



# Key findings from a scoping exercise exploring vaccine confidence in refugee, asylum seeker and undocumented migrant populations



## BACKGROUND & METHODS

To address the evidence gap in understanding vaccine confidence in refugee, asylum seeker and undocumented migrant populations Doctors of the World UK (DOTW) and Bevan Healthcare CIC carried out a mixed method study combining survey data collection, semi-structured interviews and a focus-group. Participants included people with lived experience of forced migration to the UK and organisations supporting refugees, asylum-seekers and undocumented migrants. Twenty-two forced migrants responded to an individual survey, 58 representatives from 53 organisations responded to an organisation survey and 7 forced migrants were interviewed. For a detailed summary of the methods and results please email amyjanestevens@doctors.org.uk.

## BARRIERS TO COVID-19 VACCINE CONFIDENCE IDENTIFIED BY PARTICIPANTS

- Discouraging misinformation being shared on social media and by family and friends on messaging Apps.
- Opposition to the vaccine expressed by some faith leaders.
- Lack of access to reliable information in appropriate language and formats.
- Available information on vaccines does not address subpopulation beliefs and concerns.
- Disbelief in the existence of COVID-19 and its associated health harms.
- Distrust in the vaccine and the systems and organisations responsible for its roll-out and delivery – often rooted in historical and current injustices against marginalised communities.
- Safety concerns about the vaccine including speed of development; lack of long-term safety data; and side effects e.g. the potential impact on fertility and pregnancy and the risk of blood clots.
- Doubt in vaccine effectiveness as vaccinated people are still expected to wear masks and adhere to COVID-19 guidance.
- Concerns over vaccine contents, e.g. worries about inclusion of foetal material, pork, alcohol, DNA and tracking chips.
- Conflict in vaccine guidance and position statements between the UK and a person's country of origin.
- Concern that targeted vaccine promotion in Black, Asian and Minority Ethnic groups has racist motivations with associated fears that non-White individuals would receive different vaccines from White people with harmful outcomes.
- Concerns from young people that personal risks of having the vaccine outweigh the benefits.
- Belief that having had COVID-19 confers adequate natural immunity and the vaccine is therefore unnecessary.
- Other more pressing life priorities e.g. housing, asylum applications, finances.
- Uncertainty about free entitlement to COVID-19 vaccine.
- Fear of data sharing of personal information collected for vaccination with the Home Office for immigration control purposes.

*Most don't have the total information or knowledge about benefits about vaccine so some refuse it when they are offered it. There is a lack of information. Some of my friends in a hotel were just offered the vaccine – 'do you want it or not?'. But there was no information for them. Especially for those who don't speak English. And it is difficult for them to follow up and search about the vaccine.*

*COVID-19 is mainly affecting the very old and vulnerable. Others are a bit sick and then get over it and might find their own way of fighting the disease itself. I'm a bit worried hearing about side-effects, clotting and dying. As young people do we really need to take it?*

*I have realised that social media is preaching conspiracy theories that are overpowering the right information. Especially getting leaders of certain groups – people listen to them more. People are choosing not to get the vaccine. Religious leaders...a church group I know is preaching conspiracy theories all over the world- they have millions and millions of followers. It is really hard for people to go against their religion even if they want to.*

*People needed to be able to ask any questions and share their concerns - and those opportunities are still missing.*

*My personal worry is that it's a new thing and it has happened in a non traditional way. They have not given it enough tests. We don't know what the side effects are. We don't know if it is sufficient to stop the variants.*

*I'm hesitating, unable to make a decision. I want information to help me decide .*

*We hear stories that people are dying and being sick after the vaccine so people are scared.*

## ACCESS BARRIERS TO COVID-19 VACCINATION IDENTIFIED BY PARTICIPANTS

*Another barrier to access is low income. They don't have the money to access the vaccine. It is impossible for some. They look like they don't want it but they do .*

- Digital exclusion limiting awareness of the vaccine offer and how and where to access it.
- Lack of identity documents or NHS numbers requested for vaccination booking or accessing vaccine sites.
- Transport costs to vaccination sites.
- Challenges associated with frequent moves e.g. asylum seekers subject to the dispersal policy.

## FACILITATORS OF COVID-19 VACCINE UPTAKE IDENTIFIED BY PARTICIPANTS

- Reliable COVID-19 vaccine information endorsed and shared by trusted organisations and individuals.
- Opportunity to ask a health professional questions and discuss vaccine related concerns.
- Access to COVID-19 information resources that account for language and literacy needs and in a variety of formats including infographics and sharable videos.
- Targeted webinars and public information sessions.
- Accessible pop-up vaccination clinics in the local community.

- Informed peers and community and religious leaders championing the COVID-19 vaccine and sharing their experiences of vaccination.
- Involvement of local VCSE organisations working with migrant communities in local vaccination campaigns and service delivery.
- Communications that directly address misinformation circulating on social media.
- Reassurance that data collected for vaccination purposes will not be shared with the Home Office for immigration enforcement.

*We need to be getting people from the same background to be the ones informing. The same country and speaking the same language. The government should address people from the right platform – start with leaders going down. You've got to get the leaders.*

*A lot of people are transferred between accommodation and may be still in new places when it is time for the vaccine. They don't know how to register with a GP or how to access the vaccine. I think they need information on how to register with a GP and how to access the vaccine. Some organisations offer to support and help. I think these organisations need to have the guidelines in all languages so that they can raise awareness about the vaccine. They could send them links to their phones*

*Platforms should include mosques, churches, synagogues...show Imams vaccinating ...address Muslim concerns like fear of pork in the vaccine.*

*We held myth busting sessions over Zoom in 6 different languages and held a Q&A session afterward. Evaluation forms reveal 30.4% were positive about the vaccine before the session and this rose to 91.1% afterwards.*

*Hearing professional people – what they think about the statistics, the conspiracies. They explain about it. Use correct language. Address things people are afraid of.*

*More campaigns from NHS, government and trusted organisations that speak directly to the kinds of concerns raised by alternative questionable sources on social media [are needed]. There is too big of a gap between the official messages and the stuff that circulates on social media.*

*I think the biggest influence is elders of the community – if they have it, others have it. And also when they see others have the vaccine and be fine...they actually think after a week or two 'it's fine'. But if people say no then others feel pressured to say no with them.*

*We need help in the community. We need to have teaching of peers on how we can encourage people, about what information we need. I don't know how to encourage people*

*Leaflets should be in picture form as not everyone can read. Videos are more interesting. Professionals at the start then community members and volunteers giving testimonies.*

## DOTW UK VACCINE CONFIDENCE TOOLKIT

- The scoping exercise findings informed the development of a DOTW COVID-19 Vaccine Confidence Toolkit which consists of:
- Guidance for organisations that support socially-excluded groups on how to share information about the COVID-19 vaccine with service-users.
  - A PowerPoint presentation on the COVID-19 vaccine translated into different languages with accompanying speaker-notes to enable organisations to run an information event for their service-users.
  - Resources to support organisations to answer frequently asked questions on COVID-19 and the COVID-19 vaccine.
  - An infographic about COVID-19 vaccination and data sharing translated into different languages.
  - An animation translated into different languages advising people how they can access the COVID-19 vaccine.

The DOTW UK COVID-19 Vaccine Confidence Toolkit can be accessed at [https://www.doctorsoftheworld.org.uk/translated-health-information/?\\_gr=vaccine-confidence-toolkit](https://www.doctorsoftheworld.org.uk/translated-health-information/?_gr=vaccine-confidence-toolkit)

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