

Research Report

Youth COVID-19 Vaccine Engagement in Ealing, London, United Kingdom

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June 2022

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June 2022

DOI: [10.19088/IDS.2022.039](https://doi.org/10.19088/IDS.2022.039)

Suggested citation: Schmidt-Sane M; Hrynich, T; Ripoll, S; Southall Community Alliance, Forgacz-Cooper, C; and Curtis, S (2022) *Research Report: Youth COVID-19 Vaccine Engagement in Ealing*, London, United Kingdom, Brighton: Institute of Development Studies, DOI: [10.19088/IDS.2022.039](https://doi.org/10.19088/IDS.2022.039)

A catalogue record for this publication is available from the British Library

The research was conducted by the Institute of Development Studies and Southall Community Alliance as part of the COVID-19 Recovery: building future pandemic preparedness and understanding citizen engagement in the USA and UK programme, funded by the British Academy.

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Executive Summary

Despite progress in COVID-19 vaccination rates overall in Ealing, vaccine inequity persists as young people from minority communities are often less likely to be vaccinated. COVID-19 'vaccine hesitancy' is not just an issue of misinformation or lack of information. 'Vaccine hesitancy' among young people is reflective of wider issues such as mistrust in the state or the medical establishment and negative experiences during the pandemic.

This report is based on case study research conducted among minority youth (from ages 12-19) in the London borough of Ealing. While public discourse may label young people as "vaccine hesitant," we found that there were differences based on social location and place. We found the greatest vaccine refusal among older youth (15+ years old), which in the context of this study were from minoritised communities who have experienced deprivation across the life course.

Unvaccinated youth were also more likely to be from families and friend groups that were unvaccinated. While some expressed distrust of the vaccines, others reported that COVID-19 prevention was not a priority in their lives, but instead concerns over food security, livelihood, and education take precedence. Minoritised youth were more likely to report negative experiences with authorities, including teachers at their schools and police in their communities.

Our findings demonstrate that COVID-19 vaccine hesitancy is embedded in a context that drives relationships of mistrust between minority communities and authorities, with implications for COVID-19 vaccine uptake. Young people's attitudes toward vaccines are further patterned by experiences within their community, school, family, and friend groups.



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Key Findings

- Discourses on “vaccine hesitancy” may not capture the full range of youth attitudes but may inadvertently label youth as ignorant and uneducated.
- Not all young people are COVID-19 vaccine hesitant, but instead vaccination uptake is patterned by age, experiences of deprivation, and family and peer influence.
- Youth, particularly from deprived areas, face numerous challenges, some related to the pandemic. Young people reported experiences of racism and negative interactions with police. This may contribute to a sense of mistrust in the “system.”
- Young people across contexts reported symptoms of depression and anxiety during the pandemic, which contributed to a lower sense of well-being.
- Youth “vaccine hesitancy” is not just an individual phenomenon, but it depends on a young person’s experience of local history, political-economy, and social context.

“Vaccine hesitancy” is embedded in social and political-economic context

Recent studies have shown how minority communities often have a deeper mistrust of the medical establishment and government, due to long histories of medical experimentation, neglect, and systemic racism.

This history shapes young people’s attitudes toward vaccination in differing ways, often depending on their socioeconomic status. Emerging literature found that medical mistrust was associated with social isolation, financial insecurity, socioeconomic status, and level of social support. ⁽¹⁾

Research on youth vaccination attitudes also has shown that youth vaccine hesitancy may be linked to youth willingness to get vaccinated in light of peer and parental views ⁽²⁾ and social media. ⁽³⁾ This report will describe how contextual factors influence attitudes toward COVID-19 vaccination, including age, economic stability, access to social media, and community experiences of racism and experiences during the pandemic. We provide a more comprehensive model for understanding youth vaccine hesitancy.

To identify the context of youth vaccine hesitancy, we conducted case study research in the London borough of Ealing using traditional and participatory methods. We led in-depth interviews and focus group discussions with 62 young people (ages 12-19) largely from minoritised backgrounds. A youth advisory board provided oversight and input into the research. We also conducted a political-economic analysis to understand how structural inequalities might underpin vaccine attitudes and to answer our guiding research questions.

Research Questions:

1 How does context specific to social location (ethnic minority youth) and physical place (disadvantaged neighbourhoods), including experiences of systemic racism, structural inequalities, and historical injustice shape responses to COVID-19 vaccines?

2 How do youth conceptualise (mis) trust and what might be the role of (mis)trust in youth responses to COVID-19 vaccines?

This short report shares findings from the research with an aim to inform youth COVID-19 vaccine engagement and youth engagement in public health efforts more broadly.



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Key concepts, terms, and definitions

Political economy of health considers the historical, political, and economic contexts in which disease and illness arise, and examines the ways in which societal structures interact with place conditions that lead to good or ill health.

Systemic racism is a socially constructed scaffolding that supports and maintains racial discrimination and while racism may shift over time, the scaffolding continues to hold it in place.

Structural inequalities result from and intersect with various -isms (e.g. racism, sexism etc.) and are deeply embedded in our societies.

Structural inequalities include two key components:

Persistence, where inequalities are reinforced and compounded over time and **intersectionality**, where relationships between inequalities shape different experiences for individuals facing multiple forms of oppression.

Place conditions refer to a community's historical, social, and political-economic context.

Trust, specifically medical mistrust, refers to a tendency to distrust medical systems and personnel believed to represent the dominant culture in a given society. Distrust in the broader COVID-19 response, a lack of trust in political authorities, and/or distrust in broader institutions have been cited in a broad range of ethnic minority responses to COVID-19 vaccines and other measures.

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“
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Vaccine hesitancy refers to a delay in acceptance or total refusal of vaccines despite the availability of vaccination services. The use of this label may inadvertently stigmatise or further alienate those who have not been vaccinated.

Vaccine equity refers to fair and just access to vaccines, prioritizing historically marginalised and disadvantaged communities. The most effective way to achieve equity is by involving communities in the planning, execution, and decision-making process of COVID-19 vaccination programmes and by addressing histories of racism, injustice, and oppression.



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Population and demographics

The London Borough of Ealing, in West London, is the third largest borough in the city and one of the most ethnically diverse areas of the United Kingdom. Ealing is home to about 352,000 residents, nearly half of whom were born abroad in over 170 different countries (Greater London Authority, 2020; Ealing Council, 2020). This number is also thought to be an undercount, due to the large number of undocumented immigrants residing in the borough. ⁽⁴⁾ Due to this rich mix of people, Ealing is one of the UK's most diverse local authorities. In Southall for instance, in Ealing's southwest, well over half of the population are from ethnic minority or migrant backgrounds, with Asian, Eastern European, African, Caribbean and other roots, as well as identity groups coalescing around regional origins, religions, languages, kinship, class and caste. ⁽⁵⁾ Thirty percent of Ealing residents identified themselves as White British in the most recent 2011 census. Ealing has a younger age profile than the rest of the UK, with 48% of residents below the age of 35.

Place conditions: Migrant experiences, systemic racism, hostile policy environments

Hostile policies shape migrant experiences

The migrant experience in Ealing, as elsewhere in the UK, has been shaped by an increasingly "hostile environment." What began as the gradual rolling back of post-war open-door policies has become, particularly from the turn of the 21st century, an escalating 'restrictionism' which has made migration to the UK increasingly difficult and being a migrant in the UK increasingly challenging.

For instance, it has become more difficult for migrants to join already settled family. Many of the National Front's early actions were towards the migrant community in Southall, with the death of Blair Peach at the hand of the Police protecting the far-right group leaving a lasting impact on the borough. Migrants in the UK have seen increasing restrictions to their legal rights and entitlements, including access to healthcare. Due to data sharing practices between some public services and the Home Office (responsible for enforcing immigration law), undocumented migrants in particular may fear seeking needed care or protection due to worries about criminalisation or deportation. ^(6,7)

An anthropologist documented the experiences of youth asylum seekers from the Democratic Republic of the Congo who experienced their relationship with Hillingdon council (Ealing's neighbouring borough), their "corporate parent" as "anything but a caring one" ⁽⁸⁾ Due in part to limited funding due to austerity policies in the UK, as well as limited prioritization of asylum seeker services at the council level, these young people were provided with only the most basic housing, and experienced their encounters with the administrative, health and legal systems as impersonal, bureaucratic, and lacking care. Rather, they found resilience through their personal relationships (such as with individual social workers), and social networks, especially faith communities.

“Migrants in the UK have seen increasing restrictions to their legal rights and entitlements, including access to healthcare.”



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Systemic racism affects minoritised youths' experiences in Ealing

The Ealing Race Equality Commission was set up in late 2020 by the Council to examine race inequality in detail in the borough, including how structural and racial inequalities shape outcomes across the life course. In their recently published report, they focused on five themes including education and learning; income and employment; crime and justice; participation; decision-making and leadership; and health and housing.⁽⁹⁾ The commission highlighted that while there has been a long tradition of anti-racist activism in the borough, people in Ealing from minoritised backgrounds still face systemic disadvantages.

Young people from minoritised backgrounds in Ealing face systemic racism in everyday life. In education settings, black Caribbean students are more likely to face permanent and fixed-term exclusions.⁽⁹⁾ Some teachers in Ealing schools report on the linkage between unconscious bias and low attainment, highlighting that minoritised students are often under-served by the education system.



Young people from minoritised backgrounds in Ealing face systemic racism in everyday life."

A black person in Ealing was almost five times more likely to be stopped and searched than a white person.⁽⁹⁾ Young people who have been subjected to stop and searches face adverse mental health impacts, as police encounters are often sources of anxiety and great stress. Stop and Search is a power given to police to search an individual if they have 'reasonable grounds' to suspect the person is carrying illegal drugs, a weapon, stolen property, or something that can be used to commit a crime such as a crowbar. Section 60 orders mean that some stop and searches can be carried out without "reasonable grounds" in a set area for a defined period of time (15-24 hours), often following a violent incident in the area. However, in practice, Section 60 powers require better coordination between local and regional policing to mitigate unnecessary stops and searches.⁽⁹⁾

The Commission concluded that race inequality is a crisis that demands urgent response across sectors. In terms of health, they highlighted the need to move from rhetoric about community engagement to concrete and sustained actions that place communities at the centre. Regarding crime and justice, there is a need for the Metropolitan Police Service to critically review its use of stop and search. These kinds of experiences and encounters may continue to impact the ways in which young people in ethnic minority and migrant communities regard and trust the state and other official institutions. The accountability of the Metropolitan

Police is also a worry for minoritised youth, with fewer than 1 in 200 complaints against the Met's MO7 group (which includes the Territorial Support Group (TSG), known colloquially as, "Bully Vans") being upheld. The TSG, formerly known as the Special Project Group (SPG), were potential culprits for the Murder of Blair Peach, further increasing the unpopularity of the heavy-handed policing tactics within the Borough. ⁽¹⁰⁾

This distrust of the systems meant to enforce the law, especially the police, is not new during recent geopolitical events. The death of Mark Duggan in 2011 caused riots nationwide and Ealing was no different. Areas which would be considered better resourced, such as Haven Green or Greenford, still saw unrest. This demonstration of distrust and disapproval from minoritised groups, across class barriers, shows that the issues which need to be reconciled are much more basic and entrenched than just over policing in certain communities.

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Place conditions: Migrant experiences, systemic racism, hostile policy environments

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Austerity policies in the UK have been marked by reductions in government spending on social services. ⁽¹¹⁾ The British Medical Association warned that the effects of spending cuts are disproportionately harmful to children, young people, and low income families, and in particular, those who were already disadvantaged such as migrant children. ⁽¹¹⁾ Austerity policies have further led to youth marginality, while youth have been constructed in political discourse “as trouble/in trouble”. ⁽¹²⁾ This discourse is evident in the British tabloid media, which thrives on images of young adults as living in dangerous spaces in housing estates. This focus masks the lack of opportunity and marginality that young people face in the country today (Shane & Ruth, 2017).

Austerity policies at the national level have restrained the budgets of local authorities which has made life yet more difficult for many in Ealing and across the UK as this has resulted in cuts to local social programmes and services. ^(13,14) The Greater London Authority estimates that London boroughs may have seen a 63% reduction in real terms to their core funding over the last decade. ⁽¹⁵⁾ In the context of Ealing, this has at times included funding for youth-oriented programmes.

Ealing been subject to broader economic and political processes that have affected London and the UK, such as soaring costs of housing and increasing precariousness of the job market. National austerity policies have eroded public services and an increasingly ‘hostile environment’ towards migrants in the UK (within a uniquely multicultural borough), have also shaped local government-resident relations and trust. It is in this historical context, as well as more recent and ongoing experiences of racism, xenophobia and economic exclusion in which Ealing residents – including youth – are now presented with the possibility of taking up COVID-19 vaccines.

Economic inequalities

Many Ealing residents also face economic precarity and poverty, including in-work poverty. Overall, the borough ranks 87th most deprived of 326 local authorities in England, according to the Index of Multiple Deprivation (IMD). The IMD is an official measure used in England which takes into account income, employment, education, skills and training, health and disability, crime, barriers to housing services and living environment. Ealing residents struggle particularly with issues of long-term unemployment (including predating the pandemic), an insufficient supply and quality of housing stock, and rising rates of gig-economy and zero-hours employees. ⁽¹⁶⁾

Housing

As already suggested, inadequate housing is a critical issue in Ealing. Ealing ranks the 8th London borough for overcrowded housing ⁽¹⁷⁾ while almost half of Ealing's LSOAs (Lower-layer Super Output Areas – small areas of a similar population size) are within the most deprived deciles for “barriers to housing and services” and most within the lower deciles of “living environment” of the IMD. ⁽¹⁸⁾ Local organisations have noted the ways in which migrant and ethnic minority communities face structural barriers and discrimination in relation to accessing housing, and also face poor quality and unsafe conditions. ⁽¹⁹⁾ Regeneration and gentrification have histories within the borough. Throughout the 20th century, post war construction productions, like the Golf Links Estate, disrupted community. In the case of the Golf Links, the families who were deemed “disruptive” in many parts of Southall. Further, areas like South Acton have experienced high levels of gentrification in recent years. This has contributed to a sense of social exclusion by those experiencing deprivation who have felt “pushed out” of their community. ^(20,21)

The impact of gentrification on Ealing's youth

Young people's experiences of gentrification in Ealing contribute to social exclusion and a sense that they are being “pushed out.” In the Acton area, luxury new builds have gone up, pushing out local communities who can no longer afford to live there. ⁽²²⁾ These are not just places to live, but Acton and South Acton residents rely on their communities as places of social support.

A 2017 survey showed that location was a critical part of identity for 94% of South Acton Estate residents. ⁽²³⁾ “Regeneration” without sufficient local community engagement, affordable housing, and consultation, as was the case in South Acton, is driving social exclusion and marginality.

Health inequity

Life expectancy is 5.8 years lower for men and 3.6 years lower for women in the most deprived areas of Ealing, compared to least deprived areas. ⁽²⁴⁾ Public Health England has flagged other wider determinants of health, such as rough sleeping and violent crime in the borough as being higher than the regional average. ⁽²⁴⁾

Local health disparities are also racialised, with conditions like diabetes, asthma, obesity and hypertension disproportionately impacting areas with higher proportions of ethnic minority residents, due to the structural inequities they face. The long wait times and underfunding of the borough's main hospital, Ealing Hospital, means that even those who have access to these services may be unwilling to use them.

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Youth COVID-19 pandemic experiences and worsening inequalities

Pandemic restrictions and the influence of local and community level dynamics are at the forefront of young people's experiences during the pandemic. Early evidence shows that COVID-19 had a detrimental impact on their mental health and well-being, particularly for youth from racial and ethnic minority groups living in under-resourced communities.

Evidence synthesised by The British Academy at the start of the pandemic demonstrated that while older adults were more vulnerable to COVID-19 illness and death, young people were more vulnerable to the socioeconomic impacts of pandemic control measures. ⁽²⁵⁾ Young people from Black, Asian, and other minoritised backgrounds in particular, faced mental health issues. ⁽²⁶⁾ Although some young people faced increased anxiety and depression due to restrictions, those who did not feel connected to their peers prior the pandemic may have actually experienced reduced mental health stress. ⁽²⁶⁾ Additionally, digital exclusion was experienced by younger, more vulnerable people, especially those from non-English speaking households. ⁽²⁷⁾

One of the greatest disruptions youths' lives was school closure and the switch to online schooling, particularly for youth with inadequate space and technology to attend or manage online classes. ⁽²⁸⁾ Many government measures to resolve these issues fell flat, such as malicious software on government issued technology to access online school. Youth and their families from low-income and ethnic minority backgrounds also experienced loss of income, increased stress, family conflict, food instability, and lack of physical exercise. These may have compounded feelings and experiences of neglect by the state.

Emerging data on inequalities and young people's experiences in Ealing during the pandemic: Insights from a local youth worker

Young people's messages for policy makers:

While young people expressed gratitude for the work of public health in England, many cited psychosocial and socioeconomic support needs. Respondents from a recent survey asked for the following support from local government:

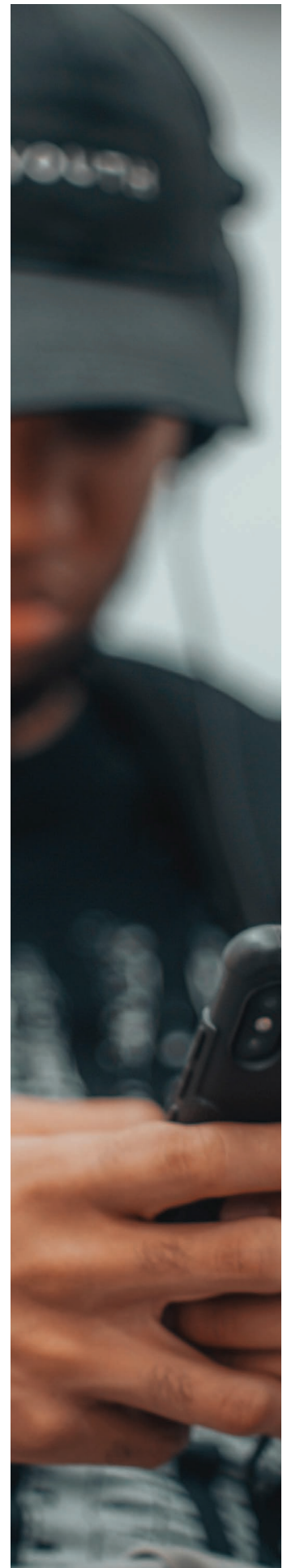
- **Financial, food, and economic support**
- **More job and career opportunities**
- **Safety and reduced crime in their neighbourhoods**
- **More youth friendly activities, like indoor football**
- **More youth clubs and youth centres, including space for homework and study**
- **Better access to trained mental health practitioners**
- **Opportunities to meet with authority figures and decision-makers**
- **Improved relationships of trust with local government**

Insights into how the pandemic shaped young people's lives will provide us with context for how they respond to COVID-19 vaccination. A youth worker from Ealing provided us with invaluable insights into young people's experiences during the pandemic, including the very negative impact of lockdown. A survey (7th Dec 2021) they conducted with 14 young people largely from minoritised backgrounds showed that the pandemic had deep and lasting negative effects on their education, as one person cited that they would have gotten different grades or a better GCSEs score. Another said that everything they cared about was restricted or inaccessible. The survey also demonstrated that young people's families faced negative socioeconomic impacts of lockdown, as some parents were forced to leave their work and subsequently lost income and the ability to support their family.

Another survey with 16 young people found that while they were aware of current COVID-19 prevention guidance, they felt that government advice was confusing and inconsistent, which may contribute to low uptake. In the survey, respondents were largely unvaccinated (9 of 14), and cited a lack of trust, "no point" to being vaccinated, or not being ready as reasons why they did not take the vaccine. Two of them said they would get vaccinated if someone incentivised them, with cash incentives, to do so. In the other survey ($n = 16$), young people felt that social media advertising that promoted vaccination would not really make a difference in their opinions, but rather parents should be better engaged. Youth should be made aware that they do not need parental consent for vaccination over the age of 16 and that there are exceptions (Gillick-competent exceptions) for those younger than 16.

Overall, young people feel "forgotten and ignored," and like their opinions do not matter or are not listened to when policies are being created. Youth are facing a mental health crisis, which was in part exposed by COVID-19 lockdowns. Young people expressed a lack of mental health support in schools and that there was a need for additional support from neutral, non-teacher, trained mental health staff. The services which were provided, such as Children and Adolescent Mental Health Services (CAMHS), are notoriously poor for many to the extent that it has become a joke within youth popular culture.

Finally, young people in Ealing are influenced by four overlapping factors – social exclusion, inequalities, faith, and messaging. They have felt excluded from many parts of society, especially mainstream political-economic spheres, and this exacerbates a lack of trust in government and authority. Young people have felt like they do not matter to authorities, and so one response is mistrust in the COVID-19 vaccination engagement efforts, among other government-led initiatives. In one sense, not taking the vaccine may feel empowering. Young people also found that their faith, particularly for Muslim youth, can be one critical foundation when other institutions are not present and do not offer support. As young people enjoy being part of social groups, belonging to social media platforms can offer a form of social inclusion that they lack elsewhere. While they may not trust or believe information on social media, some may become desensitised.



Youth and COVID-19 vaccination is embedded in this context



Youth vaccination began in August 2021, when young people ages 16-17 became eligible to receive the COVID-19 vaccine, followed by youth ages 12-15 in September. While adults may receive Moderna, Oxford/AstraZeneca, or Pfizer-BioNTech, only the Pfizer vaccine is available for those under 18 years of age. These vaccines have received “temporary authorisation” status under Regulation 174 in the UK for emergency use. As of February 2022, only people aged 16 and over are eligible for a third booster dose of the vaccine. Young people have been able to get their COVID-19 vaccine at school, or at vaccination centres or select pharmacies and other sites, either with an appointment, or on a walk-in basis. ⁽²⁹⁾

In England, national vaccination data reveal disparities by ethnicity. Roughly 52.5% of 12-15 year olds have one vaccine dose as of January 2022, with major disparities between Indian (65%), White British (59%), and Black African (27%) or Black Caribbean (13%) youth. ⁽³⁰⁾ London has the lowest vaccination rate for 12-17 year olds overall. ⁽³⁰⁾

Among Ealing youth aged 12-15, 46.4% have had at least one vaccine, while among those aged 16-17, 54.6% have had at least one vaccine dose ⁽³¹⁾. This picture is more variable at the sub-borough level. For instance in some areas of Ealing such as Elthorne Park, vaccination stands at 78%, 73.4% and 56.6% (first, second, and booster doses respectively), while in North Acton, only 57.5%, 49.3% and 28.2% of people are vaccinated (first, second and booster doses respectively). This represents an over 20% point gap with respect to first doses, while there are nearly double as many people (proportionately speaking) who have had both doses and a booster in Elthorne Park than North Acton. Elsewhere across the borough, rates fall somewhere between these, with for instance, Southall Green achieving a fairly high rate of 71.1%, 62.2% and 34.1%, and Greenford North achieving 66%, 59.8% and 38.5% coverage (first, second and booster doses respectively). Other areas with particularly low rates include Perivale (64.9%, 59.3%, 37.5%), East Acton (58.6%, 52.4% and 31.8%). ⁽³¹⁾

Youth COVID-19 vaccine hesitancy

The World Health Organisation defines vaccine hesitancy as a “delay in acceptance or refusal of vaccines despite the availability of vaccination services.”⁽³²⁾ It is not a dichotomy of being ‘hesitant or not,’ but rather a continuum ranging from complete acceptance to complete refusal.^(33–35)

Our conceptual framework is a political economy of vaccine hesitancy to frame how young people respond to COVID-19 vaccines, and why hesitancy is more than an individual-level construct. This report will demonstrate how young people’s views on vaccination are linked to more than social media misinformation or medical mistrust; these attitudes are underpinned by longstanding histories of mistrust between governments and minoritised communities, and between governments and young people.

“**The WHO defines vaccine hesitancy as a ‘delay in acceptance or refusal of vaccines despite the availability of vaccination services.’**”



Figure 1. Conceptual framework for the “Political Economy of Youth COVID-19 Vaccine Hesitancy”

Against this backdrop, the UK government has reduced funding for essential government services like youth services, youth centres, and recreation centres. In the UK, austerity policies have led to a deficit of funding available for local governments and youth services are on the decline in many places. For racialised minorities, this layers onto existing histories of socioeconomic deprivation. Meanwhile, young people are labelled as “dangerous,” or “anti-social,” and experience police surveillance through frequent stops and searches. In this report, we will show how these trends influence youth vaccine uptake, with implications for future public health engagement with youth on COVID-19 vaccination and other important public health and social issues.



Research Findings

In January–March 2022, our team conducted traditional and participatory research using a Youth Participatory Action Research (YPAR) approach in Ealing. We collected data from over 62 young people (ages 12–19) – largely from minoritised backgrounds – from the borough. YPAR is a form of Participatory Action Research specifically aimed to increase youth participation in research and social change. We conducted in-depth interviews ($n = 27$), 4 focus group discussions, and convened a Youth Advisory Board which provided oversight for the research and dissemination activities.

We report on findings from these data, including on youth experiences during the COVID-19 pandemic and how their experiences were shaped by structural inequalities, and how young people view and respond to COVID-19 vaccines. Our sample in Ealing came largely from two different locations: Greenford and South Acton. Throughout the following sections, we reflect on participants' responses in relation to their social location and place conditions, including how longstanding issues related to structural inequalities led to different concerns for youth from South Acton, compared to Greenford.

Ealing Youth Experiences of the COVID-19 Pandemic

Young people in Ealing faced numerous challenges during the UK's lockdowns, the first of which began on 23 March 2020. Participants described a sense of solidarity during the first lockdown and that they felt like their community, and the country, were 'in this together.' It also coincided with improving weather in Ealing, when youth were increasingly able to go outside for breaks. However, it was during the second lockdown, announced on 02 December 2020, that young people began to experience an increased and crisis-like sense of social isolation which eroded mental health, and heightened a sense of uncertainty in relation to their educations and futures.

COVID-19 pandemic response measures may have worsened youth mental health

The COVID-19 pandemic response measures substantially impacted young people in ways that they described as detrimental to their mental health, particularly for older teens. Uncertainties related to school and lockdown, social isolation, and disruption to their educational and career goals contributed to a sense that they did not have control over their lives and that their future plans were now unclear. While lockdowns had a very negative impact on many youth, successive lockdowns became increasingly difficult due to isolation, with this taking a negative toll on mental health.

"Yeah, I think it was quite traumatic watching the news every day and seeing how many people have died just in one day. And also thinking about my family members who live quite far away. So for example, my cousins they have quite severe conditions. So if they got COVID, they could potentially get a really serious problem."

– Female, 13 years old, Southall

This was compounded by the stress of being constantly at home, particularly for those who live with several other family members or in a small home. Of 27 participants, 18 ($n = 6$ from South Acton and $n = 12$ from Greenford area) spoke about issues with mental health during the COVID-19 pandemic. For those in the Greenford area, a largely middle-class area in Ealing, mental health issues became more apparent during the second lockdown across social groups.

"And because it was like the second lockdown was in like wintertime, it was just really depressing and like, not nice. So, I think, yeah, that was a really not enjoyable experience by the end of it." – Female, 17 years old, Greenford

'And then by the time of the December lockdown, where we all still went to school, but nothing else was open, and then that lockdown from New Year's to March, pretty much those were the ones where I genuinely worried and a lot of my friends genuinely worried for their mental health. I guess you didn't have the vaccine program for the March lockdown, but for the December lockdown, we all saw it for what it was. And you kind of knew that this is going to be here for a while or you thought in the summer you thought we're seeing the end of this and then you go get thrown back into it. And I think that is what led to young people contemplating mortality a bit more. And just thinking what, what is happening with all this?' – Male, 16 years old, Greenford

Older teens, such as the participants above, experienced the second lockdown as a time of great uncertainty. For teens in Greenford, mental health was a major concern as participants described experiencing anxiety and depression during that time. It was in December that participants began to realise that the pandemic was a long-term problem, rather than something that they had to deal with in the short-term. This contributed to a sense of uncertainty.

Participants from Greenford also spoke about the steps they took to improve their mental health during the pandemic, from finding resources or sources of support online to starting mental health counselling and therapy. One participant was able to find resources that helped them to improve their mental health outcomes.

“Well, I have I seek, I get, therapy, like every week, so that sort of, sort of helped me, I think, yeah, I think I started in lockdown. And that really got me through it, you know, eventually talking to someone. But it’s a shame because I’m in a place where I can afford those things, but I know others can’t. And they don’t have access to those things. As a young person, like, you’re very young, even though we have social media, like I never saw anything that promoted things like that. Like counselling or, you know, for others, like something that’s okay. Like, I didn’t, I wasn’t aware of these sorts of things. So, like, and I think that’s a lot of young people, like, they just have to basically face whoever they’re dealing like, there’s no, there’s no exposure, I guess, to anything that would support.” – Female, 18 years old, Greenford

As this participant describes, having access to mental health services made a difference in her ability to manage her mental health. She found information online and was able to access therapy, though she notes that some are not able to do this for financial reasons, alluding to the socioeconomic differences that shape mental health care access. One female participant from South Acton was able to access care, though she was the only participant from that area who did.

“Mentally I did, I did fall in I think I fell into a bit of a depression state. Because I just I couldn’t do it. I felt really attacked by it. Like sitting at home. So, I did, but I did have a counsellor at that point. I was talking to her trying to figure out myself.” – Female, 16 years old, South Acton

Participants, largely those from Greenford, also spoke about how the pandemic and stressors related to school affected their mental health. One participant (below) described this as a cumulative effect, where academic pressure spiralled into feelings of stress related to their achievement. This participant, similar to others, had less outlets for stress and found it difficult to cope.

“Because I was in year 10 at the time, and I am quite an academic person, as well as the for me, like, the pressure to like continue doing well in school, like got a lot and like, the workload seemed to pile on. And like it was hard to stay motivated and stuff like that, which like, spiralled into like, feelings of like, oh, I’m not going to do well, like when it comes to exams, that sort of stuff. And it was like the stress of whether we’d have exams or not. And then it was also because, as I said earlier, I’m quite a sporty person. And so not having those sports clubs to go to, I think affected me quite a lot because a lot of my friends came from sport as well. And so like, I wasn’t talking to them as much, and obviously wasn’t playing sports, which then led to like, like self-esteem issues, that sort of stuff. And then you know, it was a bit of a spiral.” – Female, 16 years old, Greenford

For South Acton participants in this study ($n = 14$), mental health was less of an issue compared to stress related to socioeconomic challenges. When we first asked one participant from South Acton about his experiences during COVID-19, he mentioned that COVID-19 fundamentally did not matter to him, because he had the stress of providing for his family. He lives at home with his chronically ill mother who is unable to work and a younger sister. He is the main provider for his family, which also includes his currently incarcerated brothers who he supports with small amounts of money to use in prison.

“P: It was alright, it was hard. I was still going out...it didn’t matter in terms of getting in trouble. There’s a lot going on with my life. Family. COVID didn’t matter.

MS: What’s going on, if I can ask?

P: I’m looking for employment. COVID didn’t matter, I was focusing on other things. I still am. My mom, I gotta take care of her, you know? If you just stay at home, you can’t get money. It’s just me and my mum and my sister. I got four brothers in prison.”

– Male, 19 years old, South Acton

He went on to ask about ways that he could manage stress, because he did not have any way to manage it, other than by smoking regularly.

Disruptions to education and career paths have contributed to a sense of uncertainty

For students in this study, the pandemic, especially during the early days, was a major disruptive force in their education and career path. Participants experienced various disruptions, from uncertainties around and eventual cancellation of critical exams such as the GCSEs, managing school-life balance, and online school as major sources of stress. Several participants in this study did not finish their GCSEs during the COVID-19 pandemic, dropped out of college or did not pursue higher education, particularly in the South Acton group. Several others were unemployed and trying to decide what they can do.

For some participants, taking the GCSEs is a major life event that marks a transition in their education, once completed. Fourteen interview participants, most of whom lived in the Greenford area, described taking or planning for the GCSEs during the pandemic, which for some was a great source of stress. The pandemic, including lockdown and a switch to online school for some, meant that a stressful time became even more so due to these circumstances. Only one participant from the South Acton group discussed the GCSE as a source of stress.

“And I thought it was quite stressful, and especially because I’m doing my GCSE this year, I felt like it’s held quite a bit back. So, I thought I’m not on the same. Not on the pace I should be.” – Female, 16 years old, South Acton

There was a sense among some participants that switching to online school and other mitigating circumstances meant that the GCSE preparation was more difficult, leaving some to feel unprepared. One participant, unprompted, described the challenges they faced, including not being able to practice for the exams.

“And I think a lot of people like would say the same because everyone, like, from the start, you get into like, year seven, everyone’s like, the jump from GCSE to A level was very hard, because you have to be so independent. But then that element of like having to do with pretty much four months of work by yourself did make that a bit easier. But I just think maybe when the exams come, that will be much harder, because we haven’t had the practice for GCSE. Yes, what was the question? Sorry, I went on.” – Female, 16 years old, Greenford

As this student describes, she felt like she had to complete her work independently and found that she felt unprepared for the GCSE exams.

For younger students not yet thinking about the exams, school was stressful for other reasons, particularly for those with poor internet connection or difficulty keeping up with online schooling. One younger participant (12 years old) from South Acton described challenges she faced in taking classes online. She was using an older computer that would often not connect to Microsoft Teams, the platform they used for school. Her internet connection was also problematic, and she would often have to turn her camera off to maintain that connection. Her teachers would ask her to turn it on, but then she also described being mocked by her peers because her camera quality was poor. She went on to describe what this was like.

“And the work was, they either gave you too little space on the sheet, or they would give you the file and you’d have to somehow send it over a computer. And we didn’t know how to do that, and eventually they taught us how to send pictures of our work over the computer. So you either had to hold it up in while you were in the meeting, because it was all over Microsoft Teams. Or you’d have to somehow find out how to send it over into the class file. And that’s basically what year five was like for, I think we had, we had like three months at school and then quarantine happened, and then just kind of carried on until year six.” – Female, 12 years old, South Acton

Eventually, she was able to return to in-person schooling, as her school opened one classroom for children of essential workers. She was then able to go to this small classroom during her school days, where different year groups were mixed into the same room.

For another student in South Acton, his experience with school had long been difficult, but this became worse during the pandemic. Now 18 years old, he described having to leave school in Year 9 for undisclosed personal reasons. When he tried to return, they placed him in an annex room (or “off school grounds,” as he described) with another student and a substitute teacher who spent 5 hours a day with them in that room. He felt like he was in near-isolation, and would ask the school why he was in that room instead of being in a classroom. He was preparing for his GCSE exams, but he describes feeling like he was abandoned by the school.

“Their story with me was, ‘yeah, you’re new.’ Really truly what it was is if I ended up failing my GCSEs, they didn’t want me to be a part of their statistics or something, something like that and the other kids. They were ‘too bad’ to be in school, but really truly, those were some very good kids. Yeah, there was maybe one or two guys who were bad, but this was not a solution.” – Male, 18 years old, South Acton

He went on to say that he felt like the school system had failed him, and they were just trying to protect themselves and their academic reputation. He linked this to his experiences with police, which were described in other parts of our interview when he talked about the impact of “Stop and Search” policies on young people like him in South Acton. He also felt that police were trying to meet their quotas, and only cared about those numbers.

For other participants in our study, interactions with the school system were deemed highly stressful and problematic. Several younger girls in the South Acton YPAR group spoke about their school, a local academy, which they perceive to include faculty who hold racist views. The teachers are largely white, while the students are largely from minoritised communities. This plays out in ways that create a stressful environment.

During one of our Youth Advisory Board meetings, four girls began to speak about their experience at school. Their school has a white Head Teacher, who they perceive is part of creating an environment that is “intolerant” of cultural differences and does not value the lives of its multicultural students. The girls felt that the school only sees them as “numbers,” where they have to report that students are doing well in order to access funding as a private academy. They described being put in “isolation,” a punishment that has changed names over time, but includes being put in a room alone for a full day. They felt they were disproportionately targeted for school disciplining and punishment on the basis of their ethnicity (Black African).

Stop and Search and interactions with the police can contribute to vulnerable youths’ social exclusion

Participants in this study, particularly young men from minoritised backgrounds living in South Acton, Acton, and Northolt on estates, described their interactions with the police often under the “Stop and Search” policy. For participants from South Acton, many described knife violence in the area and that stop and searches were frequently carried out. Most of the older young men (16+ years old) we interviewed or spoke to had experienced this. One minoritised youth spoke about his experiences with stop and search and being stopped by police not 20 feet from his home. He worried that his mother would see him being stopped by the police and assume he had “done something wrong.” He goes on to explain.

“So basically, I don’t know how to explain. Personally, they [the police] judge you straightaway on your image, how you present yourself. They don’t give you the option to talk or express yourself to them. For example, if I go walk in the flats, if I got my hoodie up, I’m walking like this, just me being me, honestly, generally I’m not doing nothing. They see me, they’ll come straight over, and sometime if they don’t have their camera on, oh my god, because now they have to wear a body camera. So if they don’t have that on, honestly, they don’t care, they tell you to ‘shut up,’ they’ll be rude to you, they can do whatever they want honestly.” – Male, 19 years old, South Acton

When we probed on this idea of being judged on your image, he felt it was a combination of the way he dressed – he pointed to his tracksuit, trainers, and hoodie – with his ethnic background that led to the police stopping him. These stops were frequent enough that it made him feel almost resigned to the situation.

The young man who above described his experiences in school, also spoke about the role of the police on his housing estate. He spoke about them often entering the building and walking around the stairwells, stopping young men that they came across. This point about police turning off or covering body cameras was also mentioned independently by other young men in the study. During one of our youth advisory board meetings, the youth felt that police may try to goad young men into responding with threats or insults. One person describes this:

“They do this quite frequently, maybe two times a month. They’ll just turn up at my block, or estate, they’ll turn up and they’ll just walk up and down the stairs. They’ll be hiding out. Trying to catch anyone. It’s so weird, and when they don’t get anything, or say they catch a group of kids, teenagers, 16-18 years old, and they’re just hanging out in the park for example, off the block that they live at, they’ll come in, they’ll search everybody, under no grounds. And, they’ll get angry when they don’t get anybody doing anything or having any drugs or anything like that. A few times, they harass us. I see them twice a month, up to no good. It’s quite funny, last week, they were – I was coming in, going home, and I see the police chasing people out of my block.

A couple of the people, even though they’re not doing anything wrong, they’re just tired of getting stopped, they’ll run. Which is wrong, but they’ll run and they’re getting chased. I have nothing to do with anything that’s going on, I’m just trying to go home. They stop me, search me, and they started... what’s the word, insulting me, about where I live. It was so odd!

They were really trying to get a reaction out of me. They said “are you embarrassed to be living here”? It’s so out of order. He’s got his camera rolling, he’s not ashamed. I told him, ‘what kind of question is that?’”

– Male, 18 years old, South Acton

In Northolt, participants who live on estate, where there is ongoing violence, but that the police response is perceived to be ineffective. During a focus group discussion, Northolt resident young men spoke about this, when asked about their experiences in their community.

“P1: I hated it, there’s all this fights, all this police on.”

“P2: Pretty much all the time... it’s not really justified. I’ve surprisingly not been targeted, but they’re always around. It’s just annoying...there’s still lots of violence. They’re pretty much there for attention.”

The second participant went on to say that some young people in the area were involved in fighting and violence, but that still the police response was broad and not necessarily justified, even though he was not individually affected by it.

Youth centres as safe, life-saving spaces

Young people in this study, particularly those who spent time in youth centres, described the value of the youth centre space to their lives. For participants from Northolt, they travelled over one hour each way to reach the youth centre in South Acton because there was no comparable option where they lived. For participants in Action and South Acton, the youth centre was a safe space they could go after school or work to meet their friends and find support from youth centre workers. Among our South Acton participants, the primary youth centre worker was described by several young men as a “father,” or a second father figure, who provided support, skills training as needed, and life and career advice. They felt like they could speak to him and that he listened to their perspective, whereas they did not have that kind of support elsewhere. Nevertheless, among the wider community, there seems to be some perceptions among adults that youth centres are “dangerous” or violent spaces. One girl who started working at her local youth centre describes this.

“People think, okay, it’s a youth centre, it’s full of like drug dealers, and all of this, but it’s not like that. People just hold really strong views about the centres that I don’t think are true. I know that they aren’t true. Because a lot of parents stopped their kids from going to the youth centre because they think it’s bad, but it’s because my mom did that.

First, my mom thought it was a place for drug dealers or gang people. But obviously, she had to let me go there at one point because I was doing a music job, because she had to let me go. And she came in a few times. She looked around and she did start liking it. And then she did see that her point was wrong. But a lot of parents, they don’t come in to see what it’s like. They kind of just judge it. From what outside stories they do hear, but every place has a bad story. So, they kind of just judge it off like that and don’t really look at the good stuff.” – Female, 16 years old, South Acton

As the participant above notes, while she was able to convince her mother to be able to go to the youth centre, there is a broader perception in the community that the youth centre is a space where there are “drug dealers” or “gang members.”

Despite this perception, the youth centres that we visited or worked with were clearly safe spaces for young people in the community. For some, it provided refuge from recruitment into neighbourhood gangs and ensured they had something to do off the streets. For others, it was a way to access services and the arts, as the latter was often cut from budgets at local schools. It was also a place to find advice and social support. When asked what opportunities young people have in the area, one participant spoke about not having a lot of opportunities growing up.

“Crime was always there, it was always so readily accessible for me to go and do and get paid. Wow, okay. Other things, legitimate things, until I turned 18, 17-18, and until I got the help of [Youth Centre worker], there was nothing. Nothing. Schools will kick you out and shun you out and block you. I had a bad experience at school and most of the people I know did. And that takes a big toll on your life.”

– Male, 18 years old, South Acton

For others, who have challenging home or family environments, the youth centre is a place where they can get away from those stressors. One younger participant (13 years old, white, male) attends a youth centre almost every day after school.

“I struggle with anger issues, so if I don’t show them, it means no one has actually pissed me off. In school, they show a lot, I just don’t like it, it feels like a prison. None of the teachers there are really that nice, so. They make it feel like, generally it feels like you’re in some multi-grant business, where if you have a shoe lace loose, you get told off. I’m walking down the corridor, I laugh, and I get sent home.”

– Male, 13 years old, South Acton

He described his school as a “prison,” because you enter through three different gates and have to walk around in single-file lines without speaking in between classes. His family is another source of stress, as he worries about his father – with whom he lives alone at home with – who is chronically ill and unable to provide. The youth centre is a space where he can mitigate those stresses, be around social and youth worker support, and just play games.

Youth responses to COVID-19 vaccination

Youth discussed a range of views on COVID-19 vaccination, ranging from total refusal to acceptance of the three-dose vaccination including booster shots. Out of 27 interview participants, 13 (48%) were not vaccinated, 11 were vaccinated with at least two doses, and 3 had received 1 dose. This varied greatly by location: 71% of South Acton participants were unvaccinated (29% had at least one dose), while only 12% of the Greenford participants were unvaccinated. Our focus group participants in Northolt were also unvaccinated (with the exception of one who reported he was forced to get it by his mother), nor were about half of the Acton focus group participants. Many unvaccinated youth either cited safety or side effect concerns, or did not prioritise vaccination as a relevant or important aspect of their lives. In this section, we describe the range of youth responses to COVID-19 vaccination, focusing on perspectives based on social differences (gender, age, geographic and social location). We then describe how vaccine attitudes are embedded in a wider ecosystem of parental and peer influence.

Youth disinterest or refusal of the COVID-19 vaccines

Reasons cited for COVID-19 vaccine refusal:

Concerns over safety of the vaccines, particularly in the long-term

Concerns over fast development of the vaccines and lack of testing

Concerns over family members or others they knew who had died or gotten sick after getting vaccinated

Disinterest or lack of relevance to their lives

Perception that they were strong and healthy

Perception that they could develop natural immunity without vaccination

Perception that the government was forcing them to get vaccinated

Young people in this study cited a range of concerns about COVID-19 vaccines, though for a majority of the unvaccinated in South Acton, vaccination was simply not a major priority in their lives. Some unvaccinated young people's narratives were quite complex and embedded in government mistrust. For several participants, COVID-19 vaccination refusal was more passive. It was not discussed by their parents or at schools, and their friends were less likely to be vaccinated or to talk about vaccination. Several unvaccinated participants did not necessarily encounter COVID-19 vaccine information at all, though what they did encounter, sparked concern. This compared to our participants from Greenford, who were more likely to say that they had heard information from the BBC or other news outlets, particularly when their parents were watching the news. In contrast, unvaccinated participants were less likely to seek out information and did not usually mention the news as a source of information.

Unvaccinated participants mainly spoke about safety concerns or side effects, including issues related to what they perceived to be fast development of the vaccines and a lack of safety testing. No participant mentioned conspiracy theories, such as those commonly heard about microchipping. In fact, several differentiated their concerns from conspiracy theorists, and disavowed that alternative thinking.

"I haven't done it. My main reason, for example, for other medicine, like for example, paracetamol, how long did they take to develop it? How much research did they do, how many hours? I don't need it, I'm a young healthy guy." – Male, 19 years old, South Acton

"Other things, they need 5 years study, 10. Okay. People are going to get the vaccine, more might die. I care for my life more. If you have the vaccine, and me no, am I gonna kill you? When I see stuff on the TV, I think everything is fake, nothing on the TV is real." – Male, 17 years old, South Acton

The older participant above said he uses his "own logic," but does not seek out vaccination information elsewhere. Interestingly, he told his father and mother to get vaccinated, but he did not want to get vaccinated himself. Both participants above felt that they were young and healthy, whereas they understood why older adults wanted to get vaccinated, to protect themselves from getting severe disease.

Another participant spoke about vaccine safety in relation to her family members. These narratives were common, several young people reported hearing stories about family members who had heart attacks ($n = 2$), other health problems, or had died after getting vaccinated. One female participant from South Acton spoke about how her mother's friend died because of the booster, while her dad's friend also died because of the vaccine. She felt that her parents, who had shared this with her, were not lying. She went on to describe her feelings.

"I am too scared to get it. I don't even necessarily know what's in it because they could see what's in it, but not give you the full story or just give it really scientific words to cover up something. So, I'm really just scared to get it. Yeah, my mom's got it, but she hasn't really felt anything but my dad had a really bad reaction to it. He was in hospital for a while." –Female, 16 years old, South Acton

While the participant above focused on personal accounts linking the vaccine to safety concerns, another linked her own vaccine refusal to the fast development, as well as to the government pushing vaccines on the public.

“Personally, I don’t want to get the vaccine, no one in my family wants to get the vaccine. Because I feel like it’s a bit strange that COVID has been around two years, and they’ve already made a vaccine. But now there’s a new strand going around. And it’s like that vaccine was made before that strand came along. So it’s like you really don’t know. And they haven’t even had enough time to test it. Like you don’t know what will happen in five years if you take the vaccine, because the side effects aren’t there yet, but they will be later. Just don’t trust it. So why is the government forcing us to take the vaccine, can’t go anywhere without this vaccine, can’t do anything. And soon we’re gonna have these little cards that we need to travel and everything. Like, why is that necessary?” – Female, 18 years old, South Acton

The participant above cites her concerns about the vaccine, and how no one in her family wants to get vaccinated. In fact, she feels that she does not trust the COVID-19 vaccine, because it was developed quickly and there may be long-term safety issues. She, like several others, felt that the government was really coercing people to get vaccinated, and this was not well liked.

One participant (male, 19 years old, South Acton) was not happy about COVID-19 vaccination mandates for health workers and said that it was disrespectful to the kind of work they had done throughout the pandemic. He felt that the UK government was pushing the vaccine. When asked what he thought about it, and where he gets information on the vaccine, he described his experience.



“P: To be fair, I haven’t been looking for information. I’ve just seen it all over the place, on social media, I know that a lot people do take social media seriously, which is wrong, especially people younger than myself. I’ve seen this, it’s not good for you, so on. I use Instagram.

MS: Do you see friends posting, or is it celebrities, or other people?

P: The blog pages, or meme pages, I guess you could say. These are pages that everyone follows, everyone knows of. They post stuff about the vaccine.

MS: What have you heard about it?

P: It affects people differently, a lot of people don’t get side effects. I do know one person, a friend, said his uncle got a heart attack from it. I don’t know, I had a friend who’s had COVID twice, he was vaccinated, he got it again...I don’t really appreciate the rules now, you have to get three vaccines, you have to keep coming back. I’m not getting the first one... they keep releasing new ones, keep you immune, immune, immune. At this point, I feel like, if you were to get COVID, you could just build a natural immunity anyways, instead of getting a booster to do that for you.”

He clarified his stance by saying that he did not intend to get vaccinated anytime soon. As he describes above, it seemed like a lot of effort to keep getting new doses, when he felt that natural immunity was an easier way to protect himself.

For participants in the Northolt focus group who were largely vaccine hesitant, vaccination narratives were linked to both safety concerns and class dynamics. One young man described a living situation at home that was extremely difficult as he did not get along with his mother and in fact “hated her.” He said that she had forced him to get two doses of the vaccine and had taken him to the clinic to get vaccinated. Another participant described knowing a cousin who ‘had died’ after getting vaccinated and had a pre-existing heart condition. It was this that led him to decide not to get vaccinated. He said that it was difficult to talk about this with his “posh” family members, who were all vaccinated and did not believe that his cousin had died due to vaccination.

“Half of my family has got the vaccine already. Half my family are literally, they are that posh that they decided they were going to get the vaccine. But yeah. They decided they wouldn’t blame it [his death] on the vaccine...”

His ‘posh’ family members, as he describes them, decided not to blame his cousin’s death on the COVID-19 vaccine. When we asked him to clarify his thoughts, he went on to say that:

“Literally, like normally, when you speak to them, you have to speak to them so that you can’t offend them. Literally.”

Youth acceptance of the COVID-19 vaccines

Reasons cited for COVID-19 vaccine refusal

Protection against COVID-19

Reduce the spread of COVID-19, to return "back to normal"

Have received other vaccinations, including childhood vaccines, with no problems or side effects

Protect family members from getting COVID-19

Family are vaccinated

Following public health/medical guidance and advice

In contrast to the narratives that were described, largely by young people in South Acton, other participants were enthusiastic about vaccination. Those who reported being vaccinated were also more likely to have people in their social networks who were vaccinated.

"I can't think of.. I think it would probably be very few people in my year to have been vaccinated wearing masks on public transport, that's another matter. But vaccines? Yeah. I mean, everyone is vaccinated. Because everyone knows that it's needed."

– Male, 17 years old, Southall

Participants ($n = 9$) from Greenford, and neighbouring areas like Perivale, or the more central Hanwell, as well as Southall spoke about their decision to get vaccinated which related to protecting themselves, protecting vulnerable family members, and generally following scientific guidance on vaccination. Young people in the study who were vaccinated also generally tended to be from less deprived backgrounds, with parents working as civil servants, teachers, or in other stable jobs. Vaccinated participants also were more likely to have friends and family members who were vaccinated.

"Yeah, so all my family's vaccinated, like double vax, except me, my sister because it was only available to us like recently. And we could only get it after that, because we actually had COVID. Before that we had to wait a certain amount of time. So, I'm doing my second one soon, which I'll definitely get because, for me like the vaccine, like, for me, there was no hesitation to take the vaccine. Because it was, obviously it hasn't solved the pandemic, but it's greatly reduced the effects of the virus. And like, for me, the pros outweigh the cons, you know, like, most of my family's got it, you know, because we all just, you know, the pros outweigh the cons."

– Female, 16 years old, Greenford

The participant above links her vaccination rationale to her family members' vaccination status and reducing the effects of the virus. She did not perceive any real negatives to getting the vaccine but does reference general concerns over how quickly the vaccine was developed. For her, as a "science person" (as she phrases it), she was able to do research on the vaccine development and realised that it was developed so quickly because it had a huge amount of resources and capital behind it.

Another participant references a friend who is unable to get vaccinated because their parent will not allow it. His friend does not want to cause a rift in the family by going against his mother's wishes, although the friend does recognise that he may be a risk to others as someone who is not vaccinated. He continues to describe that his approach to the vaccine was "why not?"

"But I think the general consensus is just like why not? Like I'm not like the sort of, when you see anti-vax rhetoric and stuff like that about, 'you can get all this, you could get all this, you could get all this.' I don't think anyone really cares. I've not seen anyone my age at a vaccine centre, and I know this isn't good, but I don't think anyone my age genuinely really reads the side effects sheet you get given. I've just seen a lot of them in the bin outside.

And that's, I think, the general consensus is like we've had as a generation. We've had tetanus shots, we've had, well, if you're a girl (because they didn't offer them to boys at the time) - HPV shot against some cancer and stuff like that. So, I've been on holiday. So, I've needed flu shots and stuff like that."

- Male, 18 years old, Greenford

He goes on to describe how "doing research" means following the scientific method, asking questions, and not, as some people might think, looking for information that backs up your pre-determined point of view.

Another Greenford participant spoke about learning information in Biology class that helped her to decide to get vaccinated. She learned how a vaccine works and this helped her to be sure that some of the theories out there were not scientifically possible.

"I think, well, the vaccine, like helps a lot. Because I think, especially like doing, like, biology in A level. Now. It's like, there's nothing to be worried about, like, because I know how a vaccine works and how, like it's made and so like, I know, there's no chips in it or whatever. And so, there's, like a sense of like, security that I know, like, nothing's gonna go bad. Like, you might have like a dead arm for a day. But it, like, hopefully, like it works. And it like prevents you from getting like hospital level COVID." - Female, 16 years old, Greenford

As she described above, her science education in school enabled her to have a sense of security as they learned how a vaccine works and she applied this knowledge to the COVID-19 vaccine.

Finally, for those vaccinated participants, they felt that misinformation could quite easily be challenged and debunked. While one participant was vaccinated and found that people around her were open to getting vaccinated, there were some who perpetuated misinformation about the vaccines.

Why would the government have ambition, like in implanting something to track where you're going? I feel that the government already know. It's not like they fixate on it. It's just there. I mean, how do you think like, you know, terrorist attacks are sorted so quickly, then they can sort of anticipate, you know, the stuff like that. But in my opinion, I just think it's [the vaccine] better for the community, and it's just healthier. It's just safer." – Male, 17 years old, Perivale

How youth define and operationalise trust in relation to COVID-19 vaccination

Youth understandings of 'trust'

Understanding how young people view, operationalise, and deploy trust requires an emic (or insider) definition. This allows young people to say what 'trust' means to them, in their own experience. Participants reported various definitions of trust in relation to COVID-19 vaccination. While it was difficult to define as an abstract or hypothetical construct, young people operationalised trust as something that is relational.

They could trust someone if they 'knew them,' knew their intentions, and their behaviour toward others. Generally, many are wary of outsiders, particularly in South Acton, Acton, and Northolt.

An integral part of this research was to understand how young people understand, operationalise, and deploy trust in relation to their views on and uptake of COVID-19 vaccines. Young people in this study spoke about trust in various ways, most often as associated with:

- **Privacy** in interpersonal relationships and the notion that someone will not tell others what you have told them in confidence.
- **Intentionality**, or having good intentions and having an individual's best interest at heart. and act toward others.
- **Familiarity**, or knowing someone for a while, which allows you to know how they think and act toward others.
- **Reputation**, or how others view an individual's character and trustworthiness

These emic definitions of trust demonstrate that trust was conceptualised to be relational, especially in how the other "trusted/not trusted" party acted toward the individual. Trust, as participants define it, hinges on knowing a person or knowing their intentions. As one participant explains:

"I mean, to like, trust someone you would have to know in some way, shape or form that they're trustworthy. That kind of defeats the question, but like, they will have, like a reputation where you know, that they're not going to be untrustworthy. Yeah. Because if they haven't, like a reputation of like being untrustworthy, or lying, or being accurate of that information, then like, you wouldn't trust them." – Female, 16 years old, Greenford

While "trust" is itself difficult to define, we focus on trust in relation to government and the medical establishment. Medical trust and trust in government, as we report below, mirrors and is embedded in young people's relationships with other adults in their lives, particularly those in other positions of authority. Therefore, it is often impossible to separate out "trust in government" from trust in educational and police institutions, which shape many young people's lives.

Young people (when asked about their trust in government) most frequently referred to the Prime Minister and unfolding controversies including the flouting of COVID-19 regulations through backyard parties at 10 Downing Street, the Prime Minister's residence.

"I think if it comes out of Boris Johnson's mouth, I'm probably not going to be trusting him very much, especially recently. But I think, as a general rule, if he's on BBC News, then I'll probably trust that. I don't generally follow local government politics and stuff there. In terms of the big government, I think there were like a couple people that were close to Boris Johnson, can't remember one guy's name, but the one that was kissing his secretary or something, I probably wouldn't say anything, but I wouldn't trust anything that he said now. And then there was also that woman that made a bunch of horrible laws, that I probably wouldn't trust either." – Female, 16 years old, Greenford

This point was taken further by another participant who spoke about how youth were initially the ones blamed for having parties, and it felt like that was unjust given the recent revelations about the Prime Minister.

"I don't know maybe, like thinking about the pandemic. Maybe if we were, like, kept in the loop of it. I feel like the youth are quiet. Isolated. I mean, I remember at one point, like, it was the youth that was blamed for spreading the virus with the parties and everything. And I feel like no one really thought about at that time, like what the actual youth thought or like what we were doing, and I feel like we should be considered a bit more. I don't know how that would be done. But, yeah." – Female, 16 years old, Greenford

This sense of abandonment and stigmatization resonated with other youth narratives in this study, as public discourses around youth are taken by young people to be further evidence that they are not actually considered or asked what they are doing.

"I feel like the government should kind of speak out about the good stuff that we do, and not the bad things like young people getting stabbed. I feel like they should announce that we do good things. It's good things in the community. Like when we do little fundraisers and stuff like before, like that should be announced that people should know, that's what we do as well. It's not only the bad things, and the bad views that people have on young people." – Female, 16 years old, South Acton

The participant above further pushes the narrative that young people are perceived to be 'bad' or doing 'bad things,' which was felt to be unfair. This was combined with a sense that politicians just don't care about young people, but rather, they only care about re-election.

"I think it's like, when like the government make decisions. They just don't have young people in mind when they make those decisions. So, like, if anything I would like, recommend that they, I don't know do like some sort of survey or something. If they genuinely cared about the experiences of young people, then they do like some sort of survey to actually find out what young people think and what they want, and that because no politician is going to be making laws about what young people want because they don't know what young people want. But often like it's useless anyway, because the politicians don't care about young people. They don't genuinely care about any people anyways, they just want you know, get elected next year." – Female, 16 years old, Greenford



These findings point to relationships of mistrust between young people and politicians at the national level, who are perceived to not care about young people's interests. This likely would exacerbate youth mistrust in government, with a range of potential consequences on how young people take up policy guidelines and buy into political processes.

Trust in government was complicated by this sense of not trusting individual, well-known politicians. However, many young people did separate trust in politicians and government from trust in COVID-19 vaccine information, as alluded to above. This was especially true for vaccinated youth, particularly from the Greenford area, who spoke about trust in medical providers and schoolteachers.

"I think doctors are probably the main one. And schoolteachers, especially ones that like understand science, and like viruses and what would go on with them. And then the government, like the big one, not local, is just is a bit of an iffy one, because I mean, especially what has come out now with the parties and everything is a bit frustrating, obviously, because I think Mom missed Christmas last year, everyone was tearful. We were all in our houses. And so now, I don't trust them [the government] as much as I would have in the beginning. But other than that, like doctors, teachers, probably the main one." – Female, 16 years old, Greenford

While the participant from Greenford does trust medical providers and science teachers, this does not hold true for many participants from South Acton.

For young people, particularly in South Acton, trust in relation to COVID-19 information mirrored their broader relationships with adults, including parents, teachers at their school, and other authority figures, including the police. It is impossible to separate South Acton youth (mis)trust in vaccination from their everyday relationships with other adult authority figures. When asked who they trusted for COVID-19 information, many remarked that they just did not know, and that was why they were on the fence in terms of vaccination uptake. They were however, likely to keep their circles of trust very small, to parents or other close relatives. One participant (male, 13 years old, South Acton) explains:

“SR: Who would you trust for COVID-19 information?”

P: I actually don't know. If I have to ask, I'll trust my uncle. I grew up with him, when my dad wasn't there. My mom's brother. He's smart and he knows about these things, and I just trust him...

SR: Do you trust medical providers, or doctors?

P: Not every doctor, can be. Like, you see me, my mom – when I was young, she was busy, she just let us to the doctor, and she's gone because she had to do something. She was always telling me, don't trust that doctor, you never know.

SR: That particular doctor, or..?

P: Every doctor. If he does something, just shout.

SR: Have you been to your GP?

P: Never.

SR: Where do you get information on the vaccines?

P: No, nowhere. Websites, or... yeah, websites..."

Despite these low levels of trust, a few participants were still vaccinated, including the participant above. For vaccinated South Acton participants, this did not necessarily relate to trusting the COVID-19 vaccine or vaccine information, but rather to the fact that it allowed them to travel as they had family ties abroad.

Similarly, while many young people receive information from social media, it did not necessarily mean that they trusted that information. For South Acton youth, in the absence of trust toward medical providers and established sources of COVID-19 information, there was nothing that was trusted that filled that gap, other than parents. For young people in Greenford, there was more exposure to established news media channels and sites such as the BBC, which they seemed to trust for information.

Recommendations for Engaging Young People in Vaccination

As we enter a more protracted phase of the COVID-19 pandemic, it is important to focus on people who have been “left behind,” or less engaged in ensuring that they are equipped with information and access to services to make informed decisions about vaccination. Vaccine equity in Ealing is critical as it will ensure that COVID-19 vulnerable communities have a high level of protection against COVID-19 disease and death. Vaccine equity points to the need for additional, tailored strategies that are responsive to, or embedded in, young people’s wider needs. This means addressing the “social determinants of health,” which include root causes of social exclusion. There is an urgent need to create space to discuss and tackle experiences of racism and inequalities, in schools, with police, and with regard to gentrification.

Improving COVID-19 vaccination engagement, dialogue, and information (and choice) among young people would necessitate strategies at various levels, ranging from the provision of information to changes in attitude and greater youth engagement within communities. Place of intervention include schools, youth spaces such as recreation centres, youth centres, and with parents. Based on the available evidence, promising areas for intervention include:

- 1** **Recognise that vaccination decision making is a complex and ongoing** process rooted in young people’s political-economic and social experiences. It is not necessarily linear, in that receiving good vaccination information will always lead one to decide to get vaccinated. For young people experiencing poverty, vaccination may not be a priority in their lives. Instead, engage with narratives that place vaccination within this context – of keeping young people safe in their risky work environments or at school, and how vaccination can help to ensure that they will not miss work due to lengthy illness.
- 2** **Partner up with or start cross-sector mental health initiatives to respond** to what may be an emerging crisis of anxiety, depression, and other mental health issues amongst youth. While many youth found critical help and their mental health improved during the pandemic, others lamented a lack of support. Working within schools and with community and voluntary sector partners and parents could be a critical aspect of supporting mental health. Train independent, non-teacher mental health staff for placement in schools.
- 3** **Engage in listening and dialogue sessions with youth to understand** for instance, how remote schooling and disruptions to their education may impact how they relate to adult policy makers, including in public health. Young people were affected more by COVID-19 lockdowns or remote school than by the virus itself. Listening and dialogue will also help to ensure that youth perspectives and concerns are integrated into policymaking, including vaccine policy and engagement.

- 4 Facilitate dialogues between young people living in deprived areas and local police,** on “neutral” territory and with cross-sector involvement, including key community partners, youth workers, and parents. These dialogues could be a space for listening to young people’s experiences with police and identifying solutions to end harmful policing practices. However, these dialogues may often be seen to serve the needs of local police. Facilitation by the voluntary sector or other parties and good-faith discussions could help to remediate this issue.
- 5 Increase funding for, and engagement with youth services as a critical space in vulnerable youth’s lives.** Youth services, including youth centres, are quite literally, life-saving services for young people. Many vulnerable young people in this study described how local youth workers were like a second parent to them and had connected them to vital services, like learning how to write a resume, or to job opportunities. These critical workers and youth centres must be better funded and supported, and new ones established in lesser-served areas.
- 6 Improve availability of other youth-friendly activities and services,** including sports such as football, arts activities, and safe spaces for homework and study.
- 7 Consider shifting strategies around young people and vaccination.** Telling most young people to get vaccinated for their own health may not resonate with their experiences of having mild cases of COVID-19, or their understanding of natural immunity in comparison to vaccination. Listening sessions where the concerns of young people are understood, validated, and discussed, can help to improve engagement and wider relationships of trust.
- 8 Disseminate information that young people over 16 do not need parental consent for vaccination.** As heard by a local youth worker, some young people have the misconception that they need parental consent to get vaccinated. This is one potentially easy fix, to share information about the age of vaccine consent via news, schools/teachers, and social media. However, vaccine decision-making with parents should be encouraged.
- 9 In the long-term, build relationships of trust with young people.** Young people, particularly from minoritised areas, have experienced racism in schools, stop and searches on the streets, and social exclusion as neighbourhoods are gentrified and luxury buildings are going up. Building relationships of trust between local government and young people will take time, including good-faith efforts to address the social determinants of health.

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**This research is funded by the British Academy under the COVID-19 Recovery:
Building Future Pandemic Preparedness and Understanding Citizen
Engagement in the USA and UK Programme.**
