

Covid-19 Vaccine Survey 2020/21

A report by Healthwatch Redbridge



February 2021

“It is vital we all have it to protect ourselves and others.

Let’s try to get life back to a bit more normal.”

Local resident

“We do not know the long-term effects in years to come.

Or effects on those with underlying conditions.”

Local resident

Contents

	Page
1. Introduction	5
2. Background	5
3. Methodology	5
4. Strengths & Limitations	6
5. Executive Summary	7
6. Survey Findings	9
7. Glossary of Terms	24
8. Distribution and Comment	24
Demographics	Appendix 1

This page is intentionally blank.

1. Introduction

In December 2020, with the introduction of the long-awaited COVID-19 vaccine, Healthwatch Redbridge were made aware that some communities and individuals were expressing a reluctance in having the vaccination. This was particularly reflected within Black, Asian, and Minority Ethnic (BAME) communities.

We wanted to understand why there might be a reluctance to being vaccinated within some communities, and whether further support and information was needed to ensure people were able to make an informed decision on immunisation.

2. Background

The UK now has three Covid vaccines approved for use, with the Pfizer/BioNTech and Oxford/AstraZeneca vaccines already being administered across the nation.

The UK rollout of the Pfizer vaccine began on 8 December 2020, and the AstraZeneca vaccine was first administered on 4 January 2021.

The Moderna vaccine was given approval on 8 January 2021 and is expected to arrive in the UK in the spring of this year.

3. Methodology

We created an online survey which was shared with local communities and stakeholders. The survey was developed to encourage as many people as possible to complete. The objective was simple; to discover whether people would have the vaccine if it was offered to them and whether they would encourage a family member or loved one to do so also.

The survey was shared through hospital trusts, Councillors, community groups and social media.

4. Strengths & Limitations

We were pleased that 97% of respondents completed the diversity information which has led to our results identifying where communities had differing responses.

We have however, identified a limitation with the findings from our survey. The majority of our survey respondents were from a White/White British background (74%).

We did not receive as many responses from other ethnicities as we would have hoped from BAME respondents (21%), with 10% of those being those from an Indian background.

This is not reflective of the demographics of the borough¹ and is also concerning as there is evidence that some ethnic communities have been those hardest hit by the pandemic².

¹ <https://www.redbridge.gov.uk/about-the-council/information-research-and-data-about-redbridge/2011-census-results/>

² [Why have Black and South Asian people been hit hardest by COVID-19? - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/peoplepopulationandcommunity/ethnicity/articles/why-have-black-and-south-asian-people-been-hit-hardest-by-covid-19)

5. Executive Summary

409 people completed the survey during December 2020 - February 2021.

This is a two-page summary of key findings (see Section 6 for the analysis in full).

Key Findings

Feeling Informed

- Three quarters of respondents (76%) felt able to make an informed decision, on whether or not to get the vaccine.
- Around a fifth (18%) felt that information was not sufficient.
- Older people feel notably better informed than younger people - those aged 55 plus are 20% more likely than 25-34 year olds to have enough information.
- Those from White backgrounds feel significantly better informed than those from Black, Asian, and Minority Ethnic (BAME) backgrounds.
- Key workers (such as those in the NHS) feel 7% better informed than non-key workers (such as those in construction).

When to get the vaccine?

- Respondents aged 65+ are 18% more likely than average to want the vaccine sooner. Those aged 55-64 are also keen to get an earlier vaccine.
- On ethnicity, those from White backgrounds generally, plus the Indian community are most likely to accept the vaccine sooner.

Those choosing 'Immediately':

- 36% of respondents would get the vaccine 'immediately'.
- Many people in this group reflect a strong desire to 'get back to normal', as soon as possible.
- A significant number feel the vaccine is the only, or best option.
- Many feel 'duty bound' to get vaccinated.
- A high level of confidence in safety and effectiveness is expressed.

Those choosing 'within 3 months':

- 30% of respondents would get the vaccine within 3 months.
- Many in this group are not in a priority category and anticipate a wait of some weeks.
- While some would like the vaccine sooner, prioritisation is broadly accepted.
- Concerns about efficacy, side effects and new variants cause some to delay.

Key Findings (Continued):

Those choosing 'never':

- 9% of respondents would 'never' get the vaccine.
- Fears around efficacy, side effects and a lack of longer-term data are prominent within this group.
- There is a notable level of mistrust of the government and manufacturers.
- Younger people are significantly more likely to decline the vaccine.
- On ethnicity, those from South Asian (Bangladeshi/Pakistani) and Black (Caribbean/African) communities are most likely to decline the vaccine.
- Workers in non-key sectors (such as construction) are twice as likely than key workers (such as those in the NHS) to decline the vaccine.

Would encourage vulnerable cared-for/loved ones to receive the vaccine:

- 79% of respondents who care for someone who is vulnerable, or a loved one in a care setting would encourage them to receive the vaccine.
- It is widely acknowledged that vulnerable people and those in care settings are particularly at risk - many suggest 'we should all' get vaccinated.
- With concerns about loved ones acute, the vaccination offers peace of mind.
- It is observed that many responses include the word 'protect'.
- It is hoped the vaccine will lead to more 'normality' - reducing isolation and making it easier to visit or care for loved ones.
- There is a significant level of trust in overall safety.
- Respondents aged 45+ are most likely to encourage use of the vaccine.
- Those from Indian and White British/Irish backgrounds are significantly more likely to recommend the vaccine, compared with other ethnic groups.
- Key workers are 9% more likely than non-key workers to recommend the vaccine.

Would not encourage vulnerable cared-for/loved ones to receive the vaccine:

- 9% of respondents who care for someone who is vulnerable, or a loved one in a care setting would not encourage them to receive the vaccine.
- Fears around efficacy, side effects and a lack of longer-term data are widespread within this group.
- There is a notable level of mistrust of the government and manufacturers.

Employer would require the Covid-19 vaccine?

- Half of respondents (50%) do not know if the vaccine will be a requirement of their employer.
- 11% confirm that it will, while 39% confirm it will not.

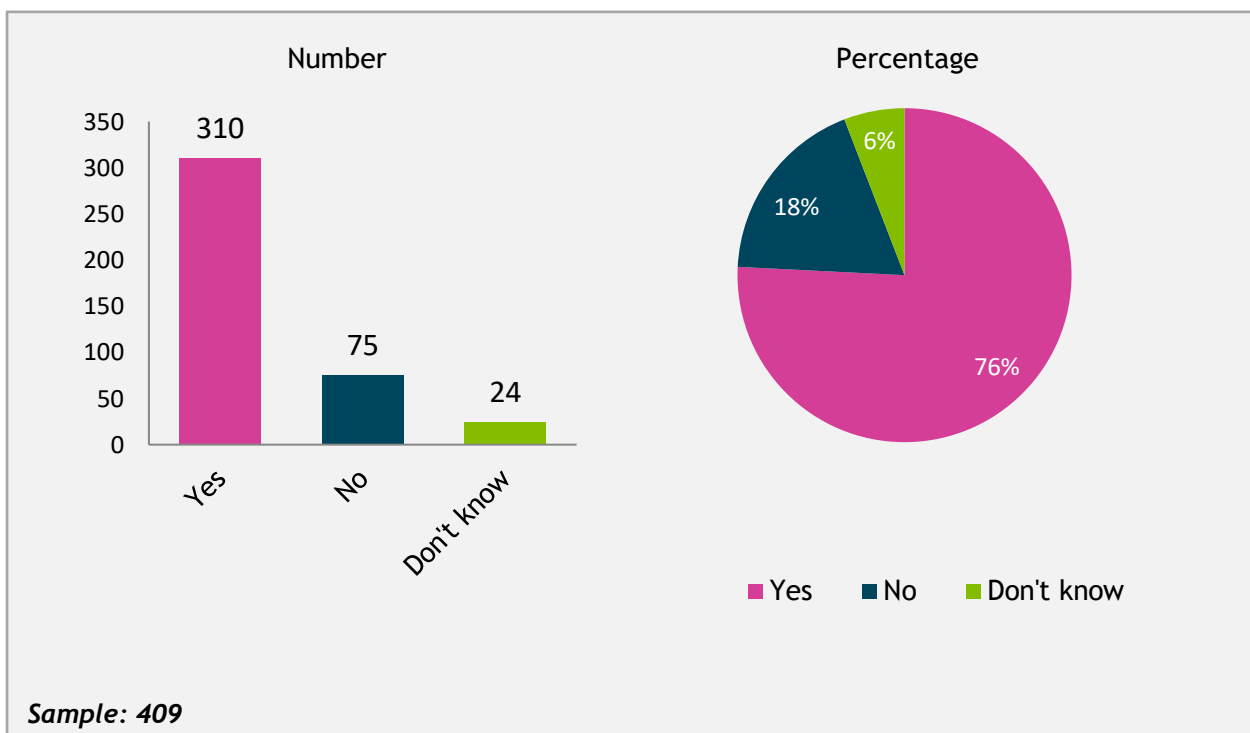
6. Survey Findings

409 people completed the survey during December 2020 - February 2021.

We asked participants whether they felt they had enough information to make an informed decision on their vaccination, when they intended or expected to get vaccinated, and if they would encourage vulnerable loved ones/cared for to get the vaccine.

We also asked whether employers had any requirements or expectations.

6.1 Do you feel that you have received enough information about the Covid-19 vaccines to be able to decide whether or not you will be vaccinated?



Just over three quarters of respondents (76%) felt able to make an informed decision, on whether or not to get the vaccine. Around a fifth (18%) felt that information was not sufficient.

Impact on Specific Groups

We looked closely at age, ethnic background, and employment type, to establish any findings that may be especially relevant to certain groups.

The following tables present findings - ordered from the most to least impacted.

Have received enough information to be able to decide whether or not to be vaccinated:

6.1.1 Findings by Age

Aged 25-34	62%
Aged 35-44	68%
Aged 45-54	70%
All respondents (baseline)	76%
Aged 55-64	82%
Aged 65+	82%

We found that those aged 55 plus are 6% more likely than average to have enough information, to decide on whether to have the vaccine. Those of broader working age (25 - 54) feel notably less well informed - particularly respondents aged 25 -34, who are 14% less likely than average to make an informed decision.

6.1.2 Findings by Ethnicity

Caribbean/African	50%
All BAME	57%
Indian	60%
Bangladeshi/Pakistani	70%
All respondents (baseline)	76%
White Other	76%
All White	83%
White British/Irish	84%

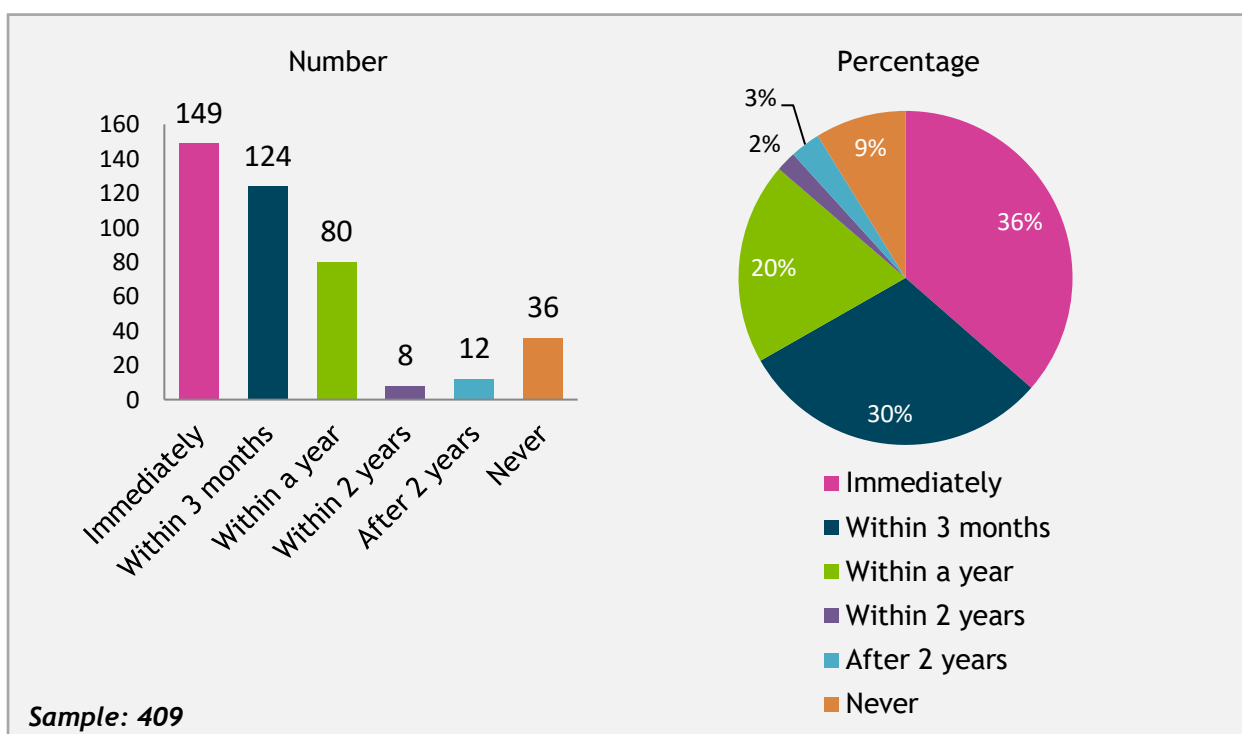
Findings suggest respondents who identify as from a White background are significantly more likely to have enough information than those from a Black, Asian, and Minority Ethnic (BAME) community.

6.1.3 Findings by Employment Type

Non key worker	69%
All respondents (baseline)	76%
Key worker	76%

Key workers (such as those in the NHS) feel best informed overall.

6.2 Now that the NHS Covid-19 vaccine has been approved, how soon after it becomes available do you think you would get vaccinated?



Two thirds of respondents (66%) intend or expect to get the vaccine within three months, and a further 20% within the first year. Almost a tenth (9%) say they will ‘never’ get vaccinated.

6.2.1 Intend or expect to get the vaccine ‘immediately when available’.

Many of those wanting the vaccine immediately expressed a strong desire to ‘get back to normal’, to be able to work, visit or support family and friends, travel, and exercise safely.

Selected Comments

“It is vital we all have it to protect ourselves, others and to try to get life back to a bit more normal.”

“I work in social care and have very elderly parents (both of whom are having the vaccine) and I want to be with them again as soon as possible. The vaccine is the only way to safely do this.”

“It has been well tested, and we all need to take it for maximum protection, also I want to travel again!”

A significant number of people feel the vaccine is the only, or best option, and that immunisation will protect themselves, others, and help to achieve wider 'herd immunity'. Some express a sense of duty to their community, and it is felt that immunisation may help to relieve pressure on the NHS.

Selected Comments

"Vaccination will probably bring this disease under control. I can think of no sensible reason not to be vaccinated."

"I don't wish to infect vulnerable family members."

"Possible side effects from the vaccine are likely to be insignificant compared to the symptoms from the virus itself. Also, it's important as many people as possible have vaccine in order to achieve herd immunity."

"We all need to get on with our lives safely... I need to have it to minimise risk not only to me but for the greater community."

"Everything I have read or heard about tells me it is safe and works. It is my moral duty as a citizen to protect myself and ultimately others."

"Immunity is vital, and saves lives, and helps the NHS to get back to normal services, operations, cancer treatments etc."

Those in at-risk groups are keen to avoid delays, with some feeling that the vaccine could minimise symptoms and hospital visits and improve mental wellbeing. There is also real fear of Covid-19 infection and new variants, with the vaccine seen as the solution.

Selected Comments

"As I am classed as clinically extremely vulnerable there is no reason to delay the vaccine as it offers me a significant chance of not catching the virus."

"Less likely to go to hospital or suffer severe effects."

"I have a chronic illness and have been shielding since March 2020 - my mental health needs the vaccine."

"I'm very scared of Covid-19 and I'm not scared of vaccines, I refuse to believe the medical profession is out to hurt anybody."

Confidence in safety and effectiveness is expressed.

Selected Comments

“It's safe, effective and Covid-19 is a serious disease.”

“I have full confidence in the scientists.”

“Happy it has gone through the correct testing and approval process.”

“I feel that, like the flu jab, if it offers me a certain level of protection against the virus then I am happy to have it.”

6.2.2 Intend or expect to get the vaccine ‘within 3 months’.

Many of those expressing three months are not in the first priority group and anticipate a wait of some weeks. While some would like a sooner appointment, the waiting times are broadly accepted.

Selected Comments

“I believe there is a queue.”

“I fall within the 75 plus age group but am not 80 so I realise I will not be vaccinated immediately. However, I would be happy to have it as soon as possible.”

“Because it's fair giving the priority to older people, key workers and people with severe diseases before me.”

Some people also attribute waiting times to production capacity.

Selected Comments

“Because it would take some time to be rolled-out.”

“You can only vaccinate if there's vaccine available and this will be limited by how much can be produced daily.”

A notable number of people feel the vaccine was produced ‘too quickly’, with concerns about side effects. The effectiveness against new variants is also called into question.

Selected Comments

““The vaccine has been created too soon, not very sure about side effects.”

“I would like to see if the vaccine causes bad side effects before I have it. After being given to people for three months any side-effects should have shown up by then.”

“Like all new items, whether a car, a washing machine or a vaccine, it is usually wise to not 'jump in'. Further, it needs to be seen if the vaccine is effective against the new variants.”

Impact on Specific Groups

We looked closely at age, ethnic background and employment type, to establish any findings that may be especially relevant to certain groups.

The following tables present findings - ordered from the most to least impacted.

Would get the vaccine immediately, or within three months:

6.2.3 Findings by Age

Aged 25-34	46%
Aged 45-54	47%
Aged 35-44	53%
All respondents (baseline)	66%
Aged 55-64	70%
Aged 65+	84%

Respondents aged 65+ are significantly most willing to get vaccinated immediately, or within three months - 18% more so than the average. Those aged 55 - 64 are also keen to get an earlier vaccine.

Younger respondents (25 - 54) are generally prepared for a longer wait. While some would get the vaccine sooner if offered, others do not consider it a priority for their age group or level of health, especially 25 - 34-year-olds, who are 20% more willing than average to wait.

6.2.4 Findings by Ethnicity

Bangladeshi/Pakistani	50%
Caribbean/African	50%
All BAME	59%
All respondents (baseline)	66%
White Other	66%
Indian	68%
All White	72%
White British/Irish	73%

When looking at ethnicity, we found that those from White backgrounds, plus the Indian community are most likely to accept the vaccine immediately, or within three months.

6.2.5 Findings by Employment Type

Non key worker	56%
Key worker	59%
All respondents (baseline)	66%

Compared with respondents as a whole, including retirees, students and the unemployed, key workers (such as those in the NHS) are 7% less likely to get a sooner vaccine, with other workers 10% less likely.

6.2.6 Intend or expect to get the vaccine ‘within 1 or 2 years.’

Those indicating ‘within 1 or 2 years’ give largely the same reasons as those citing 3 months - priority-based waiting lists, production capacity and issues, and concerns about side effects and efficacy.

Selected Comments

Waiting lists and capacity:

“While I am in one of the higher risk groups, I appreciate that there are a lot of people in greater need than me - and so they will be ahead of me in the queue.”

“My age means I won't be eligible until around June at the earliest. I would happily have it earlier.”

“I am middle aged and there is a limited supply of vaccines and a limited capacity to administer them, so I think it will be a few months before I am scheduled to receive mine.”

Side effects and efficacy:

“I feel that I need more information about it before making a decision - I have heard that anyone who is of childbearing age should take the vaccine 'at their own risk'. Before hearing this, I would've definitely taken it, but this wording is worrying and has given me concern.”

“Want to assess the overall effects on a large number of the elderly before being immunised.”

“I would like more info around whether vaccines protect against all variants.”

6.2.7 Would ‘never’ intend to get the vaccine

For those who ‘never’ intend to get the vaccine, fears around efficacy and side effects are widespread - in many cases attributed to speed of development and rollout, and a lack of long-term data. There is a notable level of mistrust of the government and pharmaceutical companies, and some cited conspiracy theories.

Selected Comments

“A vaccine takes 5 to 10 years to develop, and this not?”

“Not enough research is carried out. Impossible to come up with a vaccine in just four to five months.”

“Rushed, experimental vaccine.....”

“I lack confidence in those encouraging the need for such a vaccination. The so-called leaders do not have the credentials to be worthy of trust. Therefore, their advice, suggestions, recommendations are worth less than nothing, their advisers of health are nothing more than pawns.”

“I know the truth about vaccines. And I say no thank you.”

“Because those with genuine concerns are not taken seriously, and silenced if possible. That means it is impossible to reach the truth.”

Some people have clinically based reasons for not getting the vaccine, such as allergies, while others who consider themselves to be ‘young, fit and healthy’ do not consider it necessary. Having already contracted Covid-19 is also cited as a disincentive.

Selected Comments

“Previous allergies to medication mean I have been recommended not to have the vaccine.”

“I’m young, fit and healthy. Covid won’t affect me in a major way.”

“Herd immunity is not solely based on vaccination, it’s a natural process of infected individuals surviving and their natural immune system protecting the individual. Those that are young, fit and healthy do not need a vaccine against Covid.”

“I had Covid already, nothing to worry about, the vaccine is definitely for vulnerable people.”

Impact on Specific Groups

We looked closely at age, ethnic background and employment type, to establish any findings that may be especially relevant to certain groups.

The following tables present findings - ordered from the most to least impacted.

Would ‘never’ intend to get the vaccine:

6.2.8 Findings by Age

Aged 25-34	15%
Aged 35-44	14%
Aged 55-64	10%
All respondents (baseline)	9%
Aged 45-54	8%
Aged 65+	4%

Findings suggest that older respondents (65+) are much less likely to decline the vaccine, compared with those aged 25 - 44.

6.2.9 Findings by Ethnicity

Bangladeshi/Pakistani	20%
Caribbean/African	14%
White Other	10%
All respondents (baseline)	9%
All BAME	8%
All White	6%
White British/Irish	5%
Indian	3%

A third of respondents who would ‘never’ get the vaccine (33%) did not disclose their ethnic background, therefore we found that those from both White and BAME backgrounds, as a whole, are less likely than average to decline the vaccine.

When looking closer at ethnicities, we found that those from South Asian (Bangladeshi/Pakistani) and Black (Caribbean/African) communities are most likely to decline the vaccine.

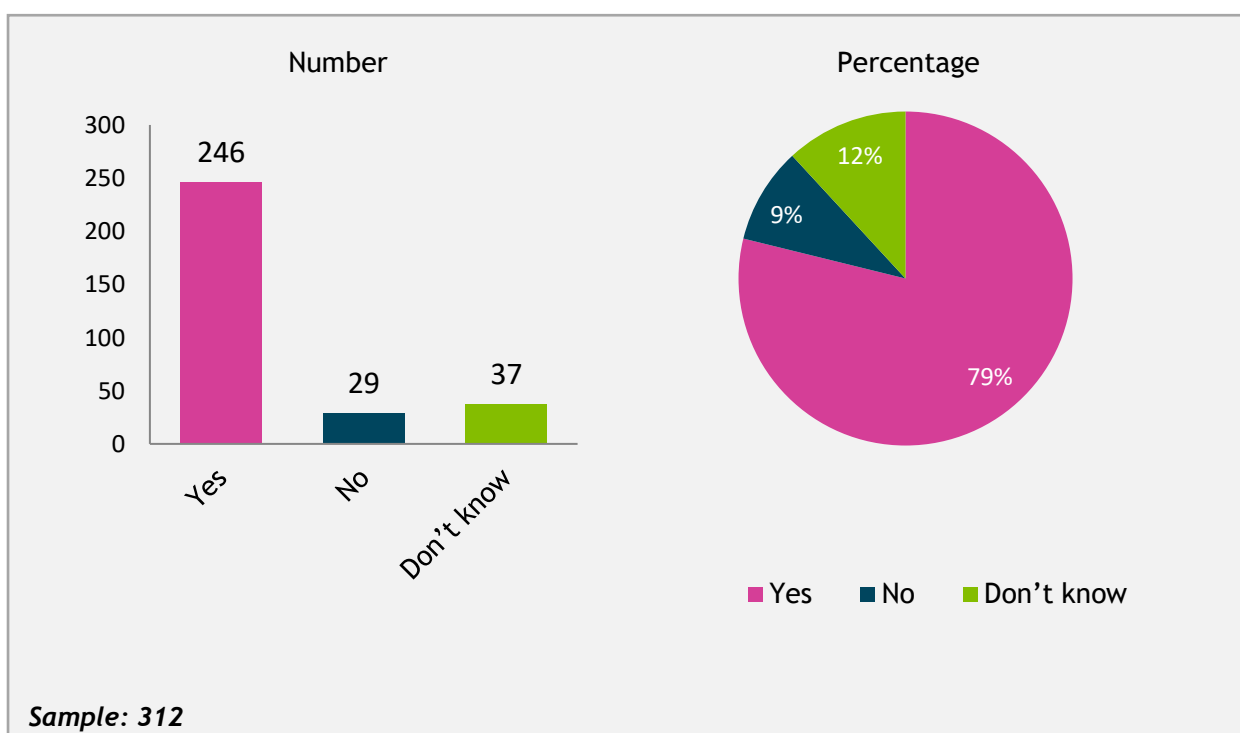
Respondents from White (Other) communities are also more likely than average to decline.

6.2.10 Findings by Employment Type

Non key worker	16%
All respondents (baseline)	9%
Key worker	8%

Workers in non-key sectors (such as construction, home or office based) are twice as likely than key workers (such as those in the NHS) to decline the vaccine.

6.3 If you care for someone who is vulnerable, or a loved one in a care setting, would you encourage them to receive a Covid-19 vaccine?



Over three quarters of respondents who care for someone who is vulnerable, or a loved one in a care setting (79%) would encourage them to receive the vaccine. Just under a tenth (9%) would not, while 12% are unsure.

6.3.1 Would encourage vulnerable cared-for/loved ones to receive the vaccine

We hear accounts of family members, particularly in care settings being ‘isolated’ and this is a major cause of anxiety and concern for families. Those with caring responsibilities say the restriction of support bubbles adds additional strains. Many are hopeful that the vaccine offers the prospect of ‘returning to some normality’.

Selected Comments

“I am not allowed to visit my 90 year-old father who is trapped in a care home, and he is desperate to see his family again as he doesn't know how much longer he has left. The vaccine is his only hope of ending his loneliness, so I have signed the papers for him to have it as soon as possible.”

“Currently providing one person in bubble to assist family member is adding strain. Once vaccine has been rolled out this support network can be widened. Also, isolation has become an issue.”

“I say yes for my mum who is in a care home. I think the benefit would definitely out way any risk for her.”

It is widely acknowledged that vulnerable people and those in care settings are particularly at risk - with this in mind many suggest 'we should all' get vaccinated.

Selected Comments

"I think all vulnerable people should receive the vaccine especially in care homes."

"It is really irresponsible not to take up this chance to stop this awful virus killing people or making them seriously ill."

"Why wouldn't you want to protect the vulnerable and your loved ones?"

With concerns about loved ones prominent, the vaccination offers peace of mind. It is observed that many responses included the word 'protect'.

Selected Comments

"I was scared for my Mum as she is 88. She is frail and has some health issues. I think it will be beneficial to try and protect her."

"I want them to be safe."

"I want them to be protected too."

It is noted that older people are likely to have routine vaccines already, so the Covid-19 vaccine would not be considerably 'out of the ordinary' and poses a much lesser risk than contracting the virus. There is also a significant level of trust in overall safety.

Selected Comments

"I believe vaccine risks are minimal compared with serious illness or death from Covid."

"For care home residents, the risk of Covid is greater than the risk from the vaccine."

"I believe the vaccine is safe and is our best defence for beating the virus."

"We have to trust the science; I had a flu jab and all my childhood vaccines - why wouldn't I have this one?"

Impact on Specific Groups

We looked closely at age, ethnic background, and employment type, to establish any findings that may be especially relevant to certain groups.

The following tables present findings - ordered from the most to least impacted.

Would encourage vulnerable cared-for/loved ones to receive the vaccine:

6.3.2 Findings by Age

Aged 25-34	62%
Aged 35-44	72%
All respondents (baseline)	79%
Aged 65+	81%
Aged 55-64	84%
Aged 45-54	86%

Respondents aged 45+ are most likely to encourage vulnerable cared-for/loved ones to get the vaccine.

6.3.3 Findings by Ethnicity

Bangladeshi/Pakistani	38%
Caribbean/African	64%
White Other	70%
All BAME	73%
All respondents (baseline)	79%
All White	85%
White British/Irish	88%
Indian	89%

When looking at ethnicity, we found that those from Indian and White British/Irish backgrounds are significantly more likely to recommend the vaccine to vulnerable cared-for/loved ones.

6.3.4 Findings by Employment Type

Non key worker	73%
All respondents (baseline)	79%
Key worker	82%

Key workers (such as those in the NHS) are 9% more likely than non key workers to recommend the vaccine to vulnerable cared-for/loved ones.

6.3.5 Would not encourage cared-for/loved ones to receive the vaccine

The majority of people who would not encourage cared-for/loved ones to receive the vaccine cite concerns around efficacy and a lack of longer-term data. A number also view manufacturers and the government with a level of suspicion.

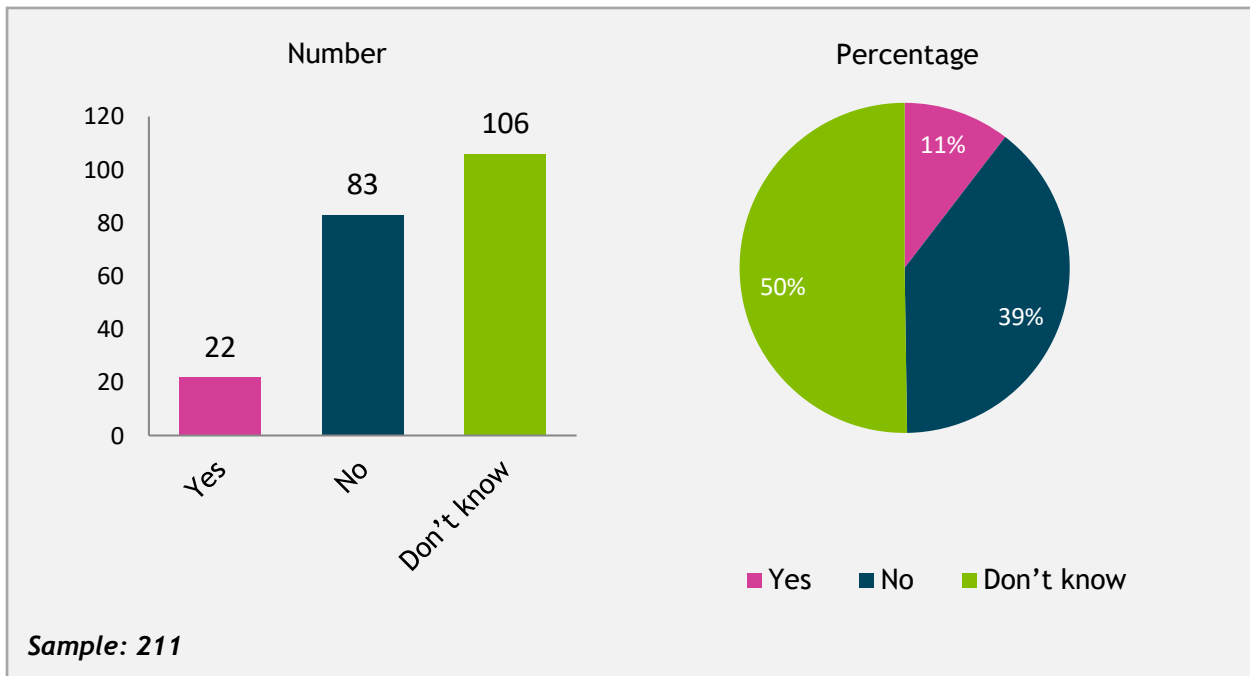
Selected Comments

“I am scared that this vaccine is not legit given the time frame of its creation to approval and not enough trials have been carried out. New drugs can take decades to go through the process of getting from lab to patient and this has taken less than 1 year.”

“Looking at the official studies there were hardly any people older than 55 in most of the vaccine trials, and barely any tested with current co-morbidities. Additionally, why are the manufacturers exempt from liability? I wouldn’t buy a car where the manufacturer was exempt from brake safety liability.”

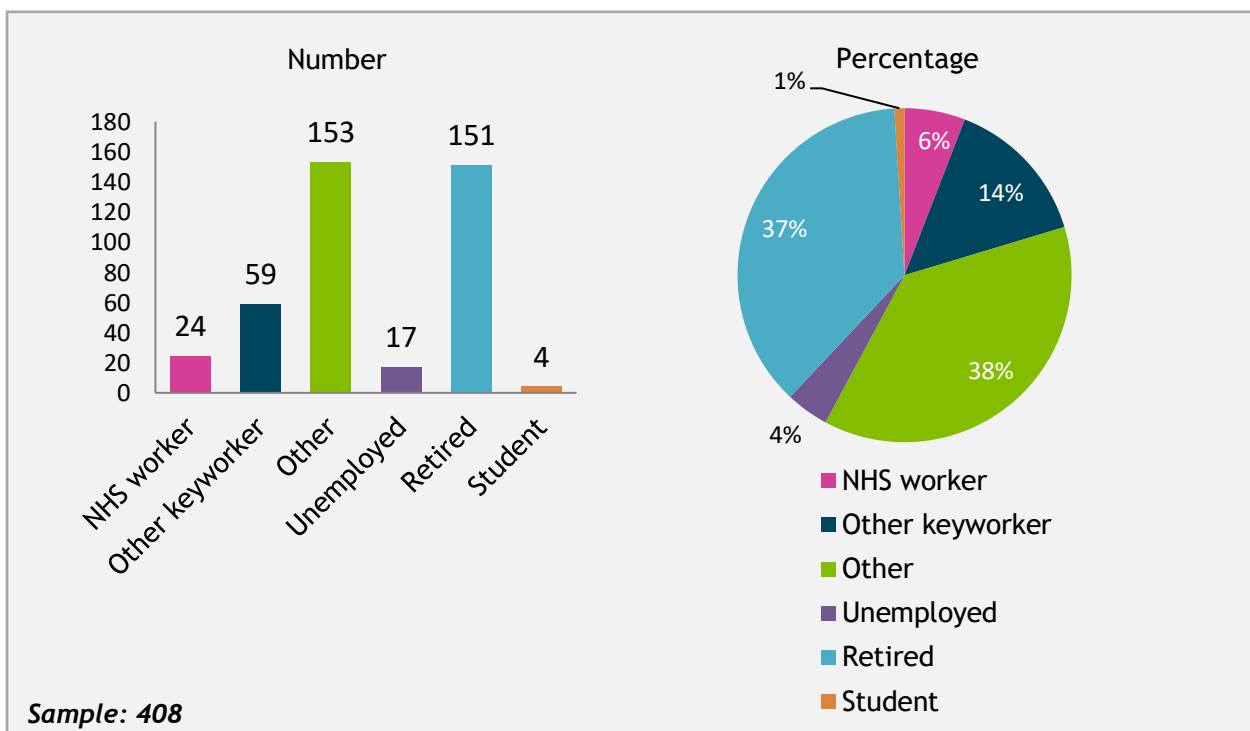
“There has been a software program designed to keep track of bad reactions to the vaccine, this suggests that there might be a large amount of people who will develop adverse side effects. If I trusted those in charge, I would find this easier to accept and see a brighter side, however, the track record of government leaves much to be desired.”

6.4 Would your employer require you to have the Covid-19 vaccine?



Half of respondents (50%) do not know if the vaccine will be a requirement of their employer. Just over a tenth (11%) confirm that it will, while a much larger number (39%) say it will not.

6.5 Your Occupation



A fifth of respondents (20%) identify as key workers, with 38% in other forms of employment. A sizeable number (37%) are retired.

7. Glossary of Terms

BAME


Black, Asian, and Minority Ethnic

8. Distribution and Comment

This report is available to the general public and is shared with our statutory and community partners. Accessible formats are available.

If you have any comments on this report or wish to share your views and experiences, please contact us.

Healthwatch Redbridge
1st Floor, 103 Cranbrook Road, Ilford, IG1 4PU

 020 8553 1236

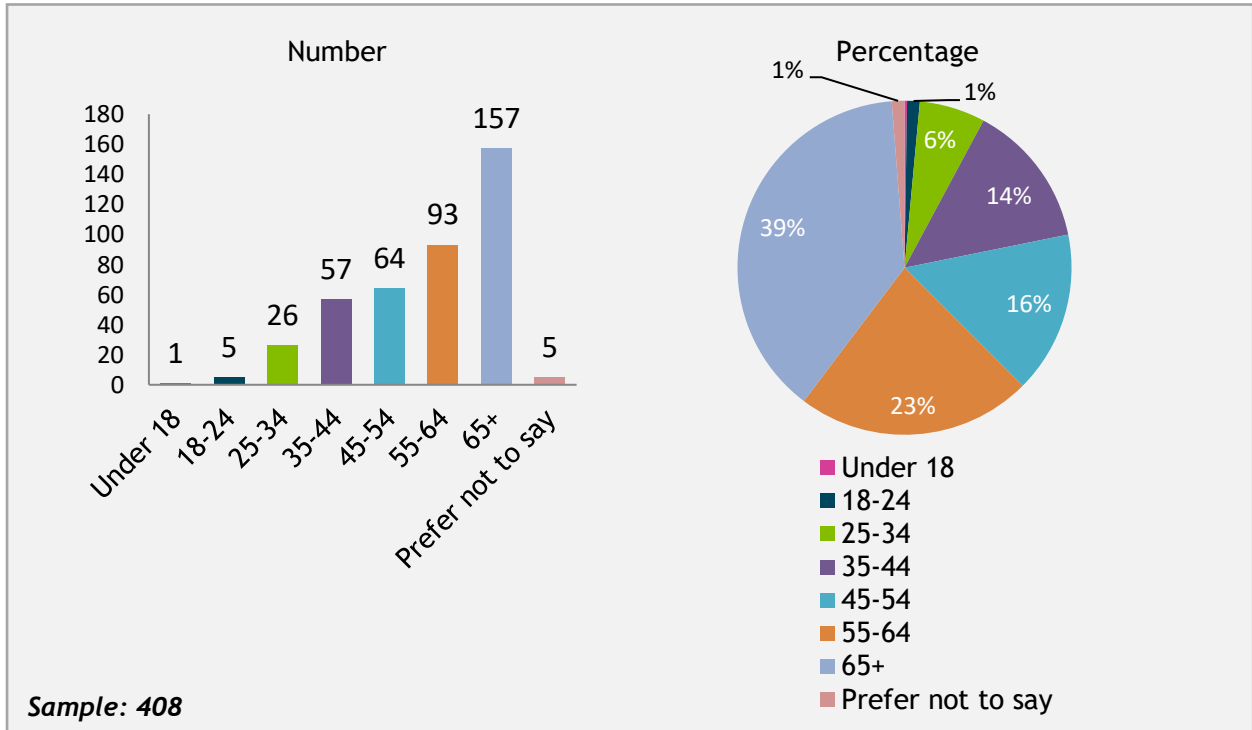
 Info@healthwatchredbridge.co.uk

 www.healthwatchredbridge.co.uk

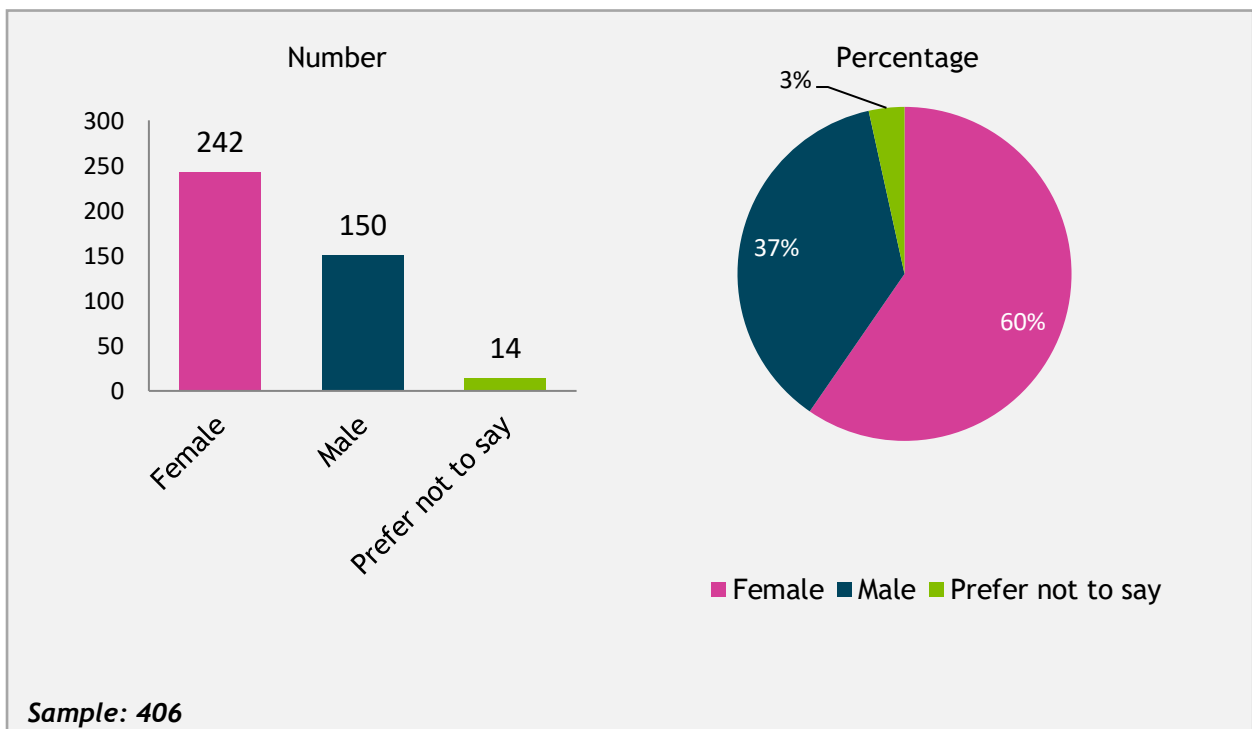
Appendix 1 - Demographics

The demographics of participants are stated as follows:

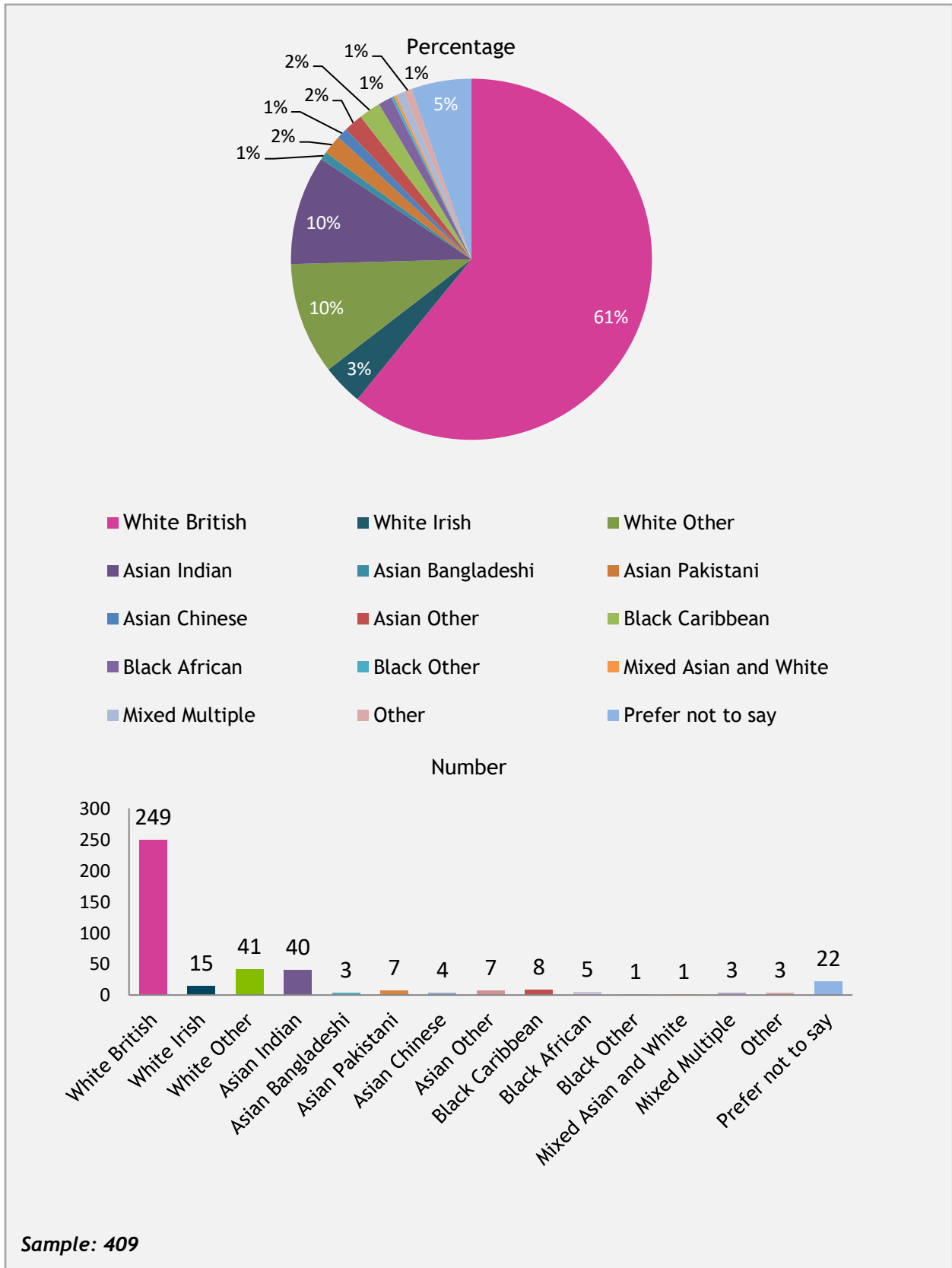
How old are you?



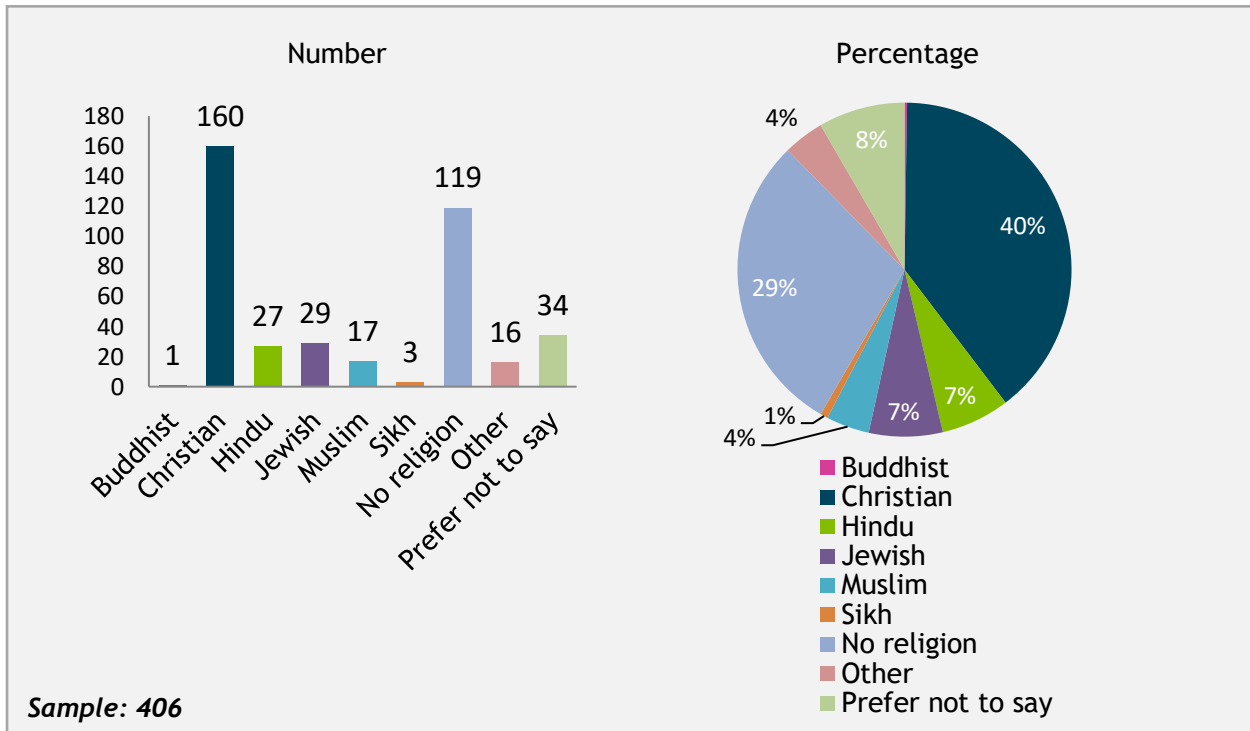
What is your gender/identity?



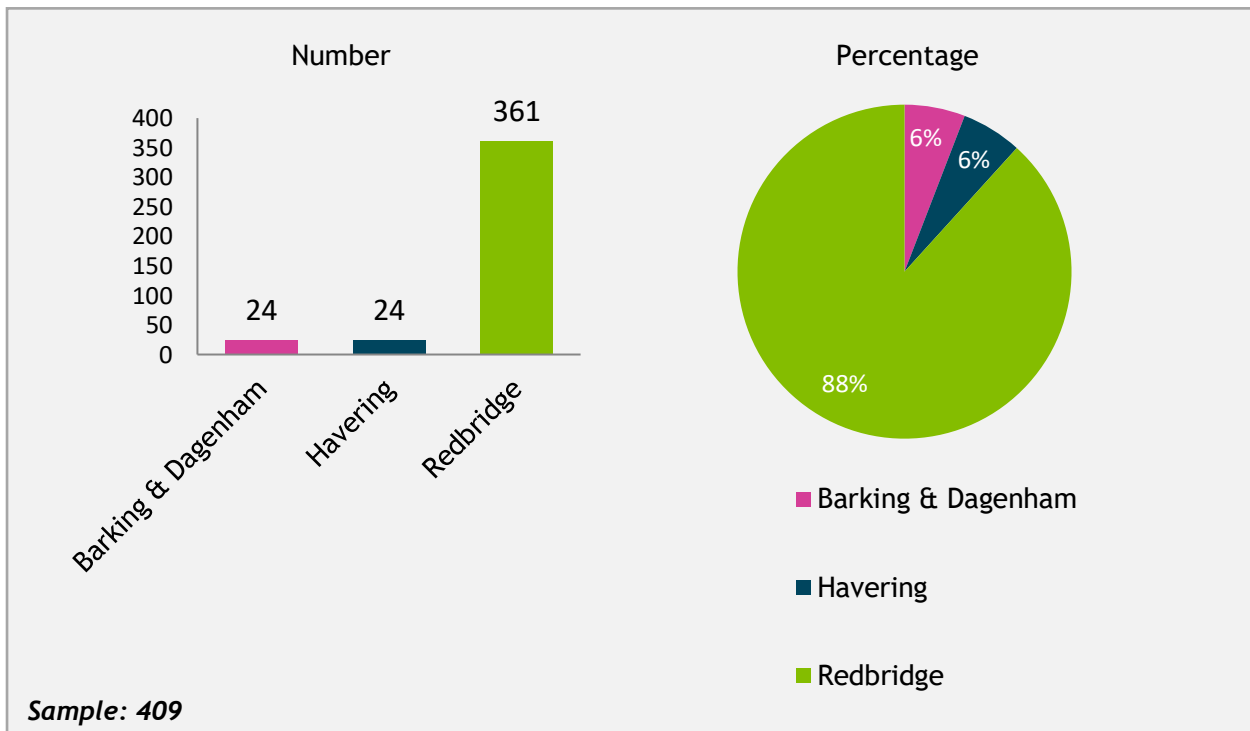
What is your ethnicity?



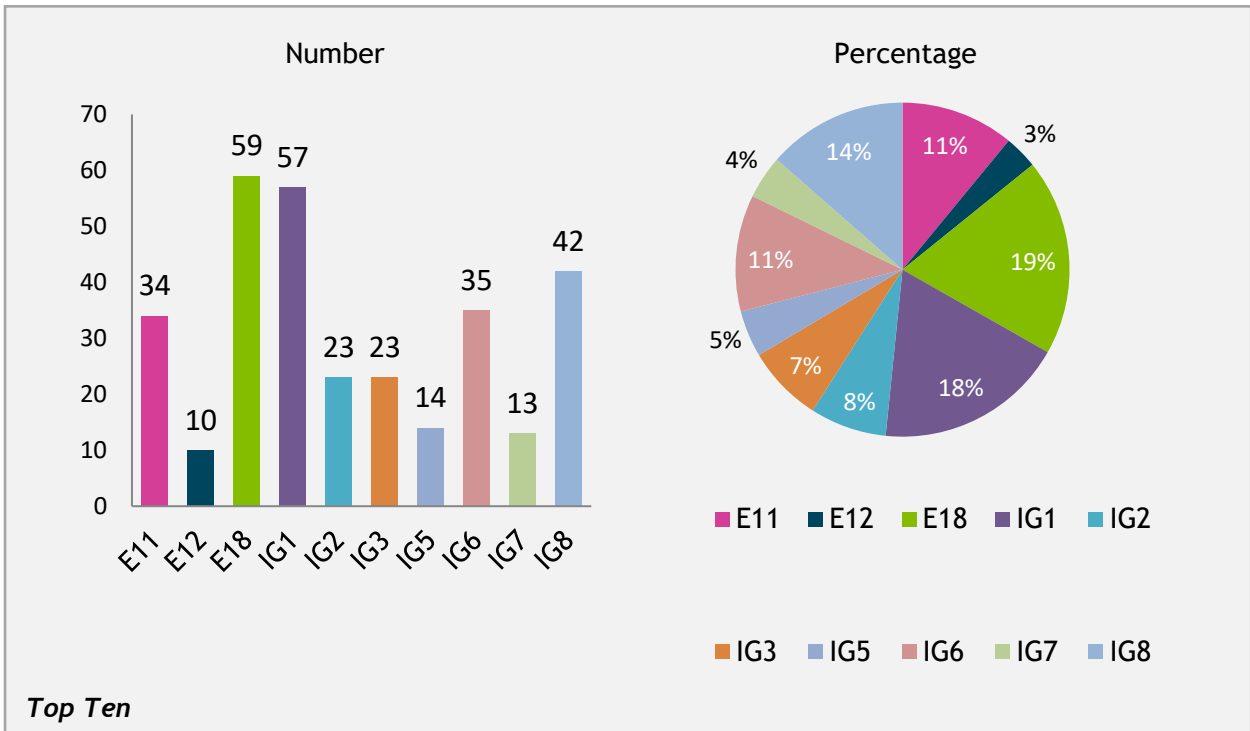
Religions or beliefs?



What borough are you from?



What is your post-code?



healthwatch Redbridge

1st Floor, 103 Cranbrook Road, Ilford, IG1 4PU

 020 8553 1236

 Info@healthwatchredbridge.co.uk

 www.healthwatchredbridge.co.uk