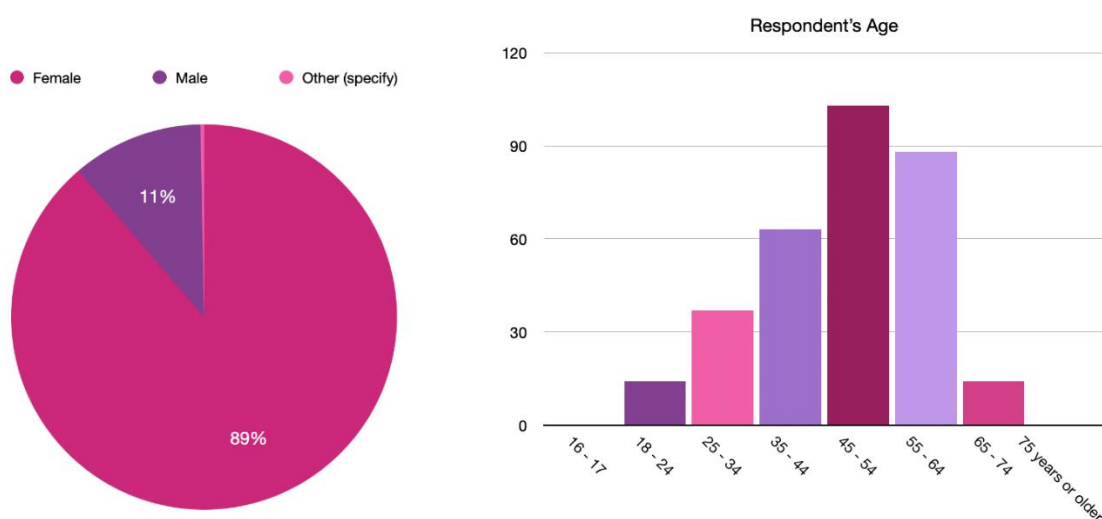
The largest number of respondents were care managers representing 43% of respondents and a further 13% indicating they were owners or directors of care services. However, this only shows a slight lean towards senior management in our responses overall. We found that 4% of respondents worked in administrative roles but the remaining 40% worked in operational nursing, occupational therapy or care and support roles.

The number of people in each level of seniority or specialisation from care worker to care owner is similar in both groups that either said 'yes' or 'no' to whether they would have a vaccine.



The majority of respondents (89%) identified as women and the most popular age groups selected were 45-54 years (32%) and 55-64 years (28%). This means that our 'typical' respondent very closely reflects the national social care workforce when compared to the demographic breakdown provided by recent data analysis conducted by Skills for Care in their latest annual report on '[The State of the Adult Social Care Workforce](#)' (2020)'. The highest number of responses came from the South West. Nevertheless, all regions are represented and the skew towards this region is because of where we are based. The responses also represented workers who identify as living with a disability. However, **there still needs to be more work on reaching out to the more ethnically diverse sections of the workforce**. Almost 95% of our respondents identified as white and 98% speak English at home.

Further considerations of non-white communities and **a high vaccination hesitancy rate in a sector that is largely made up of female workers** is discussed later in this report under the section '[implications](#)'.



Relevant Literature

The majority of research on vaccine hesitancy has been carried out in the last couple of years. Studies have been conducted following the World Health Organisation stating that anti-vaccination trends are one of the biggest threats to health globally after a decade of vaccination levels unable to rise above 86% uptake (2019).

Writing in the Financial Times, the Director-General of the WHO stated 'even in the richest countries, children who miss out on vaccines come mostly from poor or disadvantaged families in rural, migrant or indigenous communities' ([2019](#)). This resulted in a dedicated and renowned scientific journal called 'Vaccine', exploring the behavioural and cultural theories that explain vaccine resistance. This is seen as a completely separate phenomenon to the more political 'anti-vaxxer' groups. As Ghebreyesus and others argue, a focus on these groups associated with conspiracy theory and malicious misinformation detracts from a wider correlation with inequality that vaccine hesitancy highlights ([Betsch et al. 2015](#)).

A chair of a Technical Advisory Group for the World Health Organization on behavioural insights and sciences for health has already used their findings to talk about the success of a COVID-19 vaccine distribution. Sunstein echoes the Director-General by showing that it is more disadvantaged groups who are dissuaded from taking a vaccine by misinformation causing distrust, but crucially they also believe that it is important not to challenge this directly. Instead, making the place where you are vaccinated physically close and accessible, as well as getting celebrity voices to give positive and clear messaging support. Crucially, clear information that is not arguing for or against anything is seen as key to encouraging groups who may be hesitant to taking the vaccine ([2020](#)).

There is a clear argument that those working in social care should be provided with extra support to feel confident about the vaccine. Pay findings from the Skills for Care report into the adult social care sector show that care work is one of the lowest paid occupations available. Even outside of entry level positions, wages are higher in almost every other low-paying occupation, including retail assistants ([Skills for Care 2020](#)).

Not only is the social-economic standing relevant but also the sector will be key actors in the dissemination of vaccines to many vulnerable groups, as well as showing a higher hesitancy than would be expected in general populations in our survey.

This is why we have provided clear recommendations about how to support the care sector, which covers distribute and how to provide information that deals with concerns around vaccination. These concerns include how a vaccine might interact with existing health conditions and basic details about the research and development process.

Analysis of open-ended comments

Theme 1: Side Effects

The information that care workers most clearly asked for, in order to feel more confident about taking a COVID-19 vaccine, was what is known about **any possible side effects**. Around **1 in 3** out of everyone who took part in the survey cited this directly.



There was some concern about how quickly the vaccines have been developed. However, the more significant number of responses reflected that there was simply **not enough information** about what the likely side-effects might be or how it will **impact over time**.

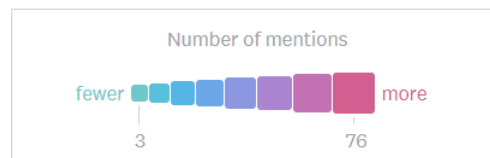
'[...] Nowhere is the discussion about building a strong immune system. The vaccine contains very toxic and dangerous ingredients once injected into the body it can never be removed. If one experiences side effects or develops an illness further down the line or is passed on to one's offspring what then?!'

Senior Support Worker

'No long term studies available [...] Concerns regarding side effects'

Owner of Care Services

possible side effects long safety Nothing
 research immunity long term effects flu vaccine
 long term effects long lasts people taking need
 Efficacy tested long last Side effects data
 vaccine s will results information don t need



(Word Cloud to the question: If you answered 'yes' to the previous question: 'What information do you feel you need to help you make a decision on whether to have a COVID-19 vaccine?' Please list as much as you can think of)

Theme 2: Efficacy



The next popular comment when describing the information that would make respondents more likely to take a vaccine was based on **how effective the vaccine will be**.

'Unless I personally know someone close to have one and see... no side effect from the vaccination. I don't think I will be confident enough to get it done. Otherwise I will wait at least few years to see the report [regarding] side effects to be assured.'

Financial Administrator

'The benefits, how long the vaccine lasts. How often do you have to have it done? Potential side effects or long-term effects?'

Care Manager

This includes **how long it will work** for, as well as what effect it will have on whether that person can continue to **spread the virus after vaccination**.

'What testing has been done? What are known side effects? What is impact of vaccine? The level of immunity and how long does it protect you for Is it a live vaccine'.

'Do you have to isolate after vaccine. How long would it last? What are the side effects of the vaccine?'

'What are the outcomes of the trials any side effects? How effective will it be in stopping getting the virus and passing it on? How long will it give protection for, will it be like the flu vaccine that we will need one every year?'

'Any side effects short term and longer term how the vaccine is administered whether a single or a course of injections required. how long it covers the individual for and whether future injections are required.'

Theme 3: Age and existing health conditions



The key circumstances people wanted to know details about were **whether the testing has shown if any age group are likely to see more or less effectiveness** from a vaccine.

'Clearer facts about dosage and frequency. Does it need to be topped up regularly. Potential side effects. Test results for people of my age. Any problems with pre-existing conditions and medication, i.e. does it reduce the efficacy of the vaccine or meds.'

'What are the [flaws] in the vaccine, how many people have tested it, what's the main side effects, does it affect healthy people later on in life. Is it safe for pregnant women?'

The effect on **pregnant women** was also regularly queried by respondents. This fits into a wider category of people asking how any vaccine might **interact with other medications or existing conditions**.

*'**Open and transparent** trial evidence and data. Known risks of having/not having vaccine. Potential risks of having/not having vaccine.'*

*'What's in it, Risks for children taking it? **Chances of it working.**'*

'Results, Safety long term, Antibody efficacy, Immunity Side effects, Long term implications of repeat doses.'

*'**Honest side effects** not sugar coated not to be made mandatory let them that say it's wonderful have it first.'*

*'**How can it be 100% safe given that it has only recently been produced?** How many people was it tested on? What was the success rate? How does it affect someone who has reduced immune system? How does it affect someone with long term chronic health conditions? What other medications does it interact with? Is it safe for someone who is pregnant?'*

Theme 4: Transparency and trust



The next most common responses when describing the information needed to improve uptake of the virus seem to revolve around **transparency and trust**. There are references to details about testing but they all fall into the category of wanting clear information about what the vaccine is made from, which organisations have been involved and how the government has managed to make it available sooner than expected. There were a few specific references to a lack of trust in government, but most were simply asking for basic information about the development, makeup and people involved in COVID-19 vaccine trials.

'I do not trust our government, the way they have handled the pandemic. Their guidance has changed constantly...'

'We have not been told of possible side effects. Don't trust the government.'

'I don't feel that this is enough time and [tested] on enough people.'

'Who has developed the vaccine? What other vaccines they have a history of developing? Who has been involved in developing the vaccine? How has it been tested? Are there any known side effects, what sort of success rate does it have? How often would we need to have the vaccine?'

'... according to ONS, my immune system has a higher percentage of dealing with Covid 19 than that of a vaccine.'

'I would need an assurance that it had been widely tested on a vast scope of people with various medical issues. I would need to know any possible side effects it may have, however minor I would need complete assurance of its effectiveness and how long it would last.'

'I would like to know the test results for over 60s and adverse reactions? You cannot have the flu vaccine if you have an allergy to eggs does the same apply to the Covid vaccine?? We need more information.'

'Would like more information about the testing process, vaccine being used, how long it will be effective for. Mainly need information to provide to staff who are hesitant/reluctant to have it.'

Our results show a worrying lack of confidence in the COVID-19 vaccine within social care workers. The answers given closely reflect the concerns developed in existing global literature about misinformation and a lack of trust. **Some responses indicate that the government's current handling of the pandemic has led to a lack of trust in their ability to manage a safe vaccine.** It would be useful to develop more research into the prevalence of this concern in people's decision not to have the vaccine due to a lack of trust.

This means that there needs to be dedicated work to making sure that the vaccine is seen as safe and accessible enough to promote successful uptake across an often marginalised workforce.

Lessons from the timeline



The majority of our responses were received between 16-18 November, at a time when [news](#) of the 90% success rate in late stage trials was leading to the first reports that vaccines may be available imminently.

Our responses show some confusion about the range and difference between vaccines. However, similar responses continued to come in over the following weeks up to the end of November. This is when large news providers were releasing some of the specific details about the vaccines that were mentioned in the survey responses and suggests that possibly this format is not good enough for tackling the vaccine hesitancy seen in our study or the wider existing literature. Potentially social media is a significant influence on the groups' beliefs, but this does not affect the recommendations we can make.

A YouGov Poll from the 2nd of December following official approval of the vaccine showed that 66% of people in any profession not just social care agreed that seeing Health Secretary Matt Hancock take the vaccine on television would help uptake ([YouGov 2020: B](#)).

Recommendations

To address the concerns of respondents in our survey we recommend that there should be:

1. Clear, direct, relevant and co-ordinated information from the government, Department of Health and Social Care, Public Health England and Directors of Public Health that is easily accessible and which addresses the specific concerns stated by people working in social care. These include (but are not limited to) information on:

- a. *What are the side effects (if any) of taking the vaccine?*
- b. *Will being vaccinated mean you need to self-isolate?*
- c. *How long is the vaccine effective for?*
- d. *Can you still infect others once you have been vaccinated?*
- e. *Can you take more than one type of vaccine?*
- f. *What are the details of how the vaccine has been tested so far?*
- g. *Has testing shown any difference for a certain age group?*
- h. *Are there any contraindications: how does the vaccine react to any existing health condition or medication, including pregnancy?*
- i. *How was the vaccine delivered so much quicker than expected? Who/what has been involved in the development and distribution of the vaccine?*
- j. *Will there be a requirement for staff or anyone in a caring role to have the vaccine?*

2. Further consultation with people who do not wish to take the vaccine.

3. Further consultation, direct communication and support for diverse communities working in social care. This should be led by **local, trusted leaders** of those communities.

4. Support to adult social care teams within local authorities to promote co-ordinated local messaging and understanding about the vaccine.

5. Ringfenced financial support to local care associations and care provider organisations to assist care providers with messaging, staff consultation, facilitation and roll out of the vaccine.

6. Dedicated vaccination processes in or near care settings. It must be somewhere that is genuinely close to social care staff's workplace or home.

7. Consideration as to **whether these recommendations would also assist in advising roll out to those receiving support from social care services** (however, they would also need separate consultation to enable informed consent and support around mental capacity where applicable).

Implications

Further research is needed to understand how this is going to affect the social care workforce and wider communities:

- There must be **an exploration of why** social care professionals show such high vaccine hesitancy. For example, is this because of poor consultation and engagement with the sector on this issue.
- Further research should be conducted looking into **the differences in these responses** along key demographic lines such as age, gender and ethnicity. An important consideration would also be the differences across separate regions in the UK or comparisons of rural and urban settings.
- Consideration as to whether **this research should be repeated and extended** to include greater representation of different communities, regions and care settings at stages throughout the vaccination process.
- Further consideration is needed to understand **what this vaccine hesitancy means for wider health inequalities** considering, for example, that the sector represents such a large proportion of women at all levels.

Conclusion

The aim of this survey was to highlight specific concerns from those working in social care about taking any vaccine for COVID-19 and to get an idea of how confident people felt about taking a vaccine based on the information available at the time of the survey. It has revealed that there are genuine concerns which we recommend could be effectively addressed through targeted, transparent and purposeful information which is based not just on scientific but also the practical concerns raised.

Our consideration of existing literature indicates that convenience and increasing trust in authorities is also some of the most likely ways to achieve uptake of the vaccine. We need to ensure that people working in social care can access the vaccine in a way that will not be seen as so much of a burden to fit into a high-

pressured work schedule and possible lack of transport. It is also important for people not to feel that they are being coerced or forced to take the vaccine without informed consent.

Clarity and confidence are key. The WHO has found that 'anti-vaxxers' and vaccine hesitancy are separate concepts, yet they both relate to harmful misinformation online ([Bloomberg](#)). It is important to be aware of the specific individual circumstances but the most effective method is clear, positive messaging that does not argue against misinformation but is simple and ideally endorsed by a trusted figure. This could easily be in the form of accessible FAQs covering the questions in our recommendations, tailored and delivered to the social care sector.

Finally, this report has highlighted some of the key concerns around vaccination amongst the social care workforce. However, as mentioned, there are key areas which warrant further investigation such as those covered in our 'recommendations' and 'implications' sections. As an organisation we will be closely monitoring social care's role in the vaccination rollout process that has already begun. In the new year we will be looking for ways to work with stakeholders, our network and new partners to relaunch a larger scale survey or consultation.

For further information on this report or any of the work we do at Coproduce Care CIC please contact hi@coproducecare.com.

References

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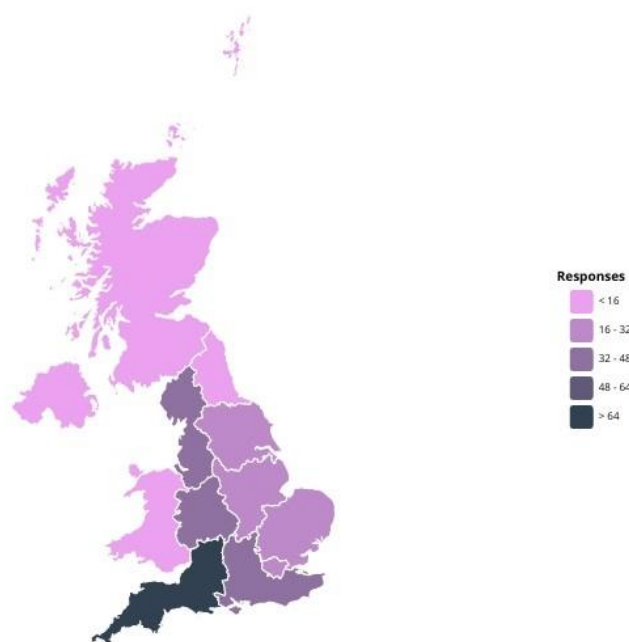
<https://yougov.co.uk/topics/politics/survey-results/daily/2020/12/02/8d518/2>

Appendix

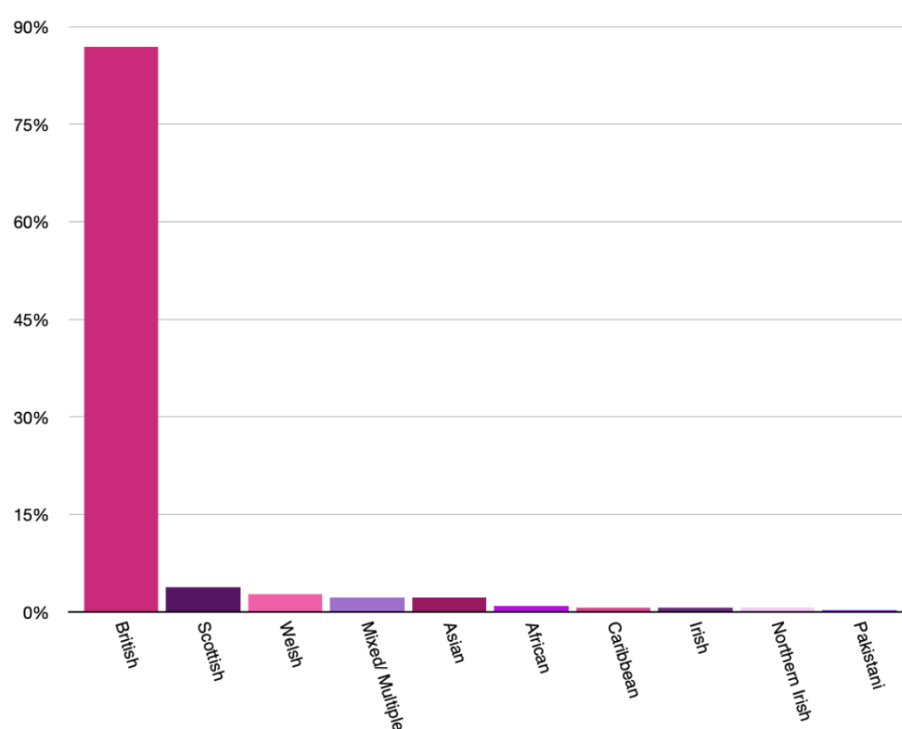
Survey responses: details.

319 responses received between 15th-30th November

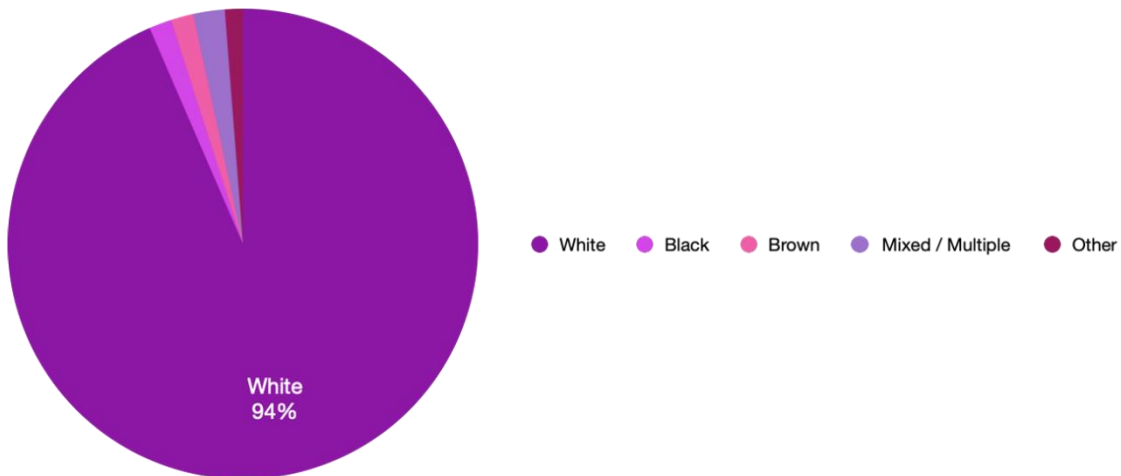
Locality: 31% work in the South West Region



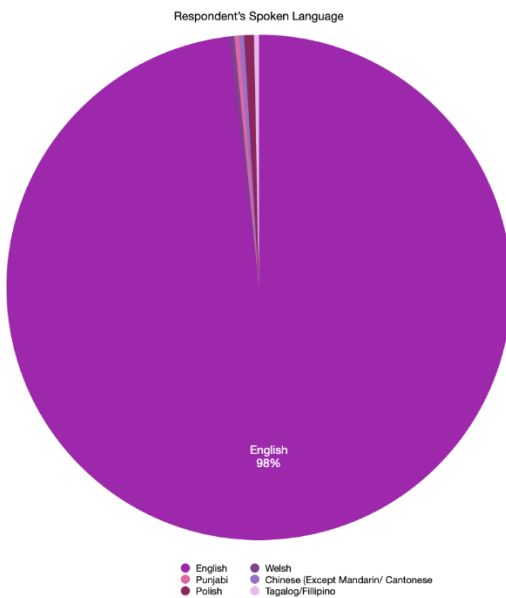
Nationality: 87% identified as 'British' (5% named countries outside the UK).



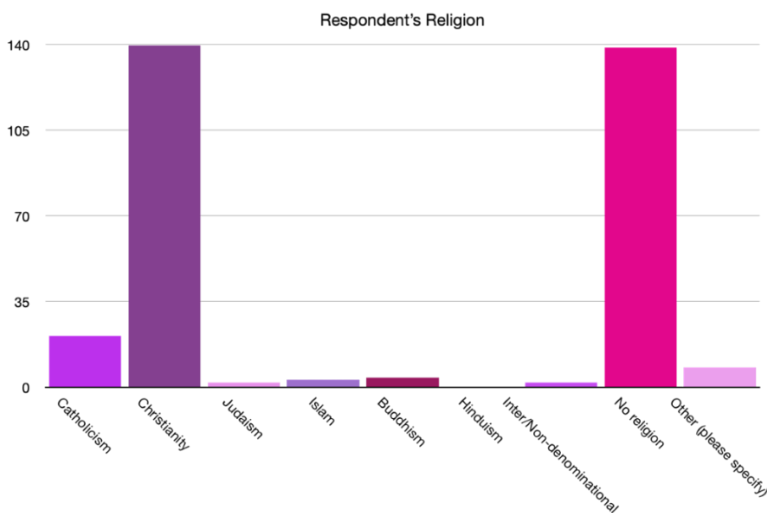
Ethnicity: 95% identified as 'White'.



Language: 98% 'Mostly speak English at home'.



Religion: 44% Christian, 44% 'No religion', 7% Catholic



Disability: 10% had a disability or longstanding impairment.

