Study Report

Attitudes towards COVID-19 and Flu Immunisations among Young People and Parents

Prepared for: Public Health Wales
Prepared by: BMG

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1. Introduction

This report contains findings from a programme of quantitative and qualitative data collection exploring attitudes, perceptions and awareness of COVID-19 and flu vaccines among young people aged 11 to 25 and parents of young people aged 11 to 16. The study was conducted by BMG Research on behalf of Public Health Wales (PHW).

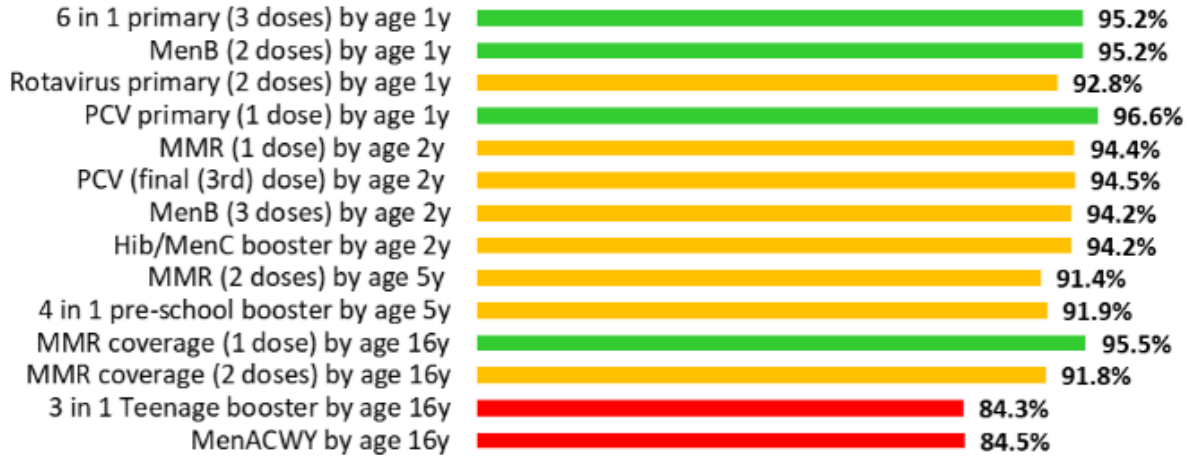
1.1 Background

Immunisation is the most important way of protecting individuals and the community from some vaccine preventable diseases. There is a well-established national vaccination programme in Wales, and in 2005 the Vaccine Preventable Disease Programme in Public Health Wales was established to support this.

Up until the summer of 2021, there were four vaccines routinely offered to young people between the ages of 12-16: MenACWY (to protect against meningitis and septicaemia), Td/IPV 'teenage booster (to protect against tetanus, diphtheria and polio)'; HPV (offered to girls only prior to 2019/20 school year, to protect against the Human papillomavirus, which can cause genital warts, cervical cancer, anal cancer and some head and neck cancers); and also MMR (to protect against measles, mumps and rubella) to those who have not previously received two doses.

The figure below shows that over 8 in 10 young people had received each of the immunisations outlined above between July and September 2021.

Figure 0: Teenage vaccine uptake in Wales



Source: Summary of uptake rates for selected immunisations in resident children between July and September 2021, Public Health Wales. http://www.wales.nhs.uk/sites3/page.cfm?orgid=457&pid=54144

From summer 2021 onwards, the vaccination programme in Wales was extended: NHS Wales began offering the COVID-19 vaccine to all children and young people aged 12 years and over, as well as extending the flu programme to secondary school ages 11-16.

Previous research (Freeman et al., 2021) shows that young people are more likely to be vaccine hesitant when it comes to these vaccines, partly due to a perception that they are at lower risk of becoming severely ill from COVID-19 or flu. For this reason, PHW commissioned BMG to conduct a study into awareness, uptake and perceptions of the COVID-19 and flu vaccines for young people.

1.2 Objectives of the study

The study explores awareness among parents and young people about the COVID-19 and flu vaccines offered to those aged 11 to 25, attitudes towards these vaccinations, publicity and information about the vaccinations encountered, and how far this information is trusted. Views on PHW-branded communication materials, and how parents and young people make decisions about whether or not young people should get vaccinated were also explored.

The study is designed to:

- Inform the planning of the national vaccination programme in Wales
- Ensure PHW's communication with parents and young people meets their information needs
- Ascertain whether young people would like to get involved as change agents for their peers and in co-producing materials providing information on vaccines for young people
- Develop a deeper understanding of vaccine confidence in Wales.

1.3 Methodology

The study methodology consists of two elements: a quantitative survey and qualitative focus groups.

1.3.1 Quantitative survey

Interviewing as part of the survey took place using Computer Assisted Web Interviewing (CAWI). Fieldwork took place between 11th January and 2nd February 2022.

There were two versions of the survey, one for parents of young people aged 11 to 16, and one for young people aged 11 to 25. Both surveys had very similar questions, with text variations depending on whether the questions were asked to parents or young people.

Each interview took approximately 15 minutes to complete.

In total, 230 parents and 457 young people filled in the survey. The majority of responses were completed by panel respondents while a minority were completed via an open link distributed by healthy school coordinators:

	Total	Panel	Open link
Parents of young people aged 11-16	230	210	20
Young people aged 11-25	457	403	54

An outline of the profile of respondents who took part in the quantitative survey can be found in the appendices.

1.3.2 Qualitative focus groups

Focus groups were conducted to explore the themes of the survey in further detail, with an emphasis on uncovering the reasoning behind attitudes towards vaccinations, as well as information needs.

In total, six focus groups were conducted with parents/carers and young people to add further insight to the quantitative findings. One of these groups was conducted with parents, one with carers of young people with learning disabilities, and four with young people themselves aged between 11 and 25 (with groups split by age range)

The majority of participants were recruited using professional recruiters, while participants with learning disabilities and their carers were approached by PHW and opted in via email.

In total, 12 young people took part in focus groups, as well as 6 parents and 2 carers of young people with learning disabilities. Further information on the profile of participants who took part in the qualitative focus groups can be found in the appendices.

Fieldwork took place between 14th February and 3rd March 2022.

The focus groups were conducted online, using the Visions Live software to securely host each session.

Each focus group lasted approximately 1 hour. Respondents who took part in the qualitative focus groups received a gift voucher as a thank you for their time.

1.4 About this report

1.4.1 Weighting

The survey data used for this report is weighted to ensure the data is representative of the Welsh population of young people aged 11 to 25. The young people survey data is weighted by age, gender, ethnicity, health board, and Welsh Index of Multiple Deprivation (WMD).

The parent survey data was also weighted to be representative by age of the child(ren), health board, and Welsh Index of Multiple Deprivation (WMD).

1.4.2 Significance tests

Throughout the report, results are discussed in terms of differences between sub-groups and the total result. Sub-groups have been tested for significance with a two-tailed T-test on column proportions. Differences are considered to be significant at the 95% confidence interval, meaning that there is only a 5% possibility that the difference occurred by chance rather than by being a real difference. This is a commonly accepted level of confidence.

All differences highlighted in this report are statistically significant unless stated otherwise.

1.4.3 Rounding

The data used in this report are rounded up or down to the nearest whole percentage point. Because of this, on occasion, tables or charts may add up to 99% or 101%.

1.4.4 Reporting conventions

A symbol *% indicates a percentage that is greater than 0 but below 0.5%.

To ease reading, the word *parents* is used throughout the report to refer to parents, carers and guardians that took part in the quantitative survey or qualitative focus groups.

For ease of visual reporting, the names of the below immunisations have been summarised as follows:

- Tetanus, diphtheria, and polio Td/IPV (Teenage booster or "3 in 1") → Teenage booster
- MenACWY (protects against Meningitis, meningococcal disease, septicaemia or blood poisoning) → MenACWY
- HPV vaccine (protects against cervical cancer) → HPV
- MMR (Measles, Mumps and Rubella combined) → MMR

2. Executive summary

This report outlines findings from a programme of data collection exploring attitudes, perceptions and awareness of COVID-19 and flu vaccines among young people aged 11 to 25, and parents of young people aged 11 to 16.

The findings presented result from the analysis of a quantitative survey with 230 parents and 457 people as well as six qualitative focus groups with parents and young people. The study was undertaken by BMG on behalf of Public Health Wales between January and March 2022.

2.1 Summary of Key Findings

2.2 Awareness of vaccination

The vast majority of parents (94%) and young people (88%) surveyed say that they have seen or heard something about immunisations for young people in the past 12 months. However, young people whose main language is not English or Welsh are less likely to have come across information on vaccination in the past 12 months.

When it comes to awareness of the vaccinations available for young people, the COVID-19 vaccine and the flu vaccine are the immunisations offered to young people that both parents and young people are most likely to be aware of. Over 8 in 10 parents (85%) and young people (86%) say that they are aware of the COVID-19 vaccine being offered to young people, and around 6 in 10 parents (66%) and young people (57%) say so for the flu vaccine.

Moreover, a majority of parents (85%) and young people aged 11 to 16 (76%) are aware that the flu vaccine is offered to children and young people (up to school year 11) as a nasal spray rather than an injection. Qualitative focus groups show that nasal spray is preferred as an administration method over injections.

2.3 Attitudes towards vaccination

A minimum of 55% of parents and 45% of young people consider all the diseases that the vaccination programme for young people protects from to be very or fairly serious for the young person if they were to get these. COVID-19 and flu are considered amongst the least serious diseases for young people among both parents and young people. When it comes to seriousness for society if the young person was to get these diseases, COVID-19 is seen as the most serious for society among both parents and young people, with around 7 in 10 parents (76%) and young people (77%) saying that it would be very or fairly serious for society if they/their child got COVID-19. Flu, however, is seen as somewhat less severe for society than COVID-19, with 62% of parents and 53% of young people saying that it would be very or fairly serious for society if they/their child were to get the flu.

In terms of views around the safety of vaccinations, most parents and young people (61% respectively) agree that all vaccinations pose a lower risk to individuals than the diseases they protect from. Amongst the minority who believe the opposite, COVID-19 is the most likely immunisation to be regarded as riskier than the disease itself, with around 1 in 5 parents (20%) and young people (19%) stating this. Fewer than 1 in 10 believe that the flu vaccine is worse than the disease itself (6% of parents and 5% of young people).

While a majority of parents and young people agree that the flu vaccine has been properly tested and that they trust the vaccine (over 7 in 10 parents and over 6 in 10 young people), there are some concerns about the side effects of the flu vaccine (29% of parents and 30% of young people). Nonetheless, concerns about side effects and ingredients are more common when asked about the COVID-19 vaccine compared to the flu vaccine (40% of parents and concerned about the ingredients of the COVID-19 vaccine and 61% are worried about side effects). Among young people, 52% are worried about the side effects of the COVID-19 vaccine and 32% are concerned about the ingredients of the COVID-19 vaccine). In addition to this, trust and agreement that the COVID-19 vaccine has been properly tested are lower than when asked about the flu vaccine. Around a quarter of young people (24%)

and parents (25%) disagree that the COVID-19 vaccine has been properly tested. And around 1 in 5 parents (22%) and young people (20%) distrust the COVID-19 vaccine.

These attitudes relate to vaccine uptake, with parents whose child has not had the COVID-19 or flu vaccine and who are not planning on them getting these immunisations, and young people who haven't had and are not planning on having these vaccines, being more likely than average to say that they are concerned about ingredients and side effects.

2.4 Accessing information and making a decision

The NHS website, NHS leaflets and television are among the most common sources of information that parents and young people have used to find out about the COVID-19 and flu vaccine. For young people, family is also an important source of information. Whilst internet sources, and sources relating to healthcare providers or settings in general, are the most widely used by both parents and young people, it is noticeable that social media is more commonly used by young people than parents to find out about COVID-19 and flu vaccines (38% of young people say that they have used social media, compared to 17% of parents). Among young people, the most commonly mentioned social media platforms are TikTok (14%), Facebook (14%), and Instagram (14%). Further analysis shows that information received via social media is less likely than average to convey messages in favour of vaccination among parents, and more likely to convey a mixture of messages for and against vaccination among young people.

If they wanted to find out more about COVID-19 and flu vaccines for young people, both parents and young people are most likely to say that they would use the NHS website and NHS leaflets, as well as other healthcare related sources. Young people also cite family as a source of information if they wanted to find out more about these vaccines. While only a minority say that they would use social media, parents who are sceptical about vaccines, disabled parents and parents classed as clinically extremely vulnerable are more likely than average to say that they'd use social media to find out more about the COVID-19 and flu vaccines for their children. Among young people, those from BAME backgrounds and those whose main language is other than English or Welsh are more likely to use social media to get information on vaccination.

Moving on to decision-making, there are mixed levels of awareness about young people aged 13 and over being able to give their own consent for vaccination if there is a problem obtaining permission from parents. Around 6 in 10 parents and young people aged 13 to 17 are aware of this while around 4 in 10 are not aware.

Overall, 31% of young people say that they have disagreed with their parents at some point when making a decision on vaccination, and 16% of parents say that they have disagreed with their child.

There are discrepancies between parents and young people aged 13-19 as to views of who is the main decision-maker about whether or not the young person should get vaccinated, with parents less likely than young people to consider the young person as the main decision-maker. 38% of young people aged 13 to 19 say that it has always been their decision whether or not they get vaccinated, which compares to 15% of parents who stated that it has always been the young person's decision. Additionally, 1 in 5 (21%) young people say that the decision to get vaccinated has been a joint one, compared to 44% of parents who said that this is the case. 1 in 3 (33%) young people say that it has always been the

parents' decision whether or not they get vaccinated (compared to 40% of parents who stated this).

The least preferred option for young people aged 13 to 19 is parents being the sole decision-makers as to whether the young person should get vaccinated or not (19%), with the proportion of young people who prefer to make their own decision increasing with age.

2.5 Vaccine uptake, barriers and motivations

A majority of parents (57%) and young people (72%) surveyed say that their child/they have received a free COVID-19 vaccine. A similar proportion of parents (71%) say that their child(ren) have had a flu vaccine. Most young people aged 11 to 16 also say they have received a free flu vaccine (64%), with uptake being lower for older age groups for whom the flu vaccine is not universally available.

Only a small minority of young people who haven't received these vaccines say that they don't intend to do so in the future (19 young people aged 11-16 who haven't had a free flu vaccine say that they are not planning to do so in the future, and 55 young people aged 11 to 25 who have not had a free COVID-19 vaccine say that they do not intend to do so in the future or once they become eligible).

Among both parents and young people who say that they/their child have not had the COVID-19 vaccine and that they are not planning on them getting it in the future, concerns about the COVID-19 vaccine not being properly tested and worries about side effects are among the most commonly mentioned barriers. In contrast, these themes are notably less commonly mentioned as barriers for taking the flu vaccine, with a trust in young people's immune systems and a perception that the flu is not a serious enough illness being the most commonly cited reasons for not planning to get the flu vaccine among both parents and young people.

When it comes to motivations, protection of the individual and others in society are the most frequently cited reasons for getting the COVID-19 vaccine among parents and young people, followed by a perception that this is the right thing to do or what is needed to beat the virus. These top motivations relating to protection or the right thing to do are also the most commonly cited reasons for getting the flu vaccine.

2.6 Awareness and views on PHW publicity

Around 6 in 10 parents (66%) and young people (61%) say that they have seen at least one PHW leaflet or social media post relating to the COVID-19 and flu vaccines for young people, with Facebook and vaccination centres being the most common channels on which this publicity has been encountered.

67% of parents and 61% of young people say that they are satisfied overall with the PHW publicity they were shown. Similar proportions express satisfaction when asked about the design/layout, the amount of information and the ease of understanding information from the PHW publicity materials that they were shown.

A few suggestions were given by participants in focus groups to improve the PHW leaflets on COVID-19 and flu vaccination for young people. These include: having more than one colour, having a story line of the information, and having videos with cartoon characters to explain the information.

Qualitative focus groups show that leaflets and posters are important for providing information about vaccinations to young people, particularly in schools. However, most participants in focus groups, particularly those aged 13+, also agree that social media would be an effective channel to convey information on vaccinations to young people their age. Qualitative insights reveal that young people come across information on vaccination on social media even when they're not looking for it.

In terms of co-production, most young people who took part in qualitative focus groups would be willing to get involved in collaborating with PHW to create materials to inform young people their age about vaccines, with online channels seen as the most convenient to do this.

3. Recommendations

Based on the findings from this report, it is recommended that PHW consider taking the following actions to improve the functioning of the immunisation programme and uptake of COVID-19 and flu vaccinations amongst young people:

- **Reassure parents and young people about side effects and ingredients of vaccines, particularly the COVID-19 vaccine.** The COVID-19 vaccine is seen as the least safe of all the vaccines offered to young people aged 11 and above among both parents and young people (see page 32). Moreover, the COVID-19 vaccine is the most likely to be regarded as worse for young people than the disease it protects from (see page 34). The proportion of parents and young people who agree that they are concerned about side effects and the ingredients of the COVID-19 vaccine are larger than the proportions who disagree (see pages 67-68). There are also some concerns about this in regards to the flu vaccine, albeit to a lesser extent (see pages 50-52). For both the flu and COVID-19 vaccines, regression analysis[1] confirms that these concerns are a driver of rejection of these vaccines while a lack of concern about ingredients and side effects is associated with higher uptake of these immunisations. Moreover, qualitative focus groups show that young people think it's important to have information that challenges myths on vaccines, such as myths around ingredients and side effects (see page 94).
- **Communicate the severity of diseases, particularly flu.** COVID-19 and flu come both at the bottom of the list in terms of perceived severity for young people. However, while COVID-19 comes towards the top of list in terms of severity for society, 31% of parents and 39% of young people say that it wouldn't be serious for society if they/their child got flu.
- **Use social media as a channel to communicate information on vaccination to young people and parents.** Quantitative data shows that the information on vaccination encountered on social media is more likely to convey mixed messages for and against vaccination (see page 22). Moreover, parents who are sceptical about vaccination are more likely than average to say that they would use social media if they wanted to find out more about vaccinations for their child(ren) (21%). Therefore, it is important to have regulated information on social media to combat these mixed messages with factual information. Additionally, qualitative data shows

[1] Regression analysis is a type of statistical analysis used to understand whether and the extent to which there is a relationship between different variables.

that young people consider social media to be an important channel to inform people their age about vaccinations and that this is a channel where they passively come across information on vaccination (see page 93).

- **Consider partnering with influencers and celebrities to let young people know about the benefits of vaccines.** Further research or engagement with young people may be needed to establish the most influential personalities that young people look up to, but some participants in qualitative focus group consider that influencers and celebrities would be effective ambassadors of vaccination to young people (see page 93).
- **Leaflets and posters will still play an important role, particularly in schools, to let young people know about the vaccinations available and information about these.** NHS leaflets are the second most cited source that parents and young people would use if they wanted to find out more about COVID-19 and flu vaccines (see page 86). Moreover, most young people of school age who took part in qualitative focus groups say that they would use physical adverts in or just outside school if they were in charge of informing people their age about vaccination (see page 93).
- **Ensure parents have access to quality and up-to-date information about vaccinations that they can draw on when speaking to their children.** A majority (65%) of young people aged under 16 say that when making a decision on vaccination they prefer either to make a joint decision with their parents (43%), or let the parent make the decision (22%), with a lower proportion (35%) of those aged under 16 saying that they'd rather make their own decision. As such, it is important that parents have access to high quality factual information so that they can help young people make informed decisions. The NHS website, NHS leaflets and healthcare professionals are the sources that parents are most likely to consult if they wanted to find out more about the COVID-19 and flu vaccination for the children. It is also important for parents to be able to have access to content about vaccinations that is accessible and engaging so that they can share it with their children.
- **Use search engine optimisation to ensure information on vaccination on the NHS website is easy to find.** The source that both parents and young people are most likely to use if they wanted to find out more about COVID-19 and flu vaccines is the NHS website (49% of young people and 60% of parents). Both parents and young people who have seen information on vaccination on the internet, are less likely than average to say that this information was in favour of vaccination (see page 23), hence it is important to ensure that regulated information from the NHS website comes at the top of the searches when parents and young people browse for information online.
- **Improve and develop the channels of communicating the vaccinations available (and the benefits of these) to harder to reach groups of young people.** Quantitative and qualitative data shows that young people aged 16+ who are not in education or employment and parents who are home-schooling are more likely to be unaware about the vaccinations available. Therefore, we recommend PHW conduct additional research to find out the best ways to communicate the vaccinations available to these groups as well as letting them know how to arrange vaccination appointments. These could include via job centres and community centres for those aged 16+ who are not in education and employment, and via councils for parents who are home schooling.

- **Get young people involved as change agents for their peers and in the co-production of materials to inform young people about vaccinations.** Qualitative focus groups show that a majority of young people would be willing to get involved in the co-production of materials about vaccination, with online channels seen as the most appropriate to get involved with this. For those who are more apathetic, financial incentives should be considered to encourage involvement in this (see page 95).

4. Awareness of publicity about young people's health

4.1 Introduction

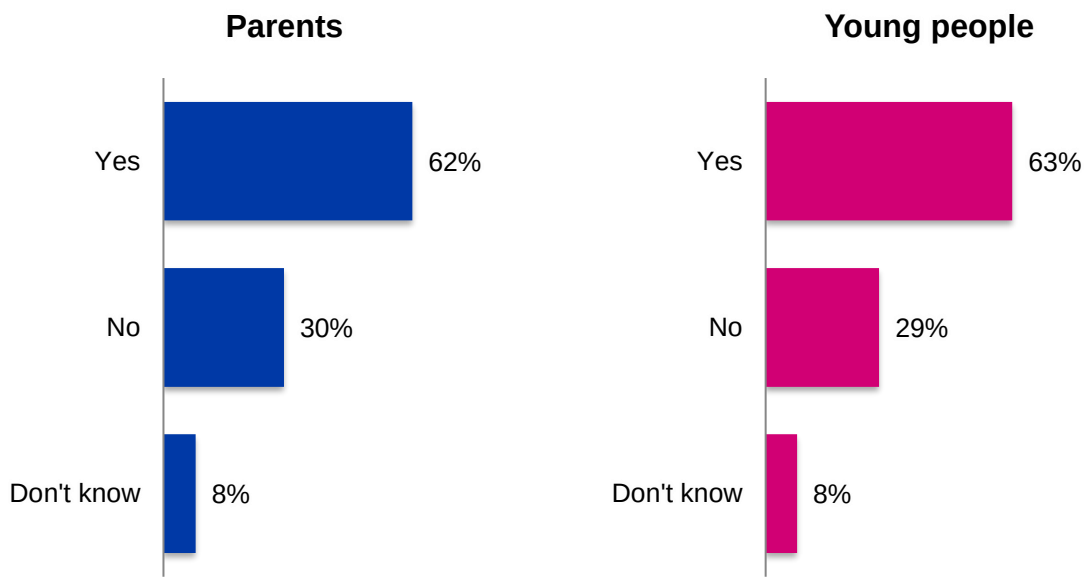
Before respondents were asked about their perceptions and knowledge of the flu and COVID-19 immunisation programme for young people, they were asked about their awareness of publicity surrounding vaccinations generally and overall awareness of the vaccination information available. At this point in the survey, the respondents did not know that the study was about vaccinations, and this produces a genuine read on awareness. This section looks at the awareness of publicity about vaccinations in a broader health context, before focusing on specific immunisations.

4.2 Recall of health-related information for young people

Figure 1 below shows the proportions of parents and young people who recall having seen, heard or read anything about young people's health in the last 12 months.

Six in ten (62%) parents and young people (63%) state that they have seen, heard or read information relating to young people's health in the past 12 months.

Figure 1: Have you seen, heard or read anything about young people's health in the last 12 months?



Base: All Parents (230) and All Young People (457)
A1

The following groups of parents are more likely than average to have seen information on young people's health: parents aged 41 to 45 (73%), and parents who have more than one child aged 11 to 16 (72%). Conversely, the following groups of parents are less likely to have seen information about young people's health in the past 12 months: parents who live in Betsi Cadwaladr University Health Board (43%), and parents who only have one child aged 11 to 16 (57%).

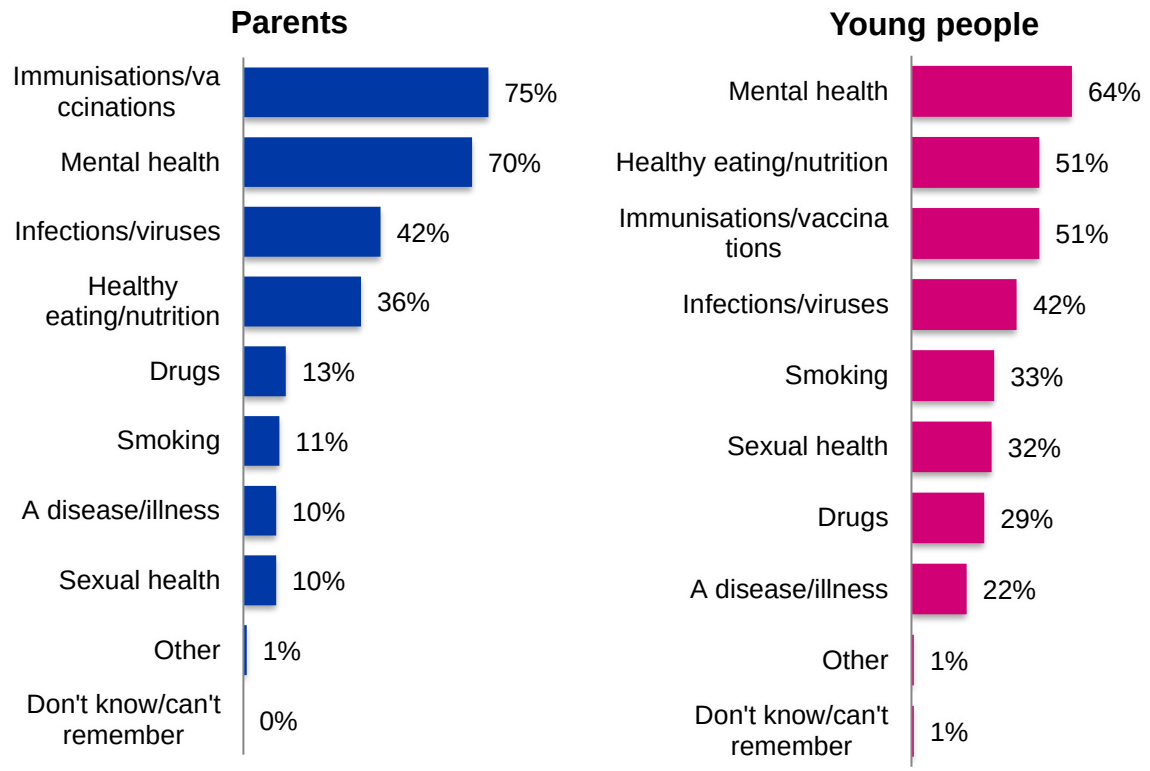
Among young people, the following groups are more likely to have come across information on young people's health in the past 12 months: respondents who live in Hywel Dda University Health Board (81%) and Cardiff and Vale University Health Board (77%), religious respondents (71%), and those whose main language is English or Welsh (64%). On the other hand, the following groups of young people are less likely to have seen or heard information about young people's health: respondents whose main language is something other than English or Welsh (42%), those classed as being in deprivation quintile 4 (48%), (least deprived quintile is 1 and most deprived is 5), those who live in Aneurin Bevan University Health Board (49%), and respondents who are not religious (60%).

Those who recall having come across information on young people's health were then asked to select, from the list in Figure 2, what the information they had come across was about.

Among parents, the topic relating to young people's health that they are most likely to have heard about is immunisations/vaccinations, with three-quarters (75%) of parents who have heard information about young people's health saying that it related to vaccinations. This is followed by mental health (70%). Amongst young people, however, mental health is the issue that they are most likely to have heard about (64%), followed by both healthy eating/nutrition (51%) and immunisations (51%)

Additionally, a similar proportion of parents (42%) and young people (42%) recall coming across information in relation to infections or viruses.

Figure 2: And what was it about?

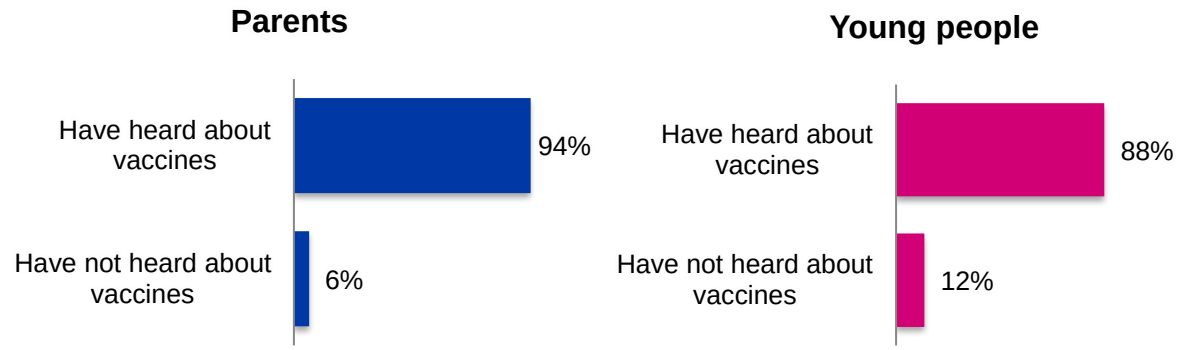


Base: Those that seen, heard or read anything about young people's health in the last 12 months - Parents (139) - All Young People (282)
A2

4.3 Recall of publicity concerning vaccination for young people

Those who didn't mention immunisations above were then asked a separate question on whether they had heard or read anything about young people's immunisations in the last 12 months. Figure 3 is based on all respondents and contains answers to this question combined with any mentions of immunisations discussed above for Figure 2. Overall, the vast majority of parents (94%) and young people (88%) say that they have seen or heard something about immunisations for young people in the past 12 months.

Figure 3: Have you seen, heard or read anything about vaccination for young people in the last 12 months? By 'vaccination' we mean young people being vaccinated to protect them from illness.



Base: All Parents (230) and All Young People (457)
A2/A3

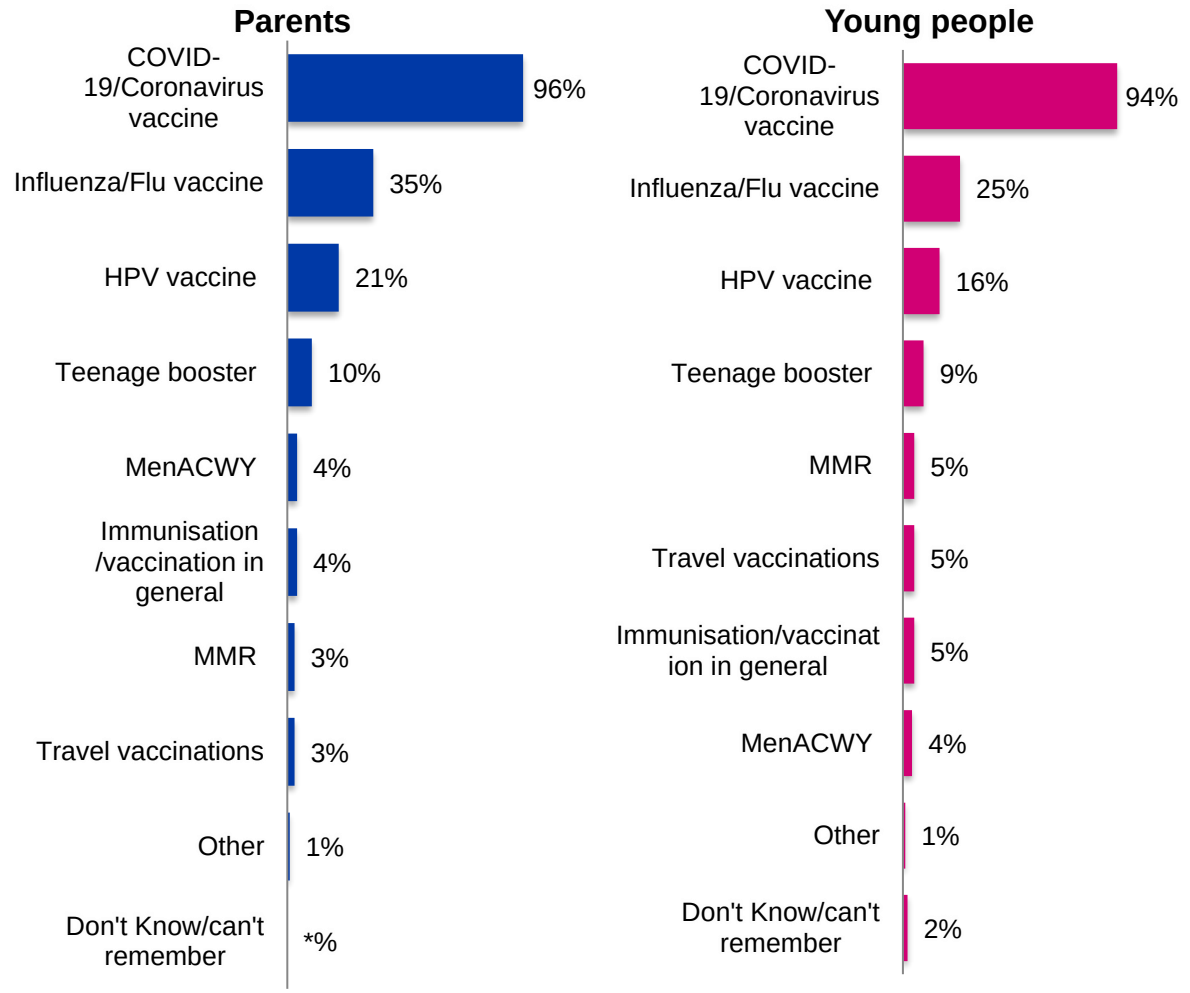
When looking at results by key demographics, there are no significant differences by sub-groups among parents. Among young people, the following sub-groups are less likely to have come across information about vaccinations: males (84%), those who live in Aneurin Bevan University Health Board (82%), those whose main language is other than English or Welsh (76%), and those aged 16+ who are not in employment or in education/training programmes (75%).

Those who recalled having come across publicity on young people's vaccination were then asked what vaccination the information they had seen or heard was about (see Figure 4).

Given that the fieldwork period coincided with the ongoing rollout of the COVID-19 vaccination, as expected the vaccine that both parents and young people are most likely to have seen or heard information about is the COVID-19 vaccine, with the vast majority of parents (96%) and young people (94%) saying that they had seen something about this vaccine. This is followed by the flu vaccine, with around 1 in 3 parents (35%) and a quarter of young people (25%) saying that they have heard about this. Information about the flu vaccine, however, is cutting through to a considerably lower extent than information about the COVID-19 vaccination (-61 percentage point difference in the proportion of parents who have heard about the COVID-19 vaccine compared to the flu vaccine and 69 percentage point difference among young people).

Amongst young people, those aged 11 to 16 are more likely than average to have come across information about the flu vaccine (33%, compared to 25% overall). This matches the age groups of young people who have been universally offered a free flu vaccine, which are all children (from the age of 2) and young people up to (and including) those in school year 11. Notwithstanding this, the proportion of 11- to 16-year-olds who have heard or seen something about the flu vaccine is relatively low.

Figure 4: What vaccination was it about?



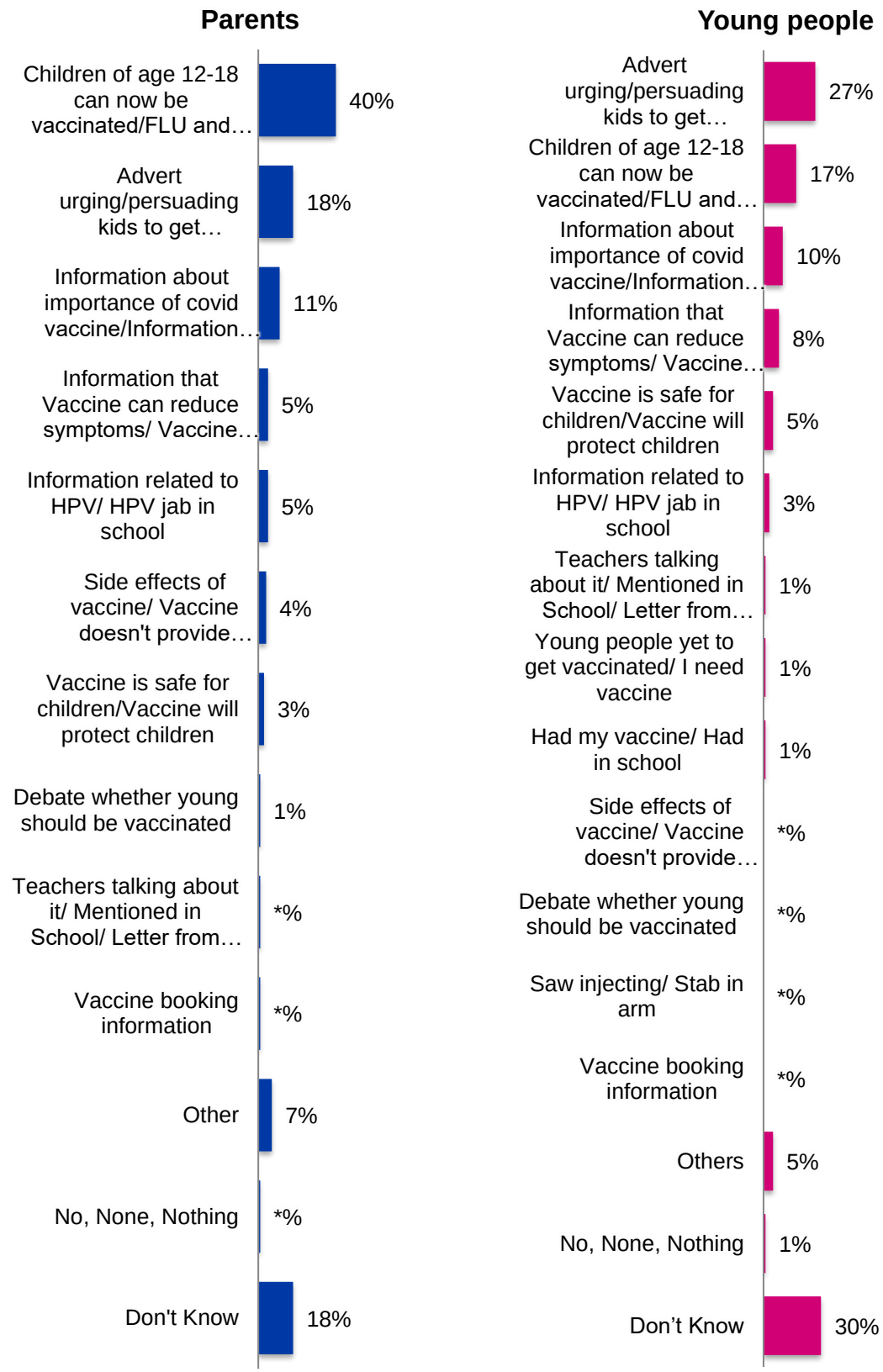
Base: Those that seen, heard or read anything about vaccination/immunisation - Parents (214) and Young People (396)
A5

Respondents who had heard or seen something about vaccination in the last 12 months were then asked what they remembered most about what they saw or heard in an open question. Responses were then coded into themes and these have been shown in Figure 5.

Most parents said that the information they had seen related to the COVID-19 and flu vaccines becoming available for children and young people (40%). This is followed by information about the importance of children and young people being vaccinated/adverts persuading young people to get vaccinated (18%).

A sizeable proportion of young people (30%) couldn't remember what the information they had seen on vaccination was about. Nonetheless, the most common themes mentioned by those who could remember are: information about the importance of children and young people being vaccinated/adverts persuading young people to get vaccinated (27%), and information around the COVID-19 and flu vaccines being available for children and young people (17%).

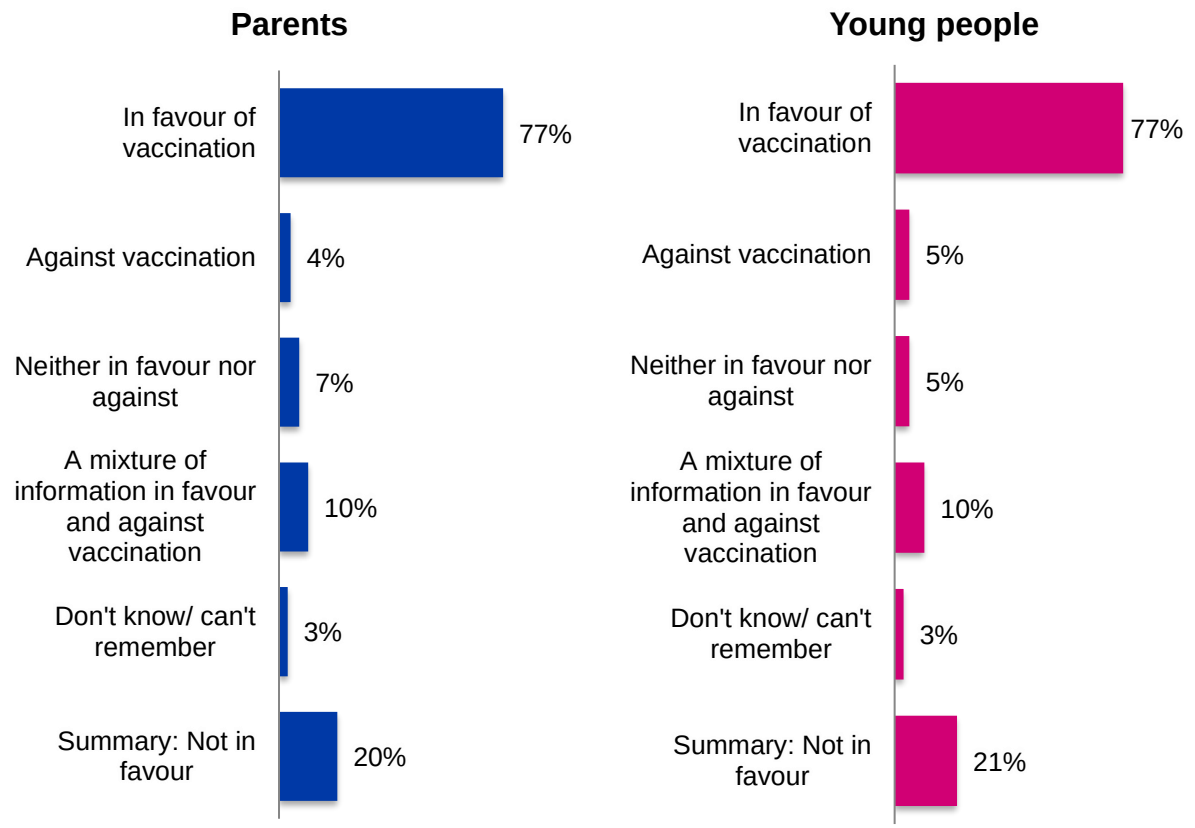
Figure 5: And what do you remember most about what you saw or heard? What did it say/what did you learn about it?



Base: Those that seen, heard or read anything about vaccination/immunisation - Parents (214) and Young People (396)
A6 – open question

Respondents were then asked whether the information they had seen was for or against vaccinations. The results are shown in Figure 6. Encouragingly, around three-quarters of parents (77%) and young people (77%) who had seen information say that it was in favour of vaccination. One in 10 parents (10%) and young people (10%) have seen a mixture of information both for and against vaccination, and 7% of parents and 5% of young people state that the information they have seen was neither for nor against immunisations. 4% of parents and 5% young people have come across information against vaccination. The remainder are unsure or can't remember (3% of parents and young people).

Figure 6: Overall was the information that you saw…?



Base: Those that seen, heard or read anything about vaccination/immunisation - Parents (214) and Young People (396)
A7

Parents aged 31 to 35 are more likely to have seen information against immunisations (12%), as are parents who haven't seen any PHW publicity (12%), and those who live in Cwm Taf Morgannwg University Health Board (11%).

Looking at this from the perspective of young people, those aged 18 to 25 are more likely to have come across information against vaccination (7%). This also applies to: males (7%), young people who live in Betsi Cadwaladr University Health Board (9%), and young people who haven't had the COVID-19 vaccine and are not planning to do so (12%).

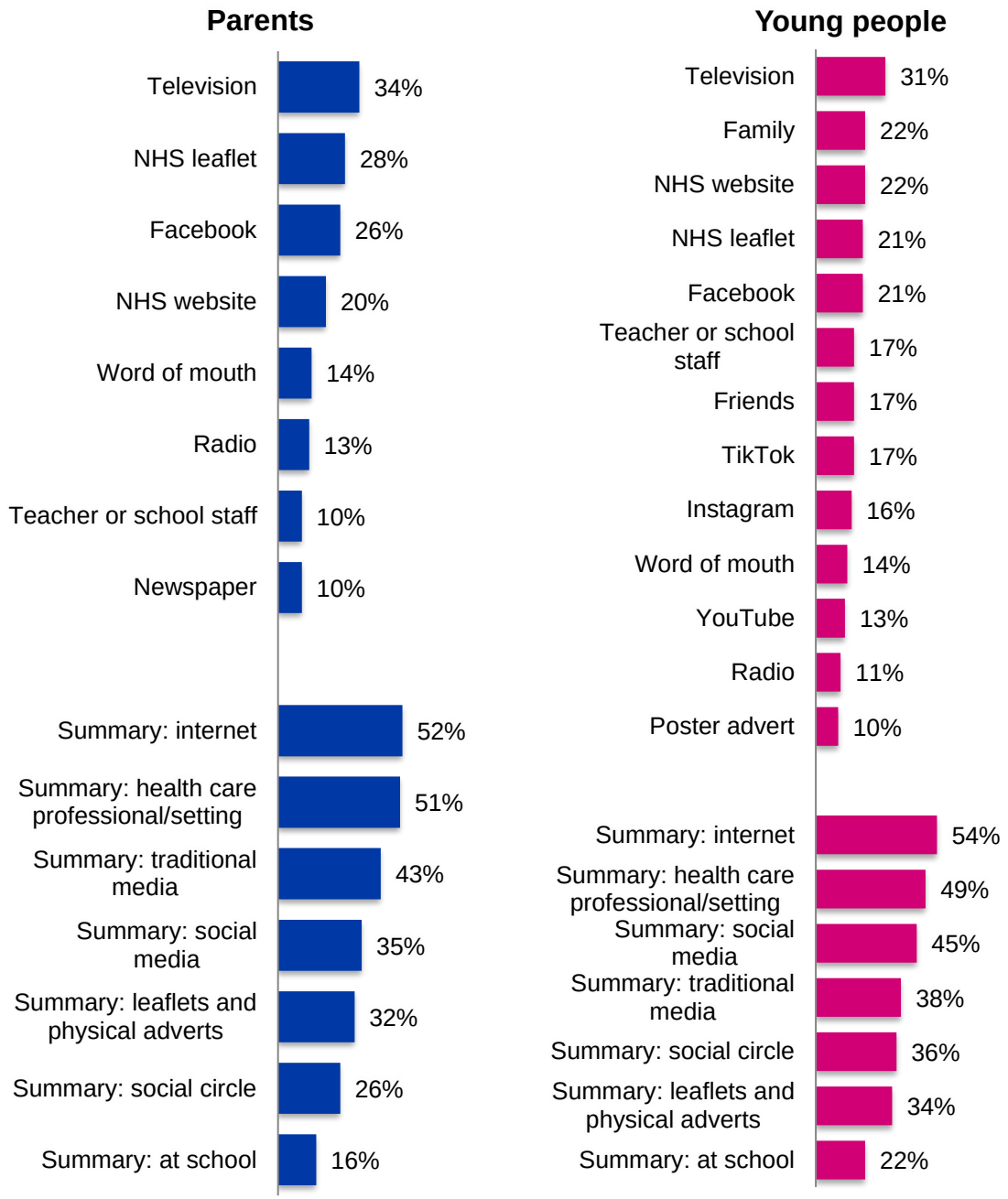
Respondents who had heard or seen something about vaccinations were then asked where they had come across this information (see Figure 7). For parents, television (34%), NHS

leaflets (28%) and Facebook (26%) are the most common sources of information, followed by the NHS website (20%).

For young people, television (31%) and the NHS website (22%) are also among the most prominent sources of information on vaccination. However, for young people family is also an important source of information (22%).

Looking at overall sources of information from these results, for both parents and young people information on vaccinations is most commonly obtained from healthcare professionals/settings and online, with online sources being slightly more commonly mentioned by young people (54%, compared to 52% of parents) and healthcare professionals/settings slightly more commonly cited by parents (51%, compared to 49% of young people). Traditional media is also a source of information mentioned by a slightly higher proportion of parents (43%) than young people (38%). However, young people are 10 percentage points more likely than parents to mention social media as a source of information on vaccination (45% of young people, compared to 35% of parents).

Figure 7: And where did you see or hear this?



Base: Those that seen, heard or read anything about vaccination/immunisation - Parents (214) and Young People (396)
A4
*Codes below 10% are not shown to ease reading

Looking at the sentiment of the information encountered by source, tables 1 and 2 below show that information received via social media is less likely than average to convey messages in favour of vaccination among parents and more likely to convey a mixture of messages for and against vaccination among young people. Additionally, results for young people in table 2 show that information obtained via the internet and social circle is also more likely to convey a mixture of messages in favour and against vaccination.

Table 1: Overall was the information that you saw/heard ... by source (Parents)

	TOTAL	In favour of vaccination	Against vaccination	Neither in favour nor against	A mixture of information in favour and against vaccination
Summary: internet	52%	50%	62%	62%	60%
Summary: health care professional/setting	51%	52%	52%	47%	41%
Summary: traditional media	43%	44%	16%	34%	53%
Summary: social media	35%	**31%**	62%	49%	51%
Summary: leaflets and physical adverts	32%	35%	0%	20%	36%
Summary: social circle	26%	25%	22%	14%	42%
Summary: at school	16%	19%	0%	5%	10%

Figures underlined indicate statistically significant differences versus the total at the 95% level of confidence

Table 2: Overall was the information that you saw/heard ... by source (Young People)

	TOTAL	In favour of vaccination	Against vaccination	Neither in favour nor against	A mixture of information in favour and against vaccination
Summary: internet	54%	52%	48%	59%	**78%**
Summary: health care professional/setting	49%	49%	53%	61%	46%
Summary: social media	45%	44%	48%	45%	**61%**
Summary: traditional media	38%	38%	19%	22%	49%
Summary: social circle	36%	35%	23%	47%	**50%**
Summary: leaflets and physical adverts	34%	36%	22%	28%	25%
Summary: at school	22%	23%	11%	34%	15%

Figures underlined indicate statistically significant differences versus the total at the 95% level of confidence

5. Prompted awareness of all vaccinations available

5.1 Introduction

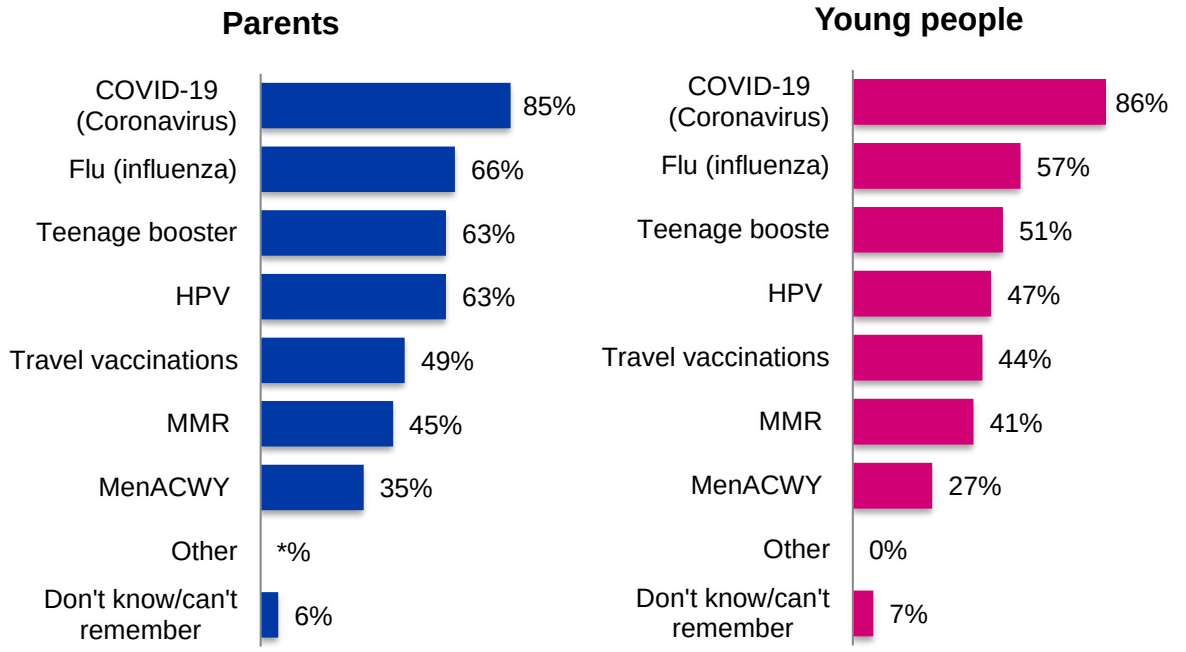
So as to understand awareness of the COVID-19 and flu vaccination programmes for young people in context, awareness of all vaccinations available for young people was measured.

5.2 Awareness of vaccinations available for young people

Figure 8 shows parents and young people's awareness of vaccinations available for young people. It is worth noting that parents were asked about their awareness of vaccines available for young people aged 11 to 16 (as surveys were only completed by parents of young people aged 11 to 16) while young people were asked about their awareness of vaccines available for young people aged 11 to 25 (since young people aged 11 to 25 took part in the survey).

The COVID-19 vaccine is the vaccination that both parents (85%) and young people (86%) are most aware of. This is followed by the flu vaccine (66% of parents and 57% of young people). In contrast, the MenACWY vaccine is the immunisation with the lowest level of awareness of all those listed in Figure 8 (35% of parents and 27% of people are aware of this vaccine being available to young people).

Figure 8: What vaccinations do you think are currently available for young people aged 11-16? / What vaccinations do you think are currently available for young people aged 11-25?



Base: All Parents (230) and All Young People (457)
V1
*The wording of some options has been shortened for charting purposes

The following sub-groups of parents are less likely to be aware of the COVID-19 vaccine being available for young people: Parents aged 18 to 35 (72%), those who have children aged 11 to 12 (74%), parents who are not religious (80%) and those who live in deprivation

quintile 3 (76%, least deprived quintile is 1 and most deprived is 5). Among young people, the following are less likely to be aware of the COVID-19 vaccine: those aged 18 to 25 (81%), those classed as clinically extremely vulnerable (76%), disabled young people (76%), and young people aged 16+ who are not in education or employment (73%).

When it comes to the flu vaccine, the following sub-groups of parents are less likely to be aware of it being available for young people: Parents aged 18 to 35 (51%) and parents of children aged 15 to 16 (57%). Additionally, White young people (57%) and those who live in Betsi Cadwaladr University Health Board are less likely to be aware of the flu vaccine being available for young people (46%).

6. General attitudes towards vaccinations

6.1 Introduction

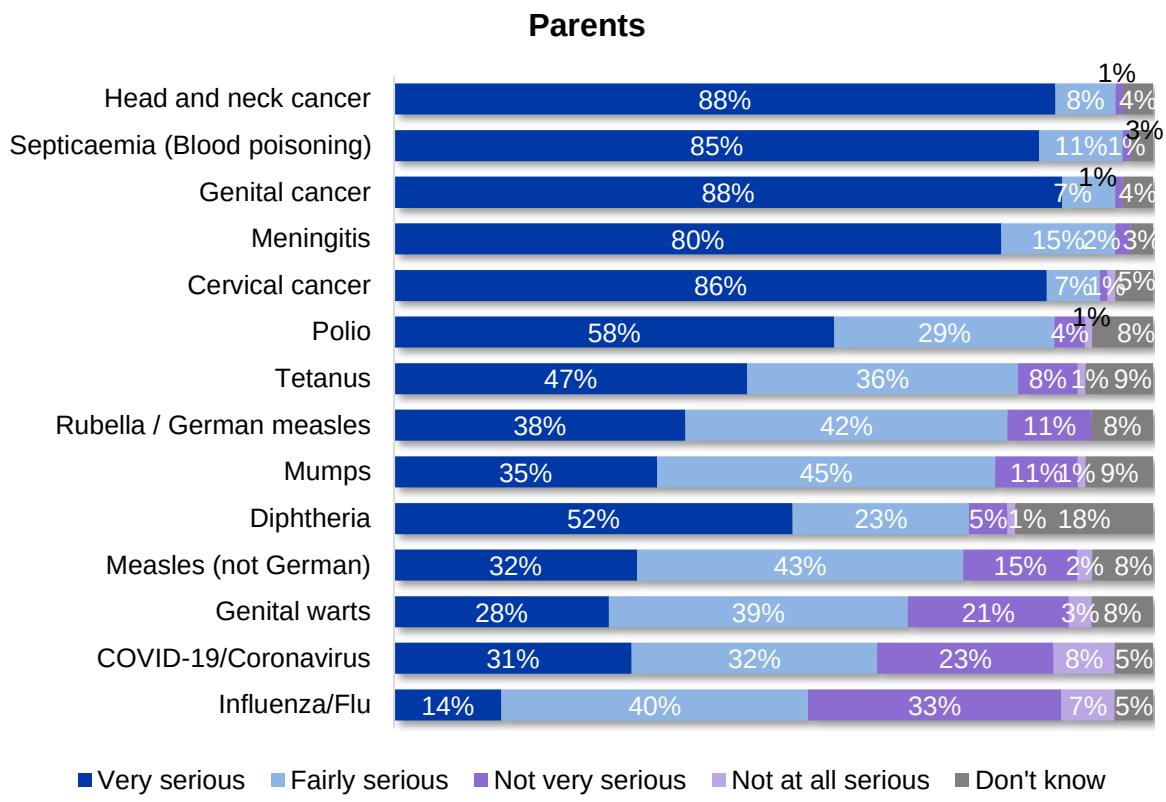
This section explores the attitudes that parents and young people hold towards vaccination in general, including their perceptions of how serious the diseases are that the vaccines for young people protect against, as well as the perceived safety of vaccinations.

6.2 Perceived severity of diseases

Parents were asked to consider how serious they thought it would be for their child(ren) if they contracted any of the diseases that the teenage vaccination programme protects them from.

All the diseases in Figure 9 are considered to be very or fairly serious by at least 55% of parents, with the three cancers shown registering the highest ‘very serious’ scores: head and neck cancer (88%) genital cancer (88%), and cervical cancer (86%). This is followed by septicaemia (85%) and meningitis (80%). Conversely, the diseases rated as less serious are: measles (not German) (32% consider this to be very serious), COVID-19 (31%), genital warts (28%), and flu, with only 14% of parents considering that it would be ‘very serious’ if their child(ren) got the flu.

Figure 9: How serious do you think it would it be <u>to your child(ren)</u> if they got the following diseases? (Parents)



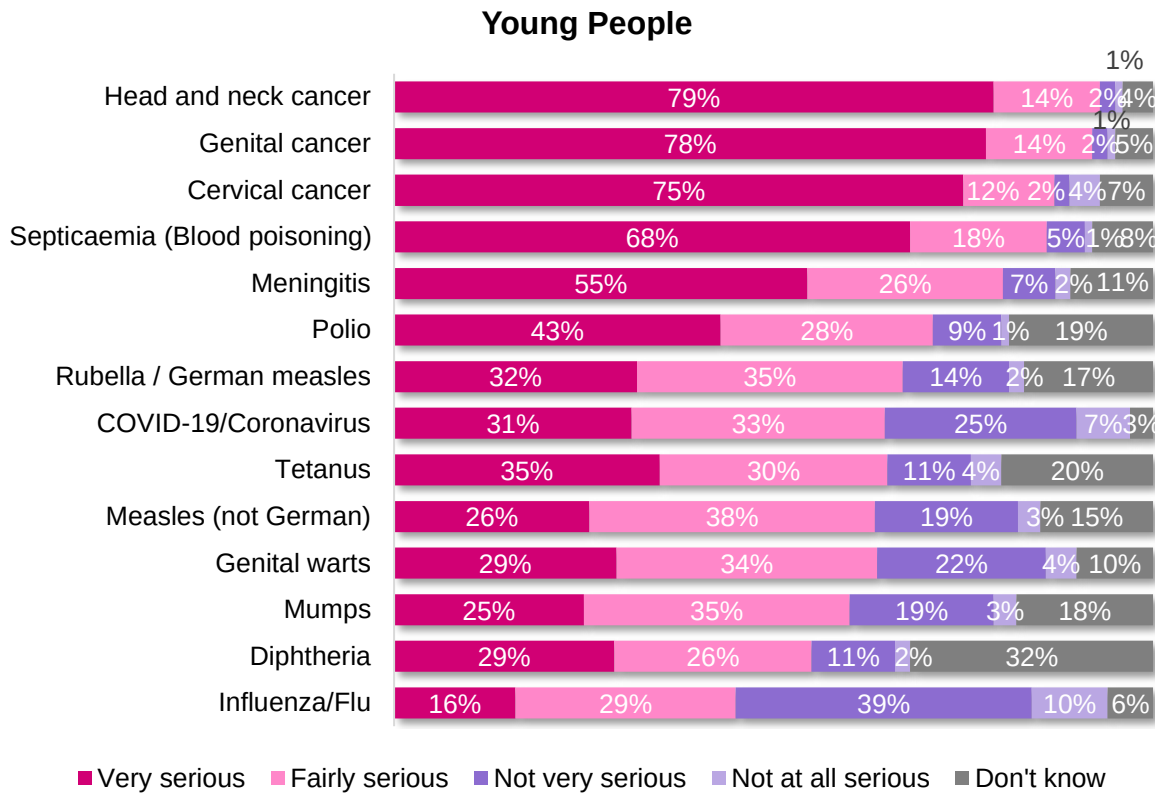
Base: All Parents (230)
V3

There are differences in perceptions of disease severity by socio-economic factors, with parents living in the most deprived quintile more likely to say that a number of these diseases are not serious.

Looking at this from the perspective of young people (Figure 10), at least 45% consider each disease to be very or fairly serious. It is worth noting, however, that unlike parents, young people's awareness of some diseases is rather low. For example, 32% don't know how serious it would be if they got diphtheria, 20% are not sure how serious it'd be if they got tetanus, 19% are unsure about the severity of polio, and 18% are unsure about the severity of mumps.

Nonetheless, as with parents, the diseases most likely to be ranked as very serious by young people are the three cancers listed: head and neck cancer (79%) genital cancer (78%), and cervical cancer (75%). This is followed by septicaemia (68%) and meningitis (55%). Flu is the disease seen as least serious, with just 16% of young people saying that it would be very serious if they got it. While for parents, COVID-19 came towards the bottom of the list in terms of severity, for young people COVID-19 is seen as more serious than a number of other diseases that vaccines protect from. Three in 10 (31%) of young people say that getting COVID-19 would be very serious for them. Although this proportion is the same as the proportion of parents who rated COVID-19 as very serious (31%), for young people COVID-19 is seen as more serious than measles (26% rate this very serious), mumps (25% say getting this would be very serious), genital warts and diphtheria (29% rate these diseases as very serious respectively).

Figure 10: How serious do you think it would be <u>to you</u> if you got the following diseases? (Young People)



Base: All Young People (457)
V3

Qualitative insights show that although most eligible young people have received a flu vaccine, flu is not considered to be a very serious illness and therefore there is not a sense of urgency among parents to vaccinate their children against it:

> *"I don't know, because I never had [the flu vaccine] as a child. I got the flu and I got over it. So I don't understand what is the point for it".* Female 41, White British

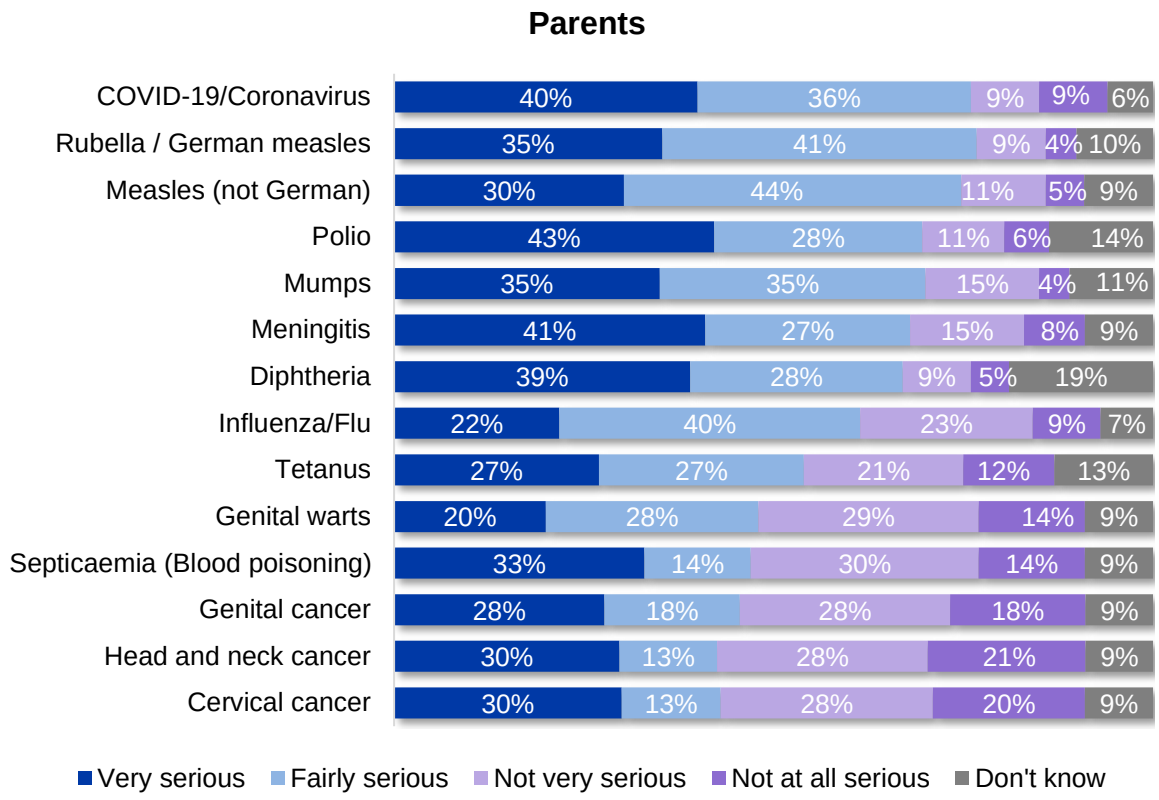
> *"'If we miss it' some parents might say,' we'll just give it next year'".* Male 48, White British

Parents were then asked how serious it would be for society if their child(ren) got each of the diseases that the young people's vaccination programme protects from (see Figure 11).

All diseases listed are considered to be very or fairly serious for society for at least 43% of parents, with rubella and COVID-19 coming at the top of the list in terms of severity for society (76% respectively say that it would be very or fairly serious for society if their child(ren) got these diseases). This is followed by measles (74%), polio (70%), and mumps (70%). Conversely, the three cancers listed are seen as the least serious diseases for society according to parents: genital cancer (45%), cervical cancer (43%), and head and neck cancer (43%).

Flu comes at the middle of the list in terms of severity for society, with 62% of parents stating that it would be very of fairly serious for society if their child got the flu.

Figure 11: And how serious do you think it would it be <u>for society</u> if your child(ren) got the following diseases?



Base: All Parents (230)
V4

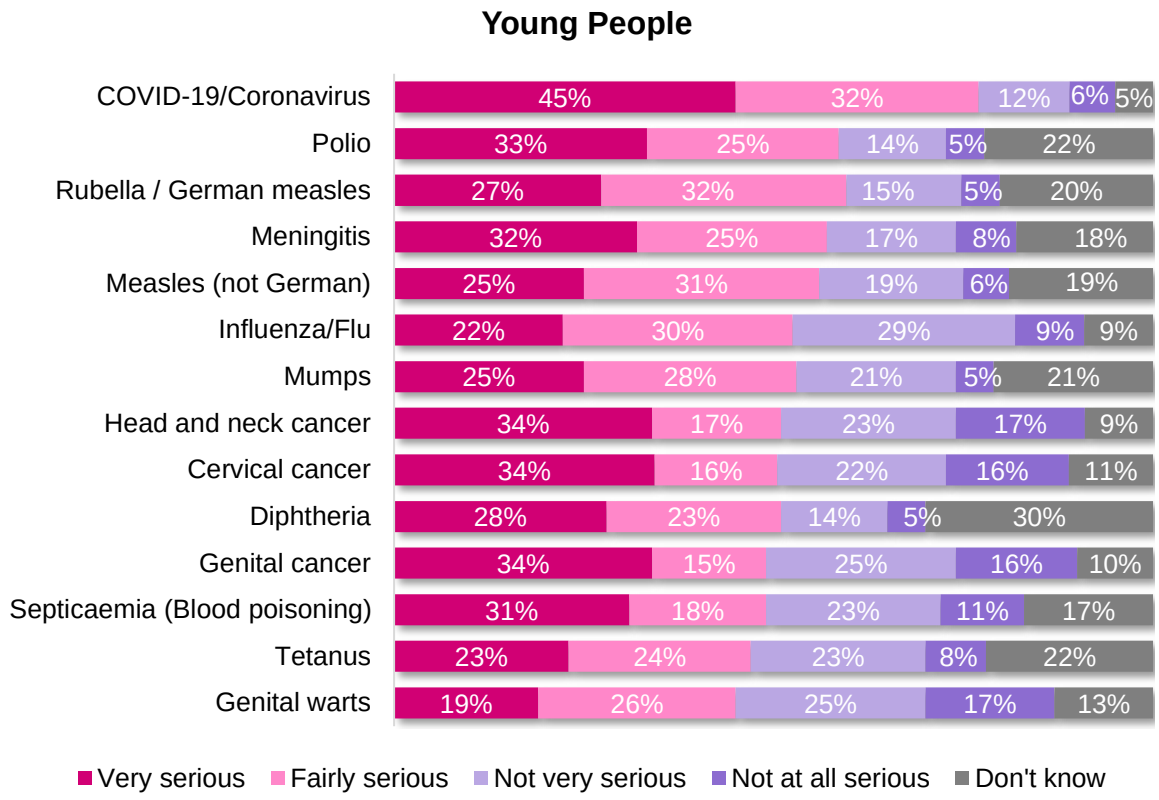
Similarly, young people were asked how serious they thought it would be for society if they got each of the diseases that the vaccines for young people protect from (see Figure 12).

COVID-19 is seen as the most serious disease for society for young people, with over three-quarters (77%) saying that they getting this disease would be very or fairly serious for society (45% said it would be very serious). This is followed by rubella and polio, with 59% of young people respectively saying that them getting these diseases would be serious for society. Tetanus (47%) and genital warts (45%) are seen as the least serious diseases for society according to young people.

Flu comes towards the middle of the list in terms of severity for society, with over half (53%) saying that it would be very or fairly serious for society if they got the flu.

As with severity for individuals, it is worth noting that young people are more likely than parents to say that they don't know how severe it would be for society it they got these diseases, with don't know scores ranging between 30% and 20% among young people for most diseases, while among parents don't know scores tend to be at 14% or lower.

Figure 12: How serious do you think it would be <u>for society</u> if you got the following diseases? (Young People)



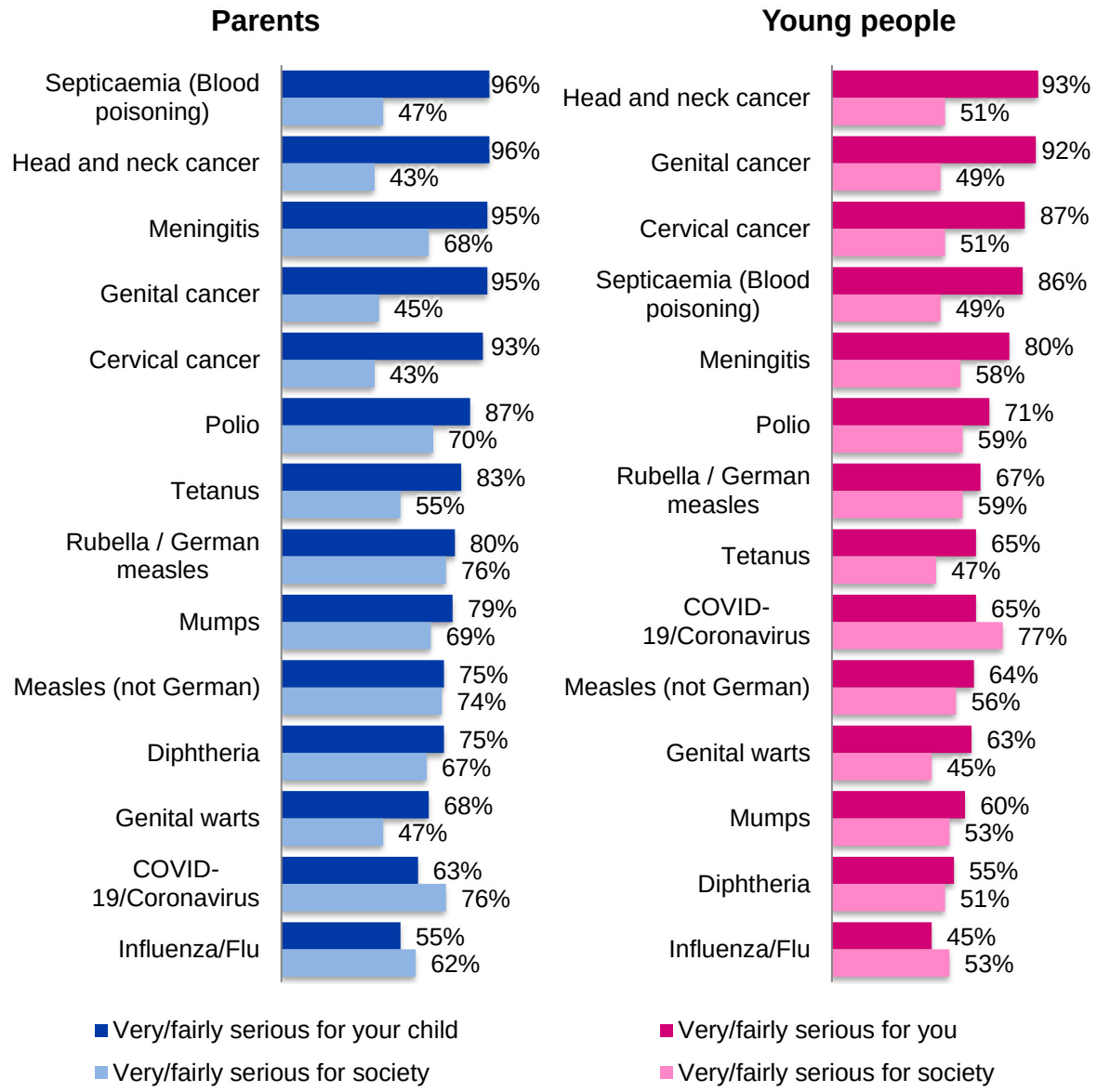
Base: All Young People (457)
V4

Among young people, those who don't trust the COVID-19 vaccine are more likely to say that it wouldn't be serious for society if they got coronavirus (31%). This also applies to disabled respondents (28%).

Figure 13 shows the perceived severity of the diseases for the young person and for society among parents and young people, summarising the results of Figures 9 to 11.

For both parents and young people, the three cancers listed (head and neck cancer, genital cancer and cervical cancer) are considered among the most serious for the young person but the least serious for society: around 9 in 10 parents and young people say that these diseases would be very or fairly serious for young people but less than half say that they would be serious for society. Septicaemia and meningitis are also seen as particularly serious for young people but less so for society. Conversely, COVID-19 and flu are the two diseases that are seen as more serious for society than for young people among both parents and young people. However, the gap between perceptions of severity of flu and COVID-19 for the young person compared to society is notably lower than the gap in perceptions when asked about three cancers listed (head and neck cancer, genital cancer and cervical cancer) and septicaemia and meningitis: 50 percentage points or more of a gap in perceptions of severity of cancers for the individual compared to society, 22 percentage points or more of a gap in perceptions of severity of septicaemia and meningitis for the individual versus society, compared to a 13 percentage point gap or less in perceptions of severity of COVID-19 and flu for the individual compared to society. This is both among parents and young people.

Figure 13: How serious do you think it would be… if you got the following diseases?



Base: All Parents (230) and All Young People (457)
V3/V4

6.3 Views on safety of immunisations for young people

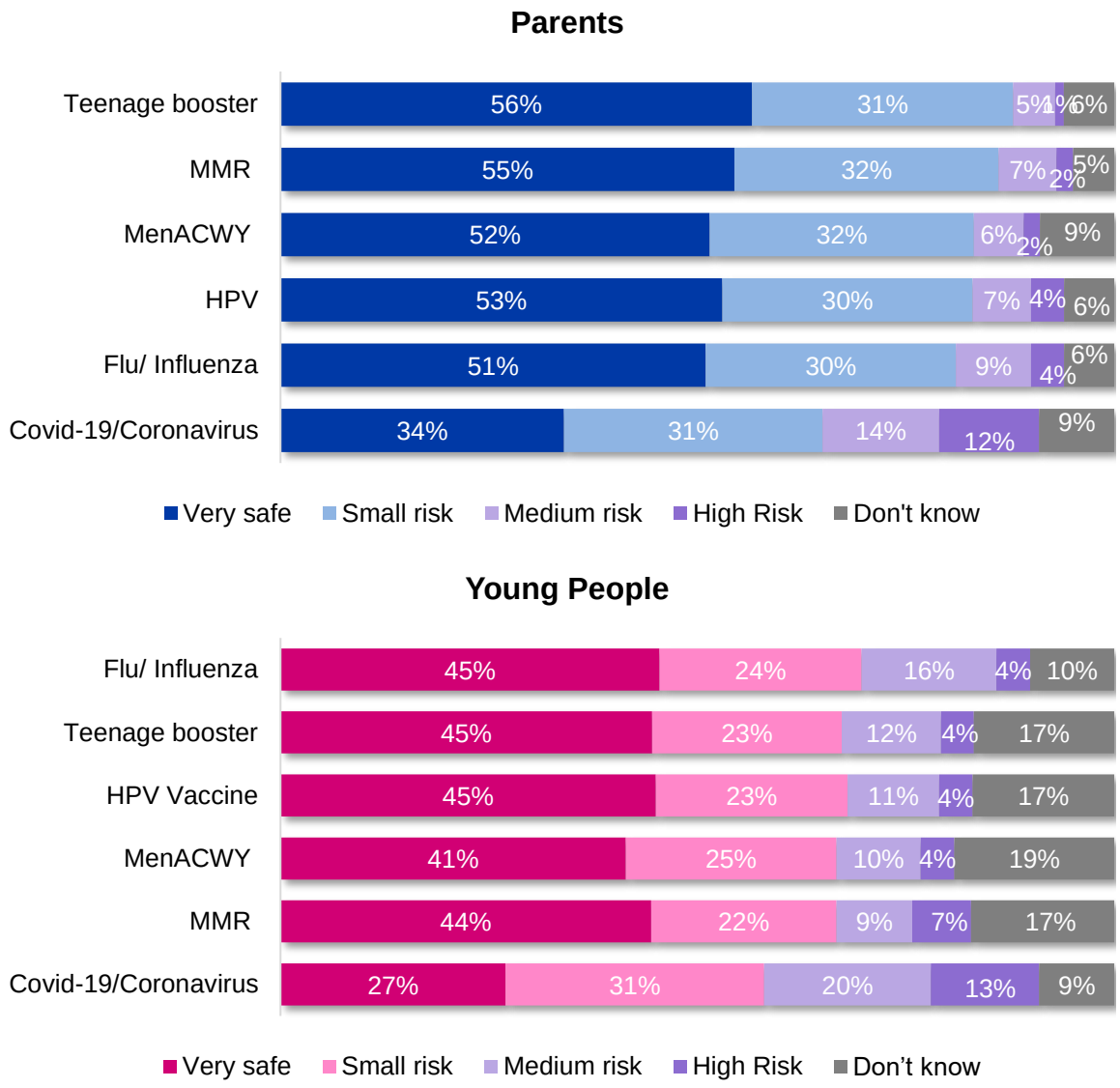
Following on from the perceived severity of the diseases, parents and young people were asked about their views in relation to the safety of young people's immunisations. The results are shown in Figure 14.

Around 8 in 10 parents agree that most vaccines are either very safe or pose only a small risk: 88% said so when asked about the teenage booster, 86% about the MMR vaccine, 84% about the HPV and the MenACWY vaccines respectively, and 81% about the flu vaccine. However, the proportion of parents who agree that the COVID-19 vaccine is very safe or poses only a small risk is lower than for other vaccines, with 6 in 10 (65%) parents stating that the COVID-19 vaccine is either very safe or poses only a small risk. A quarter (26%) of parents say that the COVID-19 poses a medium to a high risk, the highest medium to high risk score of any of the vaccines listed.

Among young people, more than 6 in 10 agree that most of the vaccines for young people are either very safe or pose only a small risk (69% for the flu vaccine, 68% respectively for the teenage booster and the HPV vaccine, and 66% respectively for the MenACWY and the MMR vaccines). These scores are slightly lower than for parents, and this is both because young people are more likely than parents to answer don't know and to a lesser extent because young people are more likely to say that the vaccines pose a medium to a high risk. As with parents, young people also consider the COVID-19 vaccine to be the least safe of the vaccines listed, with over half (58%) of young people saying that the COVID-19 vaccine is either very safe or poses only a small risk, and a third (33%) stating that this vaccine poses a medium to a high risk.

The proportions of parents and young people who think that the flu vaccine poses a high to a medium risk are similar, 20% of young people and 14% of parents.

Figure 14: How safe do you personally feel each of these vaccines are?



Base: All Parents (230) and All Young People (457)
V5

Parents who live in Aneurin Bevan University Health Board are more likely to regard most of the vaccines for young people as posing a medium to high risk. Moreover, parents whose child(ren) have not had the flu vaccine and are not planning on them having it are more likely to say that the flu vaccine poses a medium to a high risk (53%). Similarly, parents whose child(ren) have not had the COVID-19 vaccine and are not planning on them having it are more likely to say that the COVID-19 vaccine poses a medium to a high risk (67%).

Amongst young people, those aged 18 to 25 are more likely than average to say that all vaccines pose a medium to high risk. This is also true of young people who have seen information that was not in favour of vaccination (against, a mixture of for and against, or neither for nor against).

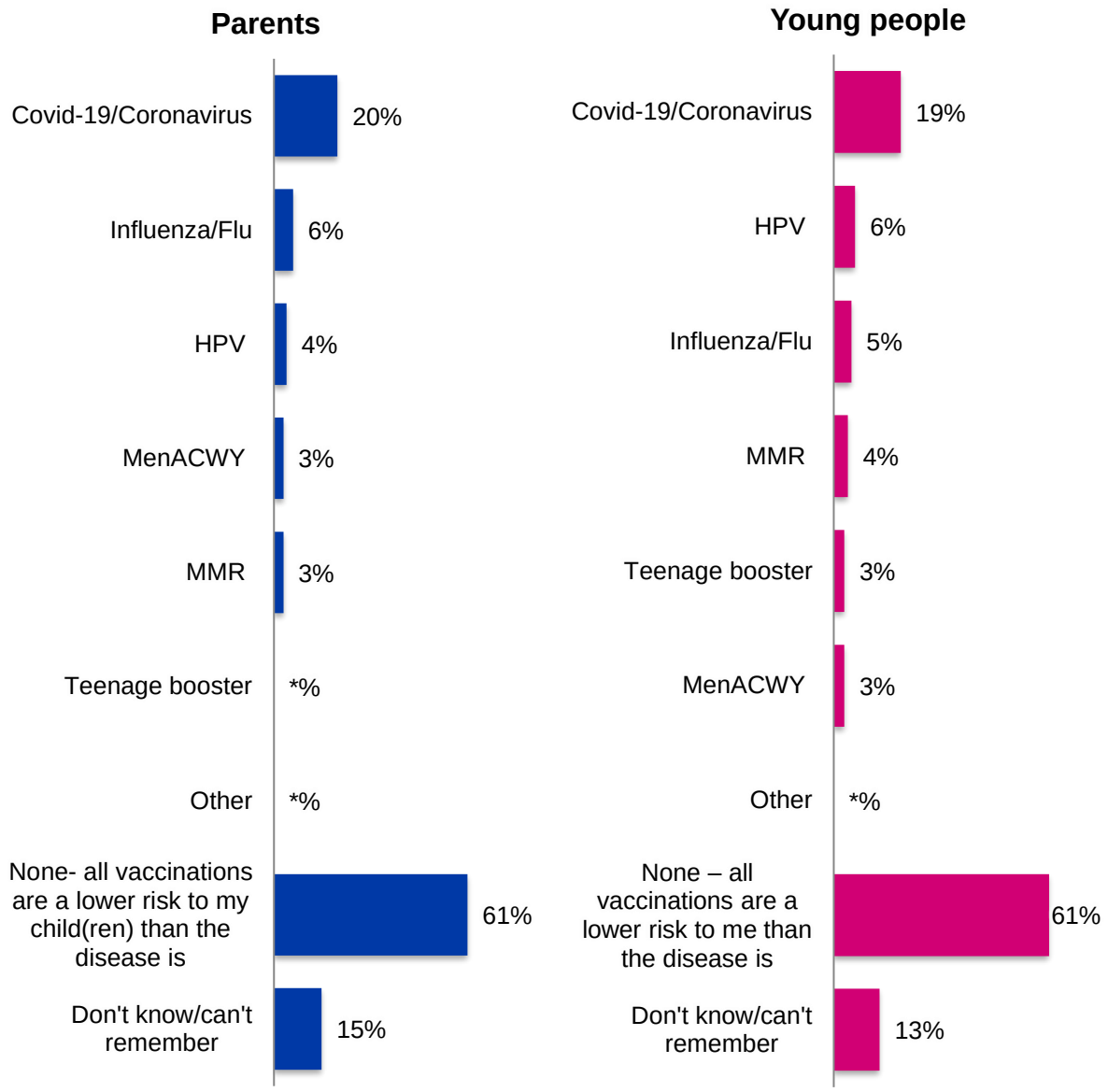
When it comes to the COVID-19 and flu vaccines, young people who live in the most deprived quintile are more likely to say that these two vaccines pose a medium to high risk (41% for COVID-19 and 31% for the flu vaccine). As observed with parents, young people

have not had the flu and COVID-19 vaccines and are not planning on having them are more likely to say that these vaccines pose a medium to a high risk. This is also true of young people who don't trust the COVID-19 and flu vaccines.

Respondents were then asked whether they think that there are vaccines that are worse for young people than the actual diseases they protect from. A majority of parents (61%) and young people (61%) say that all vaccines pose a lower risk compared to the diseases they protect from. Around 1 in 7 (15%) parents and a similar proportion of young people (13%) are unsure about whether there are immunisations that are worse than the diseases they protect against. The remainder believe that vaccines are worse than the diseases they protect from (26% of young people and 24% of parents).

The COVID-19 vaccine is the most likely immunisation to be regarded as riskier than the disease itself, with around 1 in 5 parents (20%) and young people (19%) stating this. Fewer than 1 in 10 also believe that the flu vaccine is worse than the disease itself (6% of parents and 5% of young people).

Figure 15: Do you think there are any vaccines that are worse for your child(ren) than the actual illness/disease? If so, which ones? / Do you think there are any vaccines that are worse for you than the actual illness/disease? If so, which ones?



Base: All Parents (230) and All Young People (457)
V6
*The wording of some options has been shortened for charting purposes

Parents who don't have enough information about the COVID-19 vaccine and don't know where to find it are more likely to consider the COVID-19 vaccine to be riskier than the disease itself (41%). This pattern can also be observed for the flu vaccine but the result for the flu is not significant. Additionally, parents who are religious are more likely to see the COVID-19 (28%) vaccine as riskier than the diseases they protect from. Parents who say that their child(ren) haven't had the COVID-19 and flu vaccines and are not planning on them having these vaccines are also more likely to be sceptical about the safety of these vaccines (32% say the flu vaccine is riskier than the disease and 69% say that the COVID-19 vaccine is riskier than the actual virus).

Among young people, those aged 18 to 25 are more likely to state that the COVID-19 vaccine is riskier than the disease itself (22%), as are those aged 16+ who are in employment (24%). This is also the case of young people who live in the most deprived quintile (31%), those who live in Hywel Dda University Health Board (29%), those who have seen information not in favour of vaccination (28%), those who don't have enough information about the COVID-19 vaccine and don't know where to find it (35%), and those who haven't had the COVID-19 vaccine and are not planning on doing so in the future (50%).

When it comes to the flu vaccine, young people who are in employment are more likely to say that the flu vaccine is riskier than the disease (9%).

7. The flu vaccine

7.1 Introduction

This section focuses on the flu vaccine. It covers awareness of the flu vaccine being offered to young people among parents and young people themselves, and how informed parents and young people feel about the flu vaccine. This section also considers levels of uptake of flu vaccine as well as motivations and barriers to uptake, and general attitudes towards the vaccine for young people.

7.2 Awareness of the flu vaccine

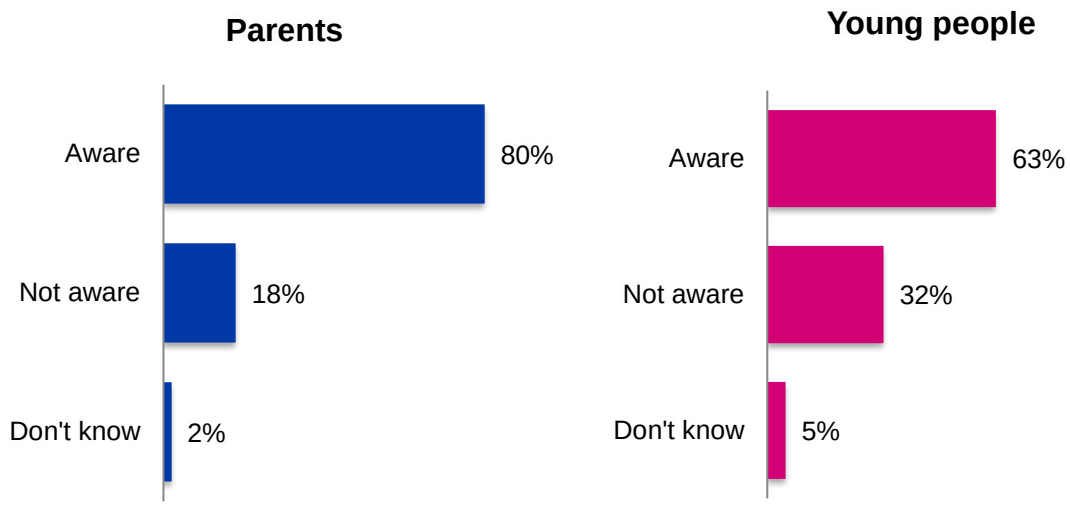
To measure awareness of the flu vaccine for young people, parents and young people aged 11 to 16 were asked whether they were aware that the flu vaccine is now offered to all children (from the age of 2) and young people up to (and including) those in school year 11. Young people aged 17 to 25 were asked a slightly different question since not all young people of these ages are offered a free flu vaccine. Thus, those aged 17 to 25 were asked whether they were aware that young people aged 17 to 25 are eligible for a free flu vaccine if they have a certain long term health condition, are carers, are pregnant, work in health and social care (delivering direct care) or live with someone with a compromised immune system. The results for parents and the combined results for young people are shown in Figure 16.

The vast majority of parents (80%) say that they are aware of the flu vaccine being available for young people, with 2 in 10 saying either that they are not aware (18%) or that they are unsure (2%).

Similarly, most young people are also aware of eligibility for the flu vaccine (63%). Those aged 11 to 16 are the most likely to be aware of the flu vaccine (66%) but this result is not statistically significantly higher compared to other age groups. Those aged 18 to 25, however, are the least likely to be aware of the flu vaccine (36%). This is to be expected, however, since flu vaccines are not universally available for this age group.

Overall, 3 in 10 (32%) young people are not aware of the flu vaccine being available for young people and 5% are unsure.

Figure 16: All children (from the age of 2) and young people up to (and including) those in school year 11 are now eligible for a free flu vaccine. Before today, were you aware of this? / Young people aged 17 to 25 are eligible for a free flu vaccine if they have certain long term health conditions, are carers, are pregnant, work in health and social care or live with someone with a compromised immune system. Before today, were you aware of this?



Base: All Parents (230) and All Young People (457)
U1/U1aa

Parents of children aged 15 to 16 are more likely to not be aware of the flu vaccine being offered to young people (29%), as are disabled parents (34%).

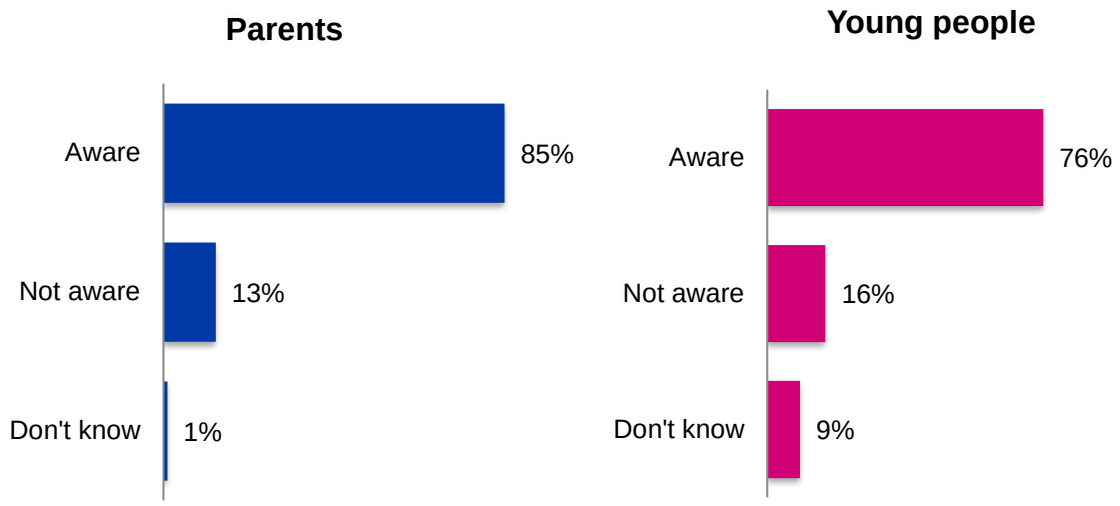
Among young people, the following sub-groups are significantly more likely to say that they are not aware of the flu vaccine:

- White respondents (32%)
- those who are not religious (36%)
- males (38%)
- those who haven't seen any publicity from PHW (41%)
- those who live in deprivation quintile 2 (43%, least deprived quintile is 1 and most deprived is 5)
- those who have come across a mixture of information for and against vaccination (49%)

Parents and young people aged 11 to 16 were then asked whether they knew that the flu vaccine is generally offered to children and young people up to school year 11 as a nasal spray rather than an injection (see Figure 17).

Around 4 in 5 parents (85%), and young people aged 11 to 16 (76%), are aware that the flu vaccine is routinely offered to young people as a nasal spray rather than an injection. 13% of parents and 16% of young people aged 11 to 16 are not aware of this and the remainder don't know (1% of parents and 9% of people aged 11 to 16).

Figure 17: The flu vaccine is offered to children and young people (up to school year 11) in Wales as a nasal spray (not an injection). Before today, were you aware of this?



Base: All Parents (230) and Young People Aged 11-16 (195)
U1a

Among young people aged 11 to 16, those who haven't seen any PHW publicity are more likely to state that they are not aware of the flu vaccine being offered to children and young people as a nasal spray (24%). This highlights the importance of PHW communicating this to young people across a variety of channels, particularly given that qualitative focus groups reveal that nasal sprays are preferred as an administration method over injections. Therefore, informing young people about the flu vaccine being offered as a nasal spray could increase uptake.

> *"I had the nasal spray as well and it was better than the jab because it was faster".* Male, 13, White British

> *"I can get the vaccines by nasal spray if I am scared of needles".* Male, 12, White British

7.3 Information about the flu vaccine

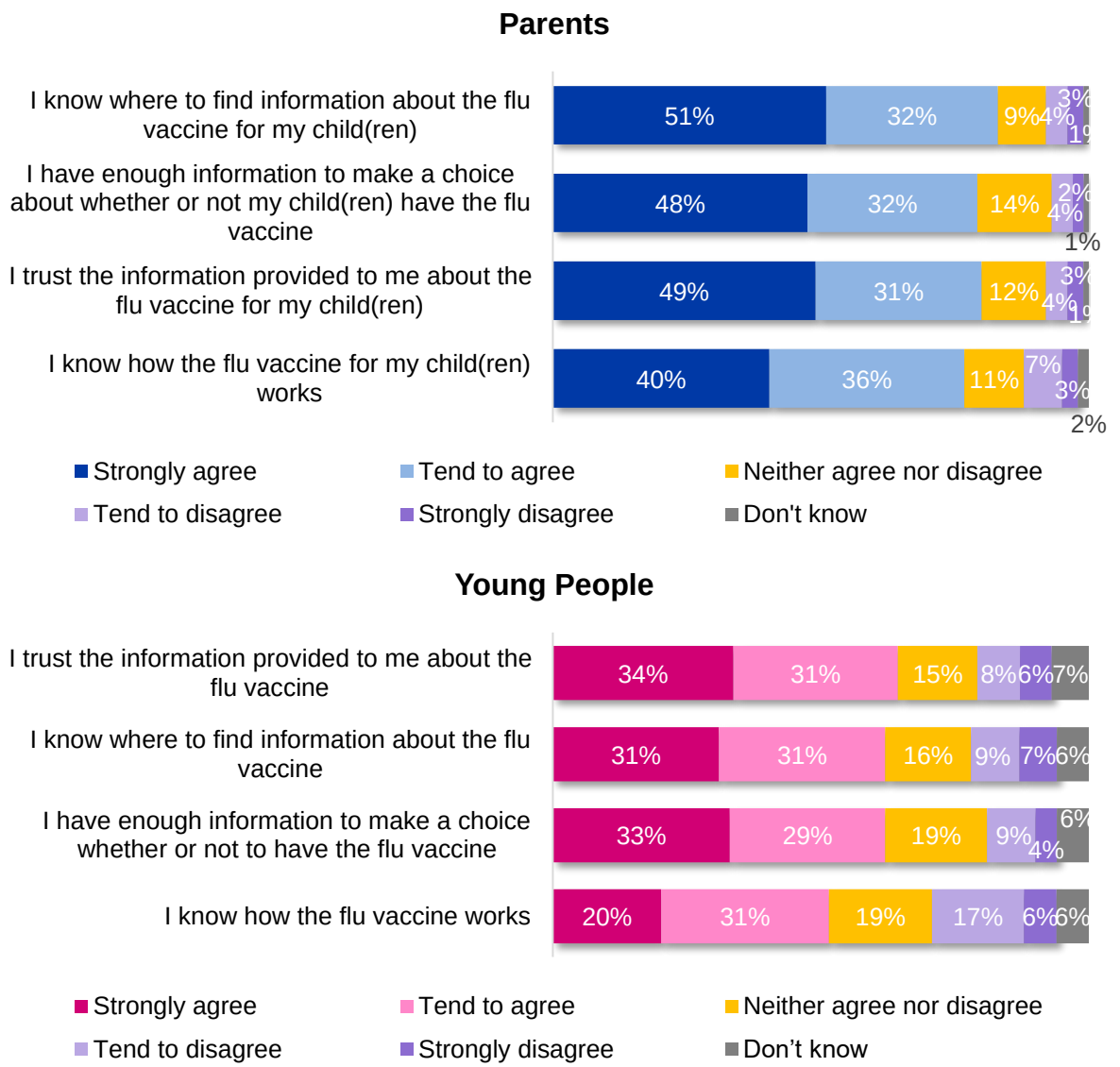
Figure 18 shows levels of agreement with a series of statements among parents and young people. These statements gauge the amount of information respondents feel they have about the flu vaccine and how much they trust this information.

Around 8 in 10 parents feel that they have enough information to make a choice about whether or not their child(ren) have the flu vaccine (80% strongly agree or tend to agree), with a similar proportion (83%) stating that they know where to find information about the flu vaccine for their child(ren). Trust in the information provided about the flu vaccine for young people is also high, with 80% of parents saying that they trust this information. Around 3 in 4 (77%) parents agree that they know how the flu vaccine for children works. Levels of disagreement with these statements are low, with 1 in 10 or fewer parents actively disagreeing with each statement.

Among young people, levels of agreement with these statements are lower than for parents. This is due to slightly higher disagreement and neutral scores. Around 6 in 10 agree that they have enough information to make a choice whether or not to have the flu vaccine or that

they know where to find this information (62% respectively). A similar proportion (65%) feel that they trust the information provided to them about the flu vaccine. Around 1 in 7 actively disagree with these statements. Nonetheless, views around knowledge of the flu vaccine are more polarised: while half (51%) of young people agree that they know how the flu vaccine works; a similar proportion either disagree with this (23%), neither agree nor disagree (19%), or are unsure (6%).

Figure 18: Please could you tell us to what extent you agree or disagree with the following statements?



Base: All Parents (230) and All Young People (457)
P1

Young people aged 18 to 25 are more likely than average to disagree that they know where to find information about the flu vaccine (19%).

When it comes to trust in the information provided about the flu vaccine, young people who haven't had the flu vaccine and are not planning on getting it are more likely to disagree that they trust the flu vaccine (32%). This also applies to young people who live in Betsi Cadwaladr University Health Board (23%).

Among parents, those who are disabled are more likely to say that they don't know where to find information about the flu vaccine for their child(ren) (17%). Similarly, disabled parents are less likely to trust the information provided to them about the flu vaccine for their child(ren) (16%).

Regression analysis shows that among young people trust in the information provided about the flu vaccine is an important driver of uptake of this immunisation while distrust in the information provided is a driver of rejection of the flu vaccine.

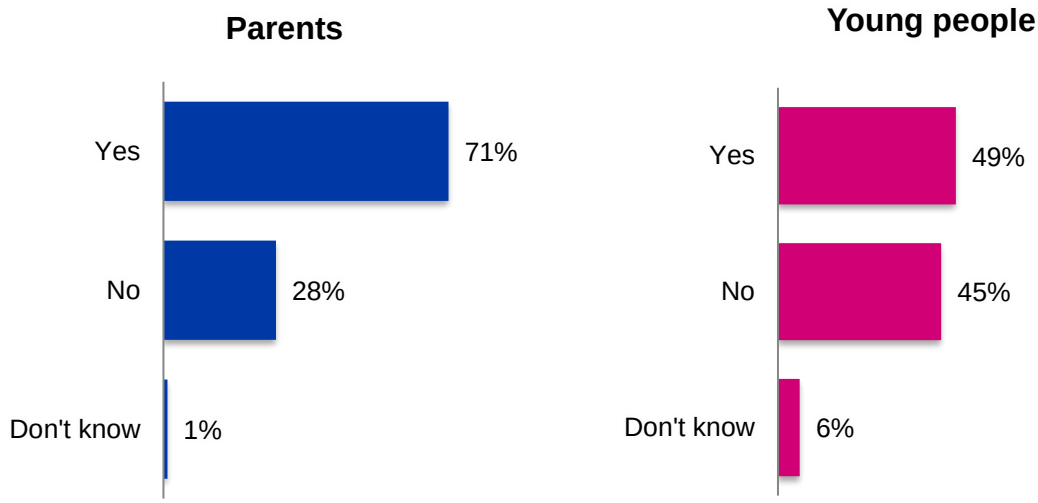
7.4 Flu vaccine uptake

Seven in 10 (71%) parents state that their child(ren) has had a free flu vaccine while just over a quarter (28%) say the opposite. The remaining 1% don't know whether their child has been vaccinated against the flu.

When it comes to young people, there is a more even split between those who have had the flu vaccine and those who haven't. Nearly half (49%) of young people say that they have had a free flu vaccine, with a similar proportion (45%) stating the opposite. The remaining 6% don't know whether they've had flu vaccine or not.

As can be expected, young people aged 11 to 16 -who are more likely to be in school years 7 to 11- are more likely than average to say that they have received a free flu vaccine (64%) while the opposite is true of those in older age groups. For example, those aged 18 to 25 are significantly less likely to say that they have had a free flu vaccine (40%), reflecting the fact that the flu vaccine is not universally available for this age group.

Figure 19: Has your child(ren) had a free flu vaccine? / Have you had a free flu vaccine?



Base: All Parents (230) and Young People (457)
U3

Parents of children aged 15 to 16 are more likely to say that their child(ren) haven't had a free flu vaccine (36%), as are those who haven't seen information on young people's health in the past 12 months (36%), those who believe that there are vaccines that are worse than the illnesses they protect from (48%) and those who haven't seen any PHW publicity (44%).

Aside from the age differences aforementioned, the following groups of young people are more likely to not have had a free flu vaccine:

- White respondents (47%)
- those who are not classed as clinically extremely vulnerable (50%)
- respondents who are not religious (50%)
- females (53%)
- those who have not seen any information on young people's health in the last 12 months (53%)
- those who don't trust the flu vaccine (65%)

Qualitative insights show that most young people aged 11 to 15 (and their friends and peers) have had a free flu vaccine and consider this to be positive to protect themselves and others. However, a majority of young people aged 18 to 25 have not had a free flu vaccine due to not being eligible, and their opinions as to whether young people should have a flu vaccine are mixed:

> *"I think that's a good thing because it helps to fight any disease of the flu that is generally going around".* Male, 21, White British

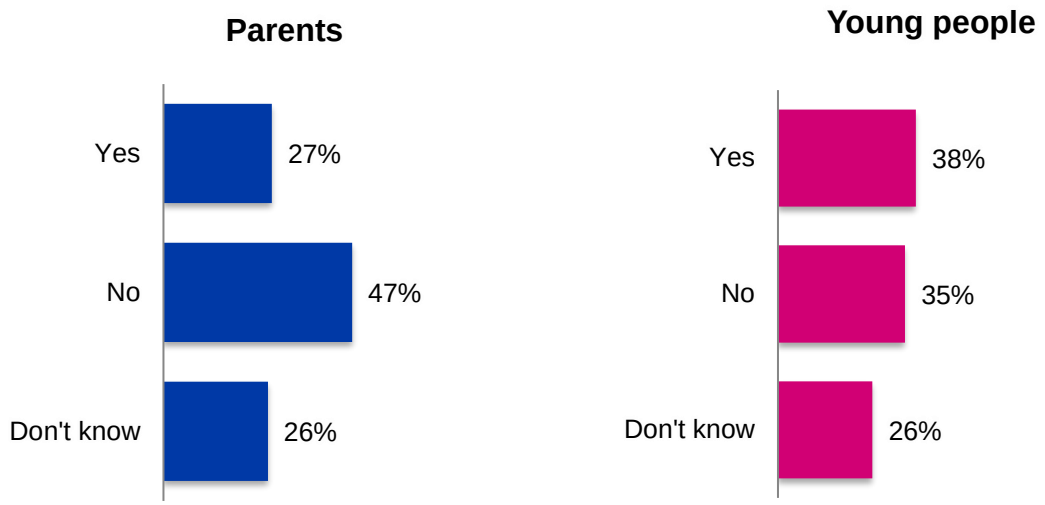
> *"It can be right for school because I always used to get ill when I used to start school because someone had flu. So yeah, I think it will be positive." Female, 23, White British*

> *"I don't know what to feel about that and similarly it depends on the immunity strengths of people. I never was too ill during school so I wouldn't need it."* Female, 23, White Other

Parents who took part in the quantitative survey whose children have not had a free flu vaccine were asked whether they are planning on them having it in the future (see Figure 20). Around a quarter (27%) of parents whose child(ren) have not been vaccinated against the flu say that they are planning on their child(ren) having this vaccine in the future. However, a larger proportion (47%) say that they are not planning on their child(ren) having this vaccine. The remaining 26% of parents don't know.

Looking at this from the perspective of young people, opinions are more evenly split among those who are planning to have the flu vaccine in the future and those who aren't: 38% young people who haven't had a free flu vaccine say that they are planning on getting it in the future, with the same proportion (35%) stating the opposite. The remaining 26% of young people don't know.

Figure 20: You said your child(ren) has not had a free flu vaccine. Do you plan for them to have this vaccination in the future? / You said you have not had a free flu vaccine. Do you plan to have this vaccination in the future or once you become eligible?



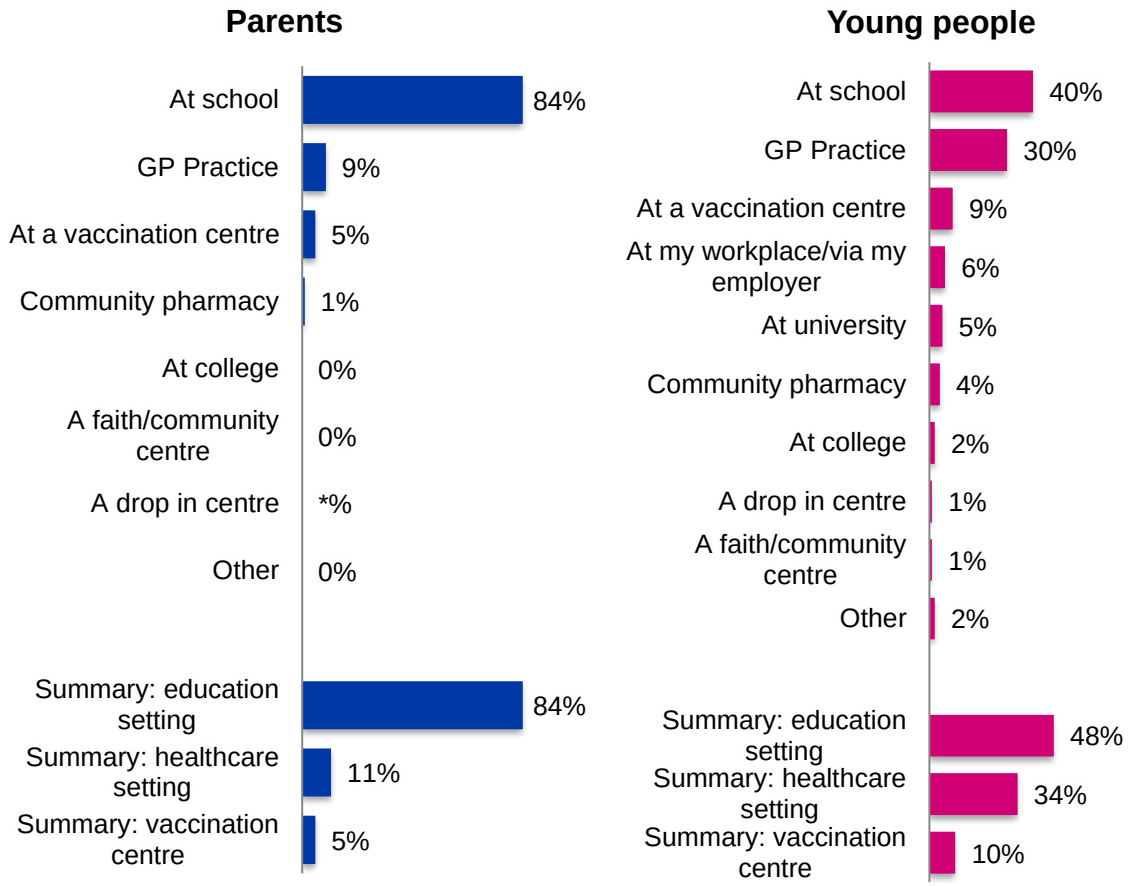
Base: Parents whose child(ren) have not had a free flu vaccine (68) and Young People who have not had a free flu vaccine (190)
U4

7.5 Preferred venues to get the flu vaccine

The vast majority of parents of child(ren) who have had a free flu vaccine say that their child had the flu vaccine at school (84%).

Among young people, most of those aged 11 to 16 have had the flu vaccine at school (78%), with older age groups more likely to have had it at a GP practice (48% of those aged 18 to 25 who have had a flu vaccine say that they had it at a GP practice). The rest of venues listed in Figure 21 were used by fewer than 1 in 10 young people who had received a free flu vaccine.

Figure 21: Where did your child(ren) have their flu vaccine? / Where did you have your flu vaccine?

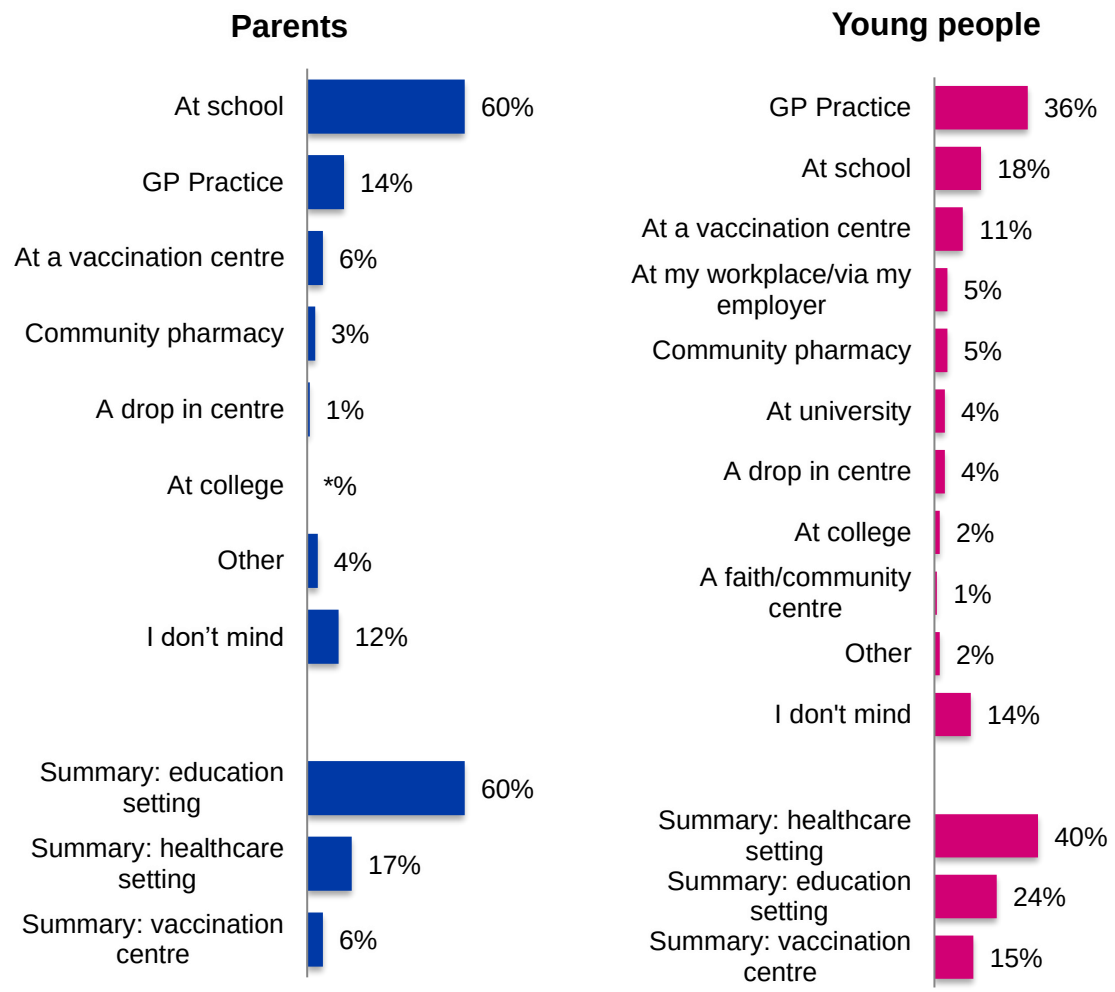


Base: Those who have had flu vaccine/their child(ren) have had flu vaccine - Parents (159) and Young People (236)
LX

All respondents were then asked about their preferences in terms of venues to have the flu vaccine (see Figure 22). For parents, school is by far the preferred venue (60%), followed by GP practices (14%).

Among young people aged 11 to 16, school is the preferred venue to get the flu vaccine (46%). And among those aged 18 to 25, GP practices are the preferred venue to get the flu vaccine (49%).

Figure 22: And if you could choose, where would you prefer your child(ren) to have a flu vaccine? / And if you could choose, where would you prefer to have a flu vaccine?



Base: All Parents (230) and Young People (457)
L2

Qualitative focus groups confirm that school is also the preferred venue to get vaccines among those aged 11 to 16 and their parents. Letters from school were found to be the main way in which young people aged 11 to 16 and their parents find out about the vaccinations that young people are offered and the school arranging the vaccination is considered to be convenient. However, one parent mentioned that for those choosing to home school their child(ren), arranging vaccinations could be harder:

> *"I think people who are home schooling their child might not have the ability to make the right arrangement for their child to get the vaccines. If the school didn't arrange them and take all the headache away, then it would be harder".* Male, 53, British

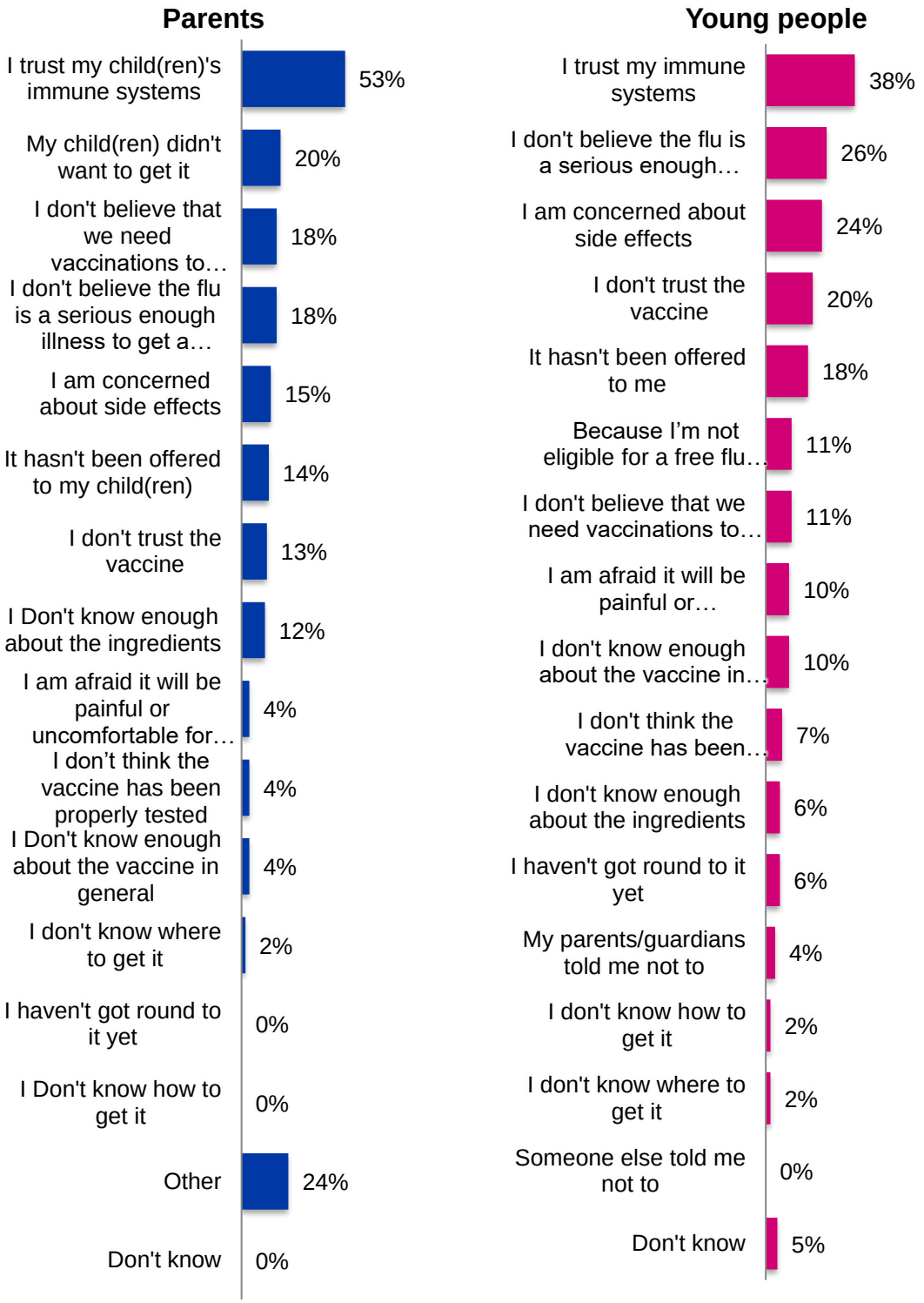
7.6 Barriers and motivations to take up the flu vaccine

The minority of parents (30) who said that their child(ren) had not had the flu vaccine and are not planning on them getting it in the future were asked about their reasons for deciding that their child(ren) should not have this vaccine (see Figure 23). The most prominent reason given by parents for children not getting the flu vaccine is a trust in child(ren)'s immune system (53%). This is followed by child(ren) not wanting to get the flu vaccine (20%). The

rest of reasons were cited by less than 1 in 5 parents whose child(ren) haven't had the flu vaccine and are not planning on them getting it. These include: a belief that vaccinations are not needed to stay healthy (18%), a perception that the flu is not a serious enough illness to require a vaccine (18%), and concerns around side effects (15%). One in 7 (14%) parents of children who haven't had the flu vaccine and aren't planning on them having it say it is because their child(ren) haven't been offered the flu vaccine yet.

Similarly, young people who hadn't had the flu vaccine and are not planning on getting it were asked about their reasons for choosing not to get this vaccine. As with parents, the main reason given by young people for not having the flu vaccine relates to trust in their immune system (38%). This is followed by a belief that the flu is not serious enough to require a vaccine (26%). Additionally, around 1 in 5 young people who haven't had and are not planning on having the flu vaccine alluded to concerns about side effects (24%) and a lack of trust in the vaccine (20%). Around one in 6 (18%) young people who haven't had and are not planning on getting the flu vaccine state that it hasn't been offered to them, and 11% say that they are not eligible for a free flu vaccine.

Figure 23: You have said that your child(ren) has not had the flu vaccine and you are not planning on them having it. Could you tell us why you decided that your child(ren) should not to have the vaccine? / You have said that you have not had the flu vaccine and are not planning on it. Could you tell us why you decided not to have the vaccine?

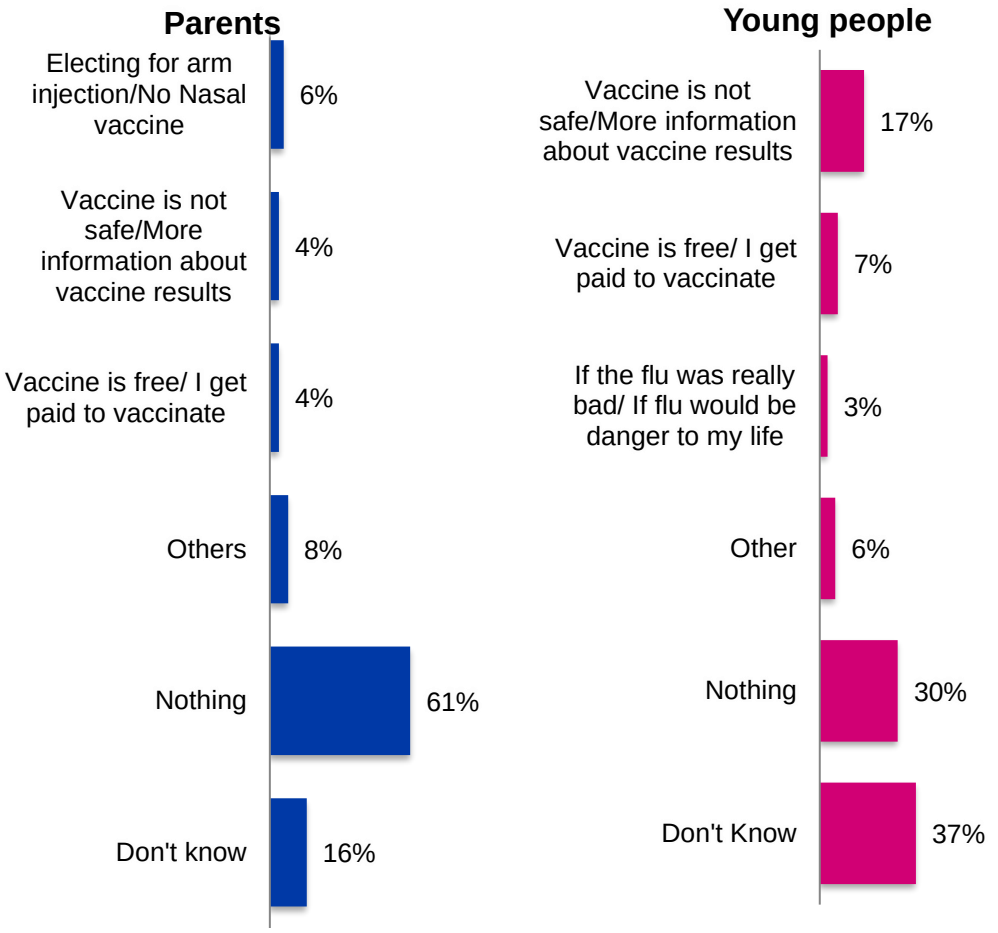


Base: Those that have not had flu vaccine and are not planning on getting/those whose child(ren) have not had flu vaccine and are not planning on them having it - Parents (30) and Young People (66)
U5

The majority of parents who took part in the quantitative survey whose child(ren) haven't had the flu vaccine and are not planning on them getting it state that nothing would encourage them to get a vaccine for their child(ren) (61%). 16% don't know what would encourage them. And only small minorities gave suggestions of things that would encourage them to vaccinate their child against the flu. These suggestions include: having an injection rather than the nasal spray (6%), having more information about the safety of the flu vaccine (4%), and getting paid for their child to have the flu vaccine (4%).

Similarly to parents, a majority of young people who haven't had the flu vaccine and are not planning on getting it say that nothing would encourage them to get the flu vaccine (30%) or that they don't know what would encourage them to do so (37%). However, close to 2 in 10 say that they would like more information about the safety of the flu vaccine (17%). Less than 1 in 1o (7%) would say that getting paid would encourage them to get vaccinated against the flu. A small minority (3%) state that they would be willing to get vaccinated if they knew that flu would pose a danger to their lives.

Figure 24: What would encourage you to get a flu vaccine for your child(ren)? / What would encourage you to get a flu vaccine?



Base: Those that have not had flu vaccine and are not planning on getting/those whose child(ren) have not had flu vaccine and are not planning on them having it - Parents (30) and Young People (66) U6

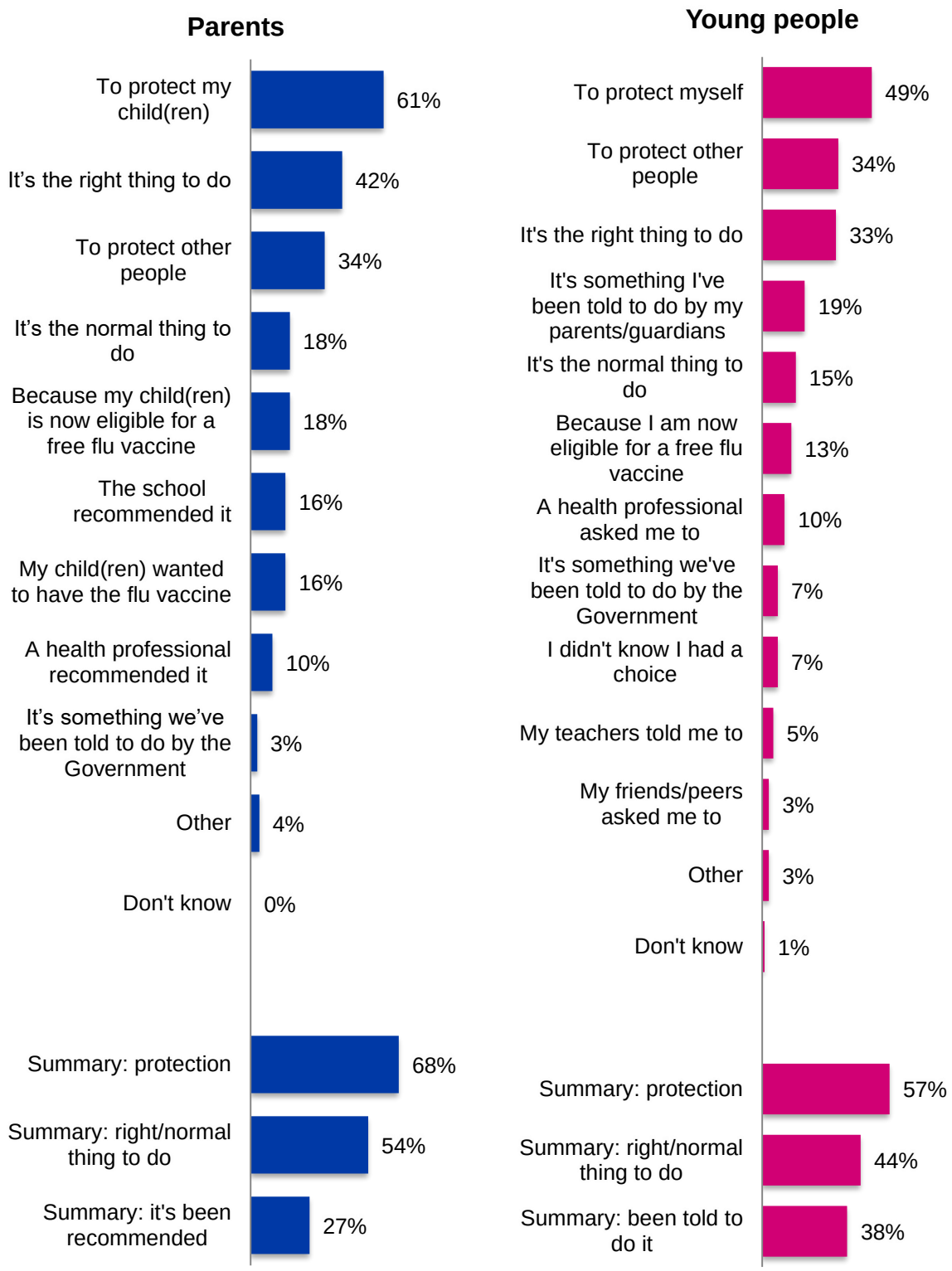
Motivations for getting the flu vaccine were explored among those who say that they (or their child) have had the flu vaccine or that they are planning on doing so in the future (see Figure 25).

Both among parents and young people the theme of protection comes across strongly, with 61% of parents of children who have had or will have the flu vaccine saying that they want to do so to protect their child, and 34% saying that they want to get their child(ren) vaccinated to protect other people. Similarly, close to half (49%) of young people who have had or are planning to have the flu vaccine allude to a desire to protect themselves, and around 1 in 3 (34%) say they want to protect others. Moreover, sizeable proportions of parents (54%) and young people (44%) believe that having the flu vaccine is the normal or the right thing to do.

Co-decision is also a factor mentioned for getting the vaccine by both parents and young people: around 1 in 5 parents (18%) say that their child(ren) wanted to have the flu vaccine when asked about their reasons for their child(ren) being vaccinated against the flu. A similar proportion of young people (19%) say that they got or are getting the flu vaccine because they were told to do so by their parents.

In fact, 38% of young people who have had or are planning on getting the flu vaccine say that they have been told to do so, either by their parents, health professionals, the Government, teachers or friends/peers. Parents also cite recommendations to get the flu vaccine -either by schools, health professionals or the Government- as a reason for wanting their child(ren) to be vaccinated, however this proportion is lower than for young people (27% of parents, compared to 38% of young people).

Figure 25: Why did you decide to have the flu vaccine / Why are you planning on having the flu vaccine?



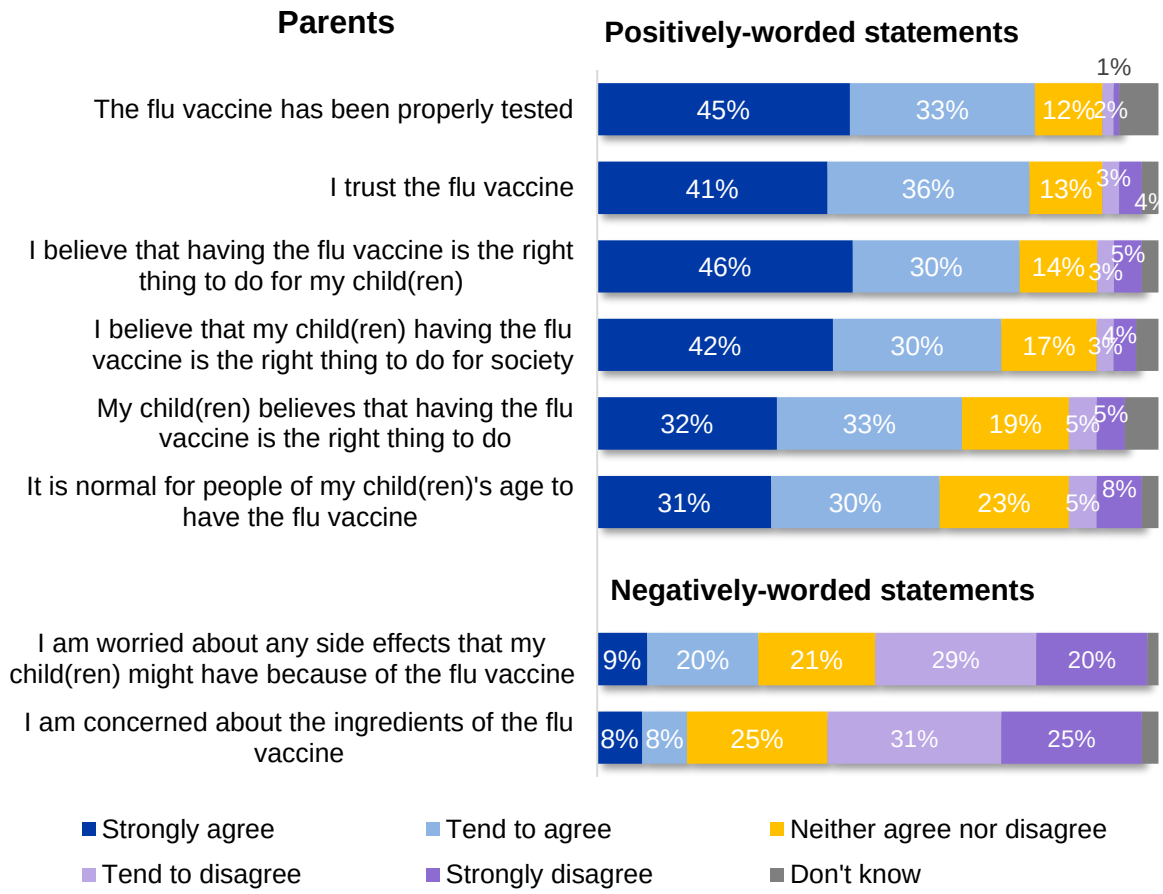
Base: Parents whose children have had or are planning on them having the flu vaccine (179) and Young People who have had or are planning on getting the flu vaccine (308)
UX

7.7 Attitudes towards the flu vaccine

Perceptions of the flu vaccine are generally positive, with a minimum of 6 in 10 parents agreeing overall with the positively-worded statements listed in Figure 26. Close to 8 in 10 parents trust the flu vaccine (77%) and believe that having the flu vaccine is the right thing to do for their child(ren) (78%). Moreover, around three quarters believe that their child(ren) having the flu vaccine is the right thing to do for their children (75%) and for society (72%). Disagreement scores are low, and the highest disagreement score for the positively-worded statement is for parents believing that it is normal for people of their child(ren)'s age to have the flu vaccine (12% disagree overall).

Turning to the statements with negative sentiments, over half (56%) of parents disagree that they are concerned about the ingredients of the flu vaccine, and only 16% agree with this. However, in comparison to this statement, parents are more inclined to say that they are concerned about the side effects of the flu vaccine, with 29% agreeing with this (and 48% disagreeing).

Figure 26: Please could you tell us to what extent you agree or disagree with the following statements? (Parents)



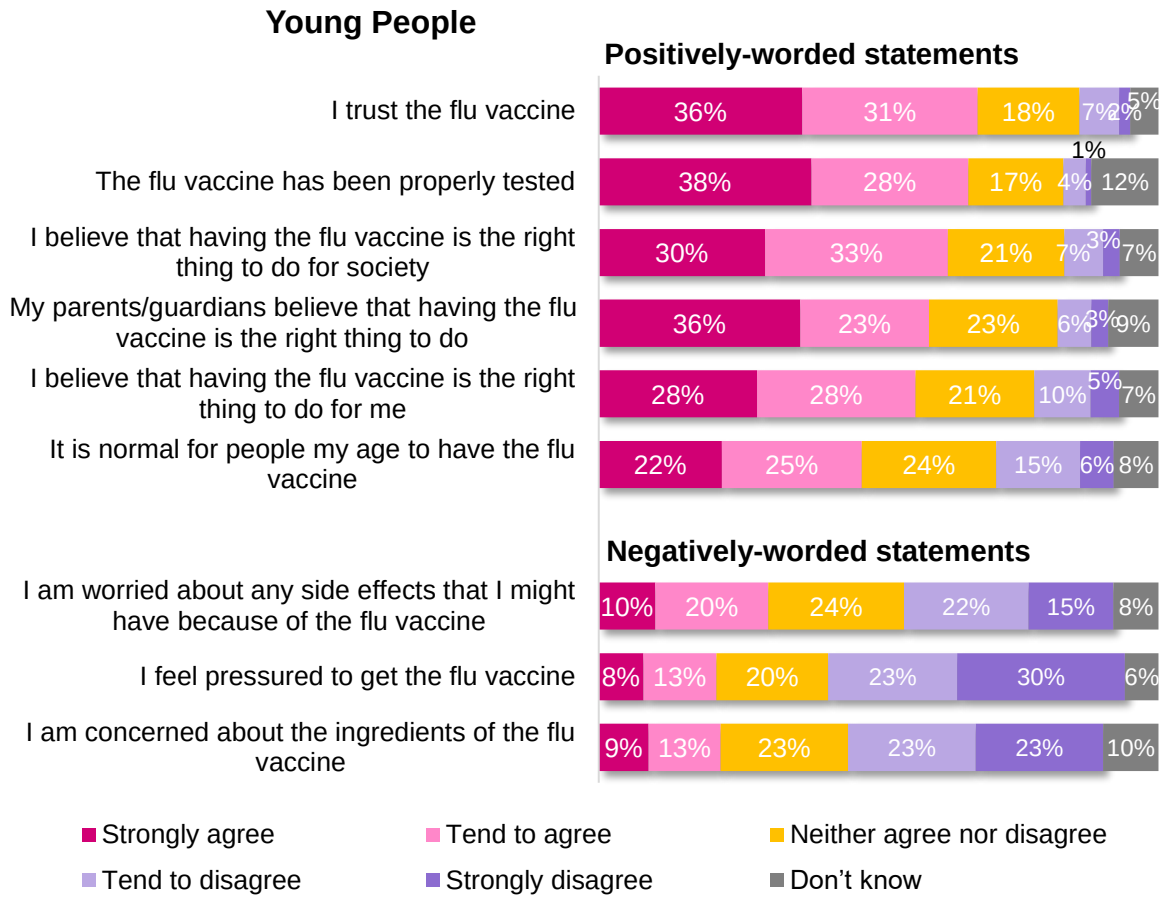
Base: All Parents (230)
P2
*Figures for don't know are not shown to ease reading

Further analysis shows that parents who are concerned about possible side effects and ingredients of the flu vaccine are more likely to say that their child(ren) have not had the flu vaccine and are not planning on them getting it in the future.

Moving on to examine perceptions of the flu vaccine among young people, a majority agree with the positively-worded statement shown in Figure 27 albeit to a lesser extent than parents. Over 6 in 10 young people trust the flu vaccine (67%) and believe that the flu vaccine has been properly tested (66%). A similar proportion (63%) believe that having the flu vaccine is the right thing to do for society. Over half also agree that their parents believe that having the flu vaccine is the right thing to do (59%) and that having the flu vaccine is the right thing to do for themselves (57%). The highest disagreement scores are for “It is normal for people my age to have the flu vaccine” (20% disagree and 48% agree).

Looking at the negatively-worded statements, a larger proportion of young people disagree than agree that they feel pressured to get the flu vaccine (53% disagree and 21% agree). Similarly, 46% disagree that they are concerned about the ingredients of the flu vaccine, compared to 21% who agree with this. However, when it comes to concerns around side effects of the flu vaccine, the disagree score (37%) is more similar to the agree score (30%), suggesting that 3 in 10 (30%) young people have concerns about the possible side effects of the flu vaccine.

Figure 27: Please could you tell us to what extent you agree or disagree with the following statements? (Young People)



Base: All Young People (457)
P2

The following groups of young people are more likely to say that they are worried about the possible side effects of the flu vaccine:

- those who live in the most deprived quintile (39%)
- those who haven't had the flu vaccine and are not planning on doing so (49%)

Regression analysis confirms that concern among young people about the side effects of the flu vaccine is a driver of rejection of this vaccine, whilst a lack of concern about this is associated with uptake of the flu vaccine.

8. The COVID-19 vaccine

8.1 Introduction

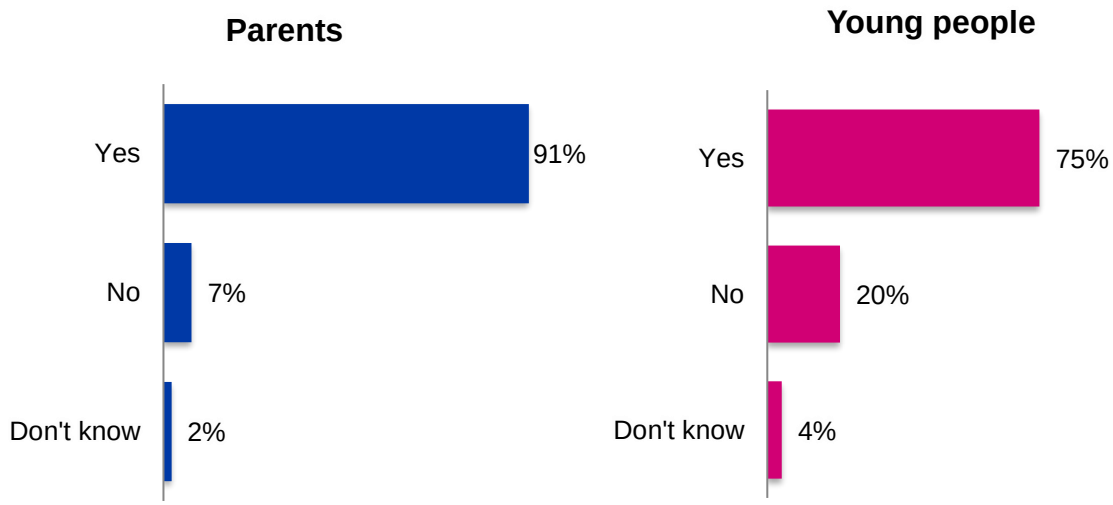
This section focuses on the COVID-19 vaccine, following a similar structure to the previous section around the flu vaccine. It covers awareness of the COVID-19 vaccine being offered to young people among parents and young people themselves, and how informed parents and young people feel about the COVID-19 vaccine. This section also considers levels of uptake of the COVID-19 vaccine as well as motivations and barriers to uptake, and general attitudes towards the COVID-19 vaccine for young people.

8.2 Awareness of the COVID-19 vaccine

Awareness of the COVID-19 vaccine being available for children aged 5 to 11 in risk groups and all young people aged 12 and over in Wales is high, with 9 in 10 (91%) parents and three quarters (75%) young people stating that they are aware of this. Seven per cent of parents and 20% of young people say that they are not aware of this. The remainder don't know (2% of parents and 4% of young people).

Compared to the flu vaccine, awareness of the COVID-19 vaccine is higher among both parents and young people: 80% of parents are aware of the flu vaccine, compared to 91% who are aware of the COVID-19 vaccine being available for young people (11 percentage points difference). And 63% young people are aware of the flu vaccine, compared to 75% who are aware of the COVID-19 vaccine (12 percentage points difference).

Figure 28: Children aged 5 to 11 in risk groups and all children aged 12 and over in Wales are now being offered a free COVID-19 vaccine. Before today, were you aware of this?



Base: All Parents (230) and All Young People (457)
U1b

Parents who only have one child aged 11 to 16 are more likely to say that they are not aware of the COVID-19 vaccine being available for young people aged 12 and over (10%).

Amongst young people, the following groups are more likely than average to not be aware of the COVID-19 vaccine being available to young people aged 12 and above:

- those aged 18 to 25 (26%)

- males (24%)
- those who are not religious (23%)
- those who are not in employment not in full-time education or training (38%)

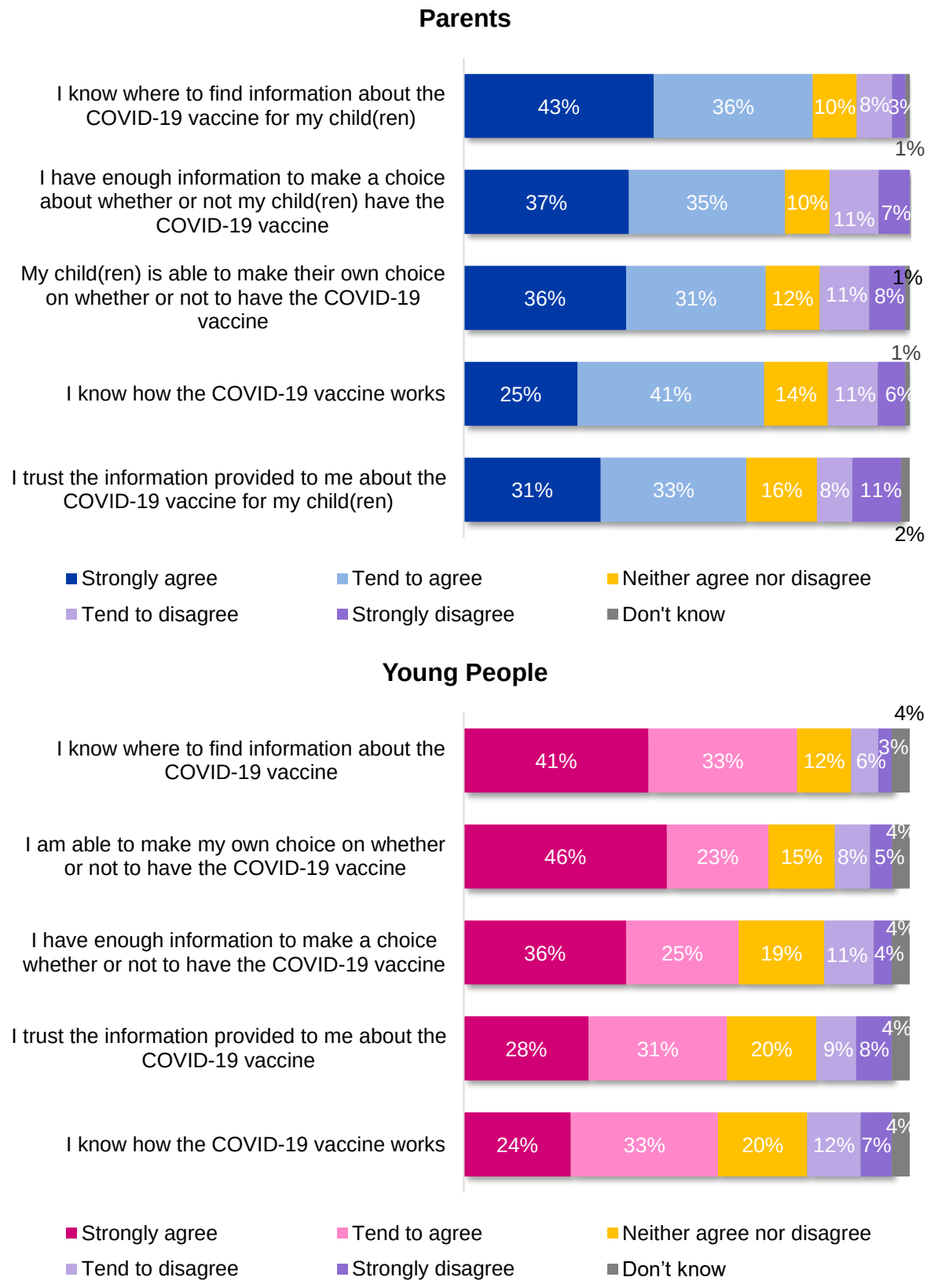
8.3 Information about the COVID-19 vaccine

Figure 29 shows levels of agreement with a series of statements among parents and young people. These statements gauge the amount of information respondents feel they have about the COVID-19 vaccine and how much they trust this information.

Around 7 in 10 (72%) parents agree that they have enough information to make a choice about whether or not their child(ren) have the COVID-19 vaccine, and a slightly higher proportion (79%) state that they know where to find information about the COVID-19 vaccine for their child(ren). Furthermore, 6 in 10 agree that they know how the COVID-19 vaccine works (66%), with a similar proportion (64%) saying that they trust the information provided to them about the COVID-19 vaccine for their child(ren). Around 2 in 10 parents disagree with these statements, except from knowing where to find information (10% disagree with this). The highest disagreement score relates to trust in the information provided about the COVID-19 vaccine, with 19% of parents disagreeing that they trust this information. This is higher than the proportion of parents who don't trust the information provided to them about the flu vaccine (7% don't trust the information provided to them about the flu vaccine, a difference of 12 percentage points). In fact, among parents all disagreement scores for the statements relating to the COVID-19 vaccine are higher than for the flu vaccine.

Examining results from the perspective of young people, a majority know where to find information about the COVID-19 vaccine (74%) or have enough information to make an informed decision about whether or not to get the COVID-19 vaccine (62%). Less than 2 in 10 young people disagree with these statements (9% and 15% respectively). However, disagreement is higher for the other two statements: around 1 in 5 disagree that they know how the COVID-19 vaccine works (20%) or that they trust the information provided to them about the COVID-19 vaccine (17%). Over half (57% and 59% respectively) agree with these statements. Among young people most of the disagreement scores for statements about the COVID-19 and the flu vaccine are similar. However, a slightly larger proportion of young people don't trust the information provided to them about the COVID-19 vaccine compared to the flu vaccine (17% compared to 13%).

Figure 29: Please could you tell us to what extent you agree or disagree with the following statements?



Base: All Parents (230) and All Young People (457)
P1b

Parents who have children aged 11 to 12 are more likely to disagree that they know where to find information about the COVID-19 for their children (20%), as are parents aged 18 to 35 (19%). This also applies to those who live in deprivation quintile 2 (19%), and disabled respondents (26%).

In terms of trust in the information provided about the COVID-19 vaccine, the following sub-groups are more likely to disagree that they trust this information: parents who have seen information not in favour of vaccination (33%), and those whose child(ren) haven't had the COVID-19 vaccine and are not planning on them having it (74%).

Among young people, males are more likely to disagree that they know where to find information about the COVID-19 (12%). This is also true of: those disabled young people (19%), those who don't trust the COVID-19 vaccine (20%), young people who live in Hywel Dda University Health Board (20%) and those who reside in the most deprived quintile (14%).

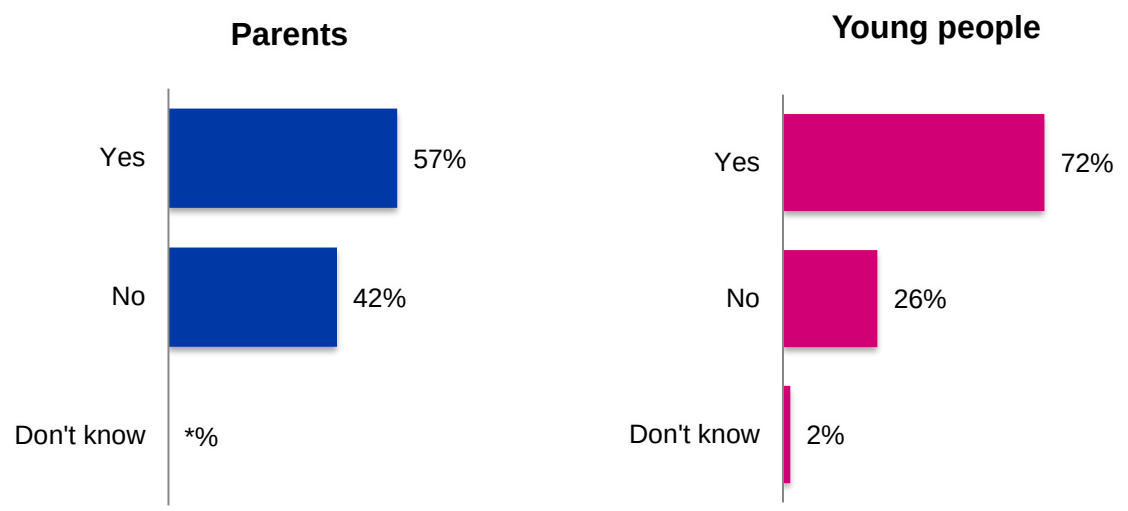
As noted with the flu vaccine, regression analysis shows that among young people trust in the information provided about the COVID-19 vaccine is an important driver of uptake of this immunisation while distrust in the information provided is a driver of rejection of the COVID-19 vaccine.

8.4 COVID-19 vaccine uptake

Around 6 in 10 (57%) parents state that their child(ren) have had a free COVID-19 vaccine while 2 in 5 (42%) say the opposite. The remaining (*%) don't know. This is slightly lower than the proportion of parents who said that their child(ren) had had the flu vaccine (71% said their child(ren) had had a free flu vaccine).

On the other hand, 7 in 10 (72%) young people say that they took up on the offer of the free COVID-19 vaccine, with 1 in 4 (26%) stating the opposite. The remaining 2% are not sure about whether they've had a free flu vaccine. Unlike with parents, a higher proportion of young people say that they have had the COVID-19 vaccine compared to the flu vaccine (49% said that they had had a free flu vaccine, a 23-percentage point lower proportion compared to those who say they've had a free COVID-19 vaccine).

Figure 30: Has your child(ren) had a free COVID-19 vaccine? / Have you had a free COVID-19 vaccine?



Base: All Parents (230) and Young People (457)
U3b

Parents of children aged 11 to 12 are more likely to say that their child has not had a free COVID-19 vaccine (65%). However, this can be expected given that the COVID-19 vaccine is universally available to those aged 12 and above so 11-year-olds are not eligible. Furthermore, parents who believe that vaccines are worse than the illnesses they protect from are also more likely to say that their child(ren) have not had a COVID-19 vaccine (60%). This is also true of: parents who have more than one child aged 11 to 16 (49%), parents who haven't seen any PHW publicity (58%), those who don't trust the COVID-19 vaccine (75%), those who don't have enough information about the COVID-19 vaccine or know where to find it (64%), and those who reside in Cardiff and Vale University Health Board (64%).

Among young people, those aged 11 to 15 are more likely to not have had a COVID-19 vaccine (52%) but we can expect this to be driven by 11-year-olds who are not eligible. Apart from this, the following sub-groups of young people are more likely to state that they haven't had a COVID-19 vaccine:

- those who reside in the most deprived quintile (34%)
- Christian respondents (34%)
- those who don't have enough or don't know where to find information about the COVID-19 vaccine (40%)
- those who have seen a mixture of information for and against vaccination (44%)
- those who haven't seen any PHW publicity (44%)
- those who don't trust the COVID-19 vaccine (54%)

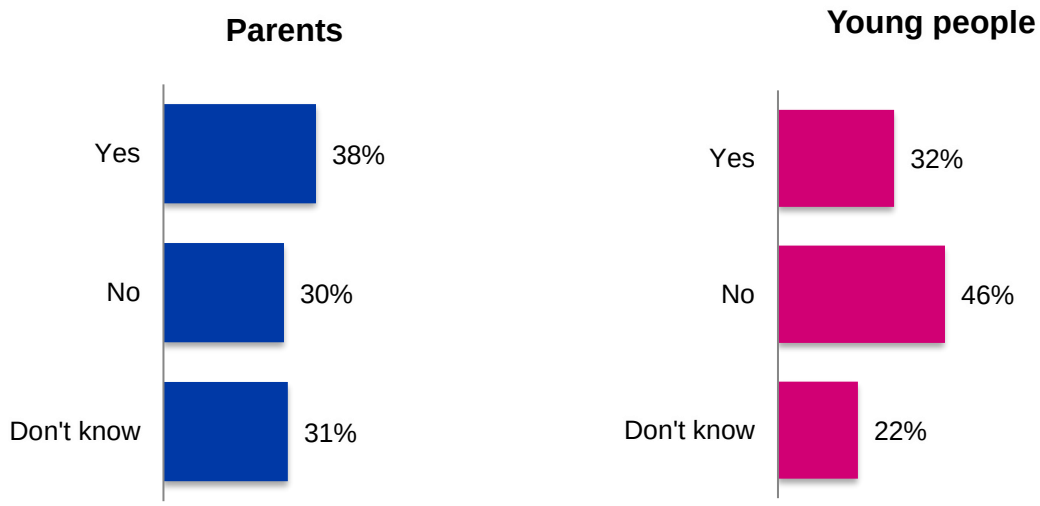
Parents whose children have not had a free COVID-19 vaccine were asked whether they are planning on them having it in the future (see Figure 31). Close to 2 in 5 (38%) of parents whose child(ren) have not been vaccinated against COVID-19 say that they are planning on their child(ren) having this vaccine in the future. Three in 10 (30%) state the opposite and the remainder (31%) don't know.

The proportion of parents saying that there are not planning on their child having the COVID-19 in the future is 12 percentage points lower than the proportion who say that they are not planning to vaccinate their child(ren) against the flu (30% compared to 47%).

Looking at this from the perspective of young people, a majority (46%) of those who have not had a COVID-19 vaccine say that they are not planning on having it in the future. Three in 10 (32%) state the opposite and the remaining 22% are unsure.

Compared to the answer relating to the flu vaccine, a similar proportion of young people who haven't had the COVID-19 vaccine say that they are not planning on having in the future (-6 percentage points compared to the flu vaccine).

Figure 31: You said your child(ren) has not had a free COVID-19 vaccine. Do you plan on your child(ren) having this vaccination in the future or once they become eligible? / You said you have not had a free COVID-19 vaccine. Do you plan to have this vaccination in the future or once you become eligible?



Base: Parents whose child(ren) have not had a free COVID-19 vaccine (97) and Young People who have not had a free COVID-19 vaccine (124)
U4b

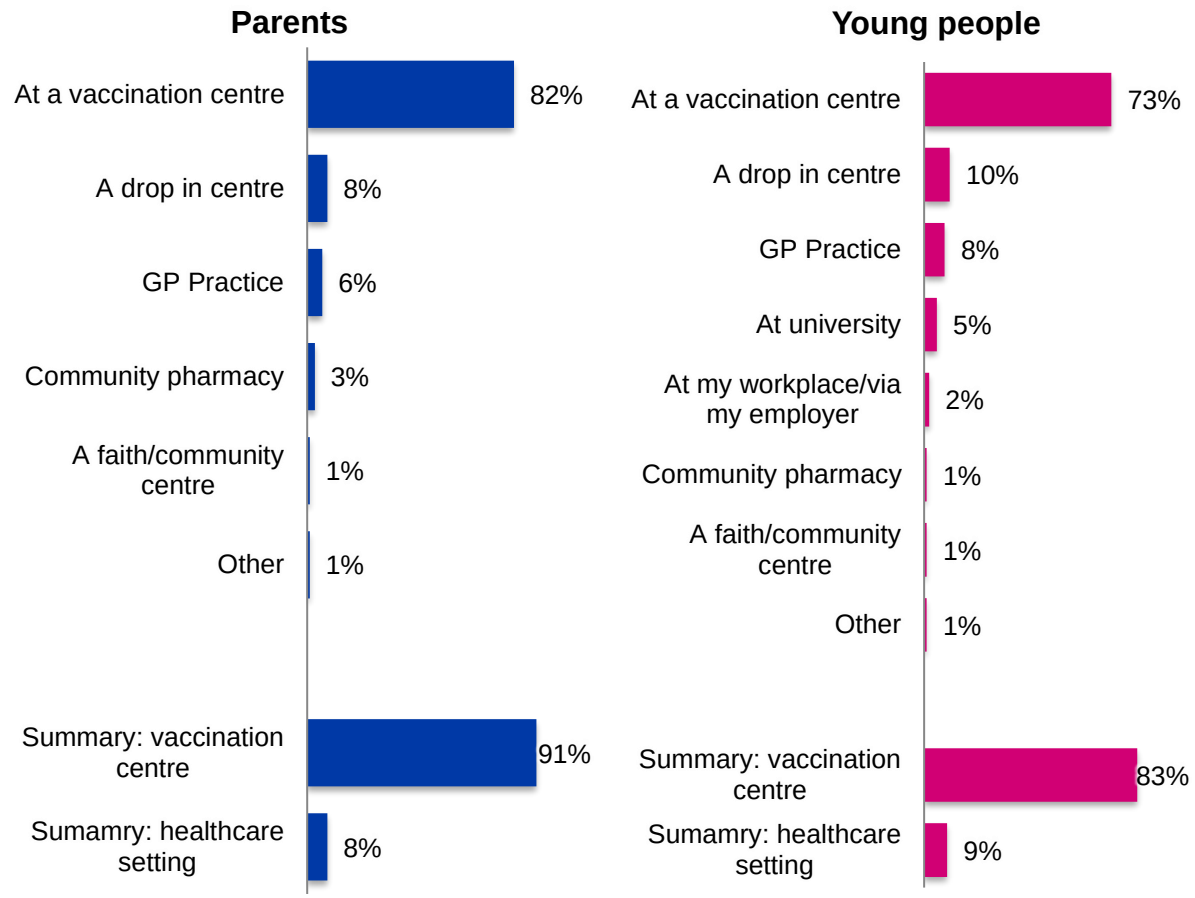
8.5 Preferred venues to get the COVID-19 vaccine

The vast majority of parents of child(ren) who have had a free flu vaccine say that their child had the COVID-19 vaccine at a vaccination centre (82%). This is followed by a drop-in centre (8%).

Similarly, most young people (73%) who have had a COVID-19 vaccine say that a vaccination centre was the venue where they got this vaccine, followed by a drop-in centre (10%).

Other venues were mentioned by less than 10% of parents and young people respectively.

Figure 32: Where did your child(ren) have their COVID-19 vaccine? / Where did you have your COVID-19 vaccine?



Base: Those who have had COVID-19 vaccine/their child(ren) have had COVID-19 vaccine - Parents (132) and Young People (321)
LXb

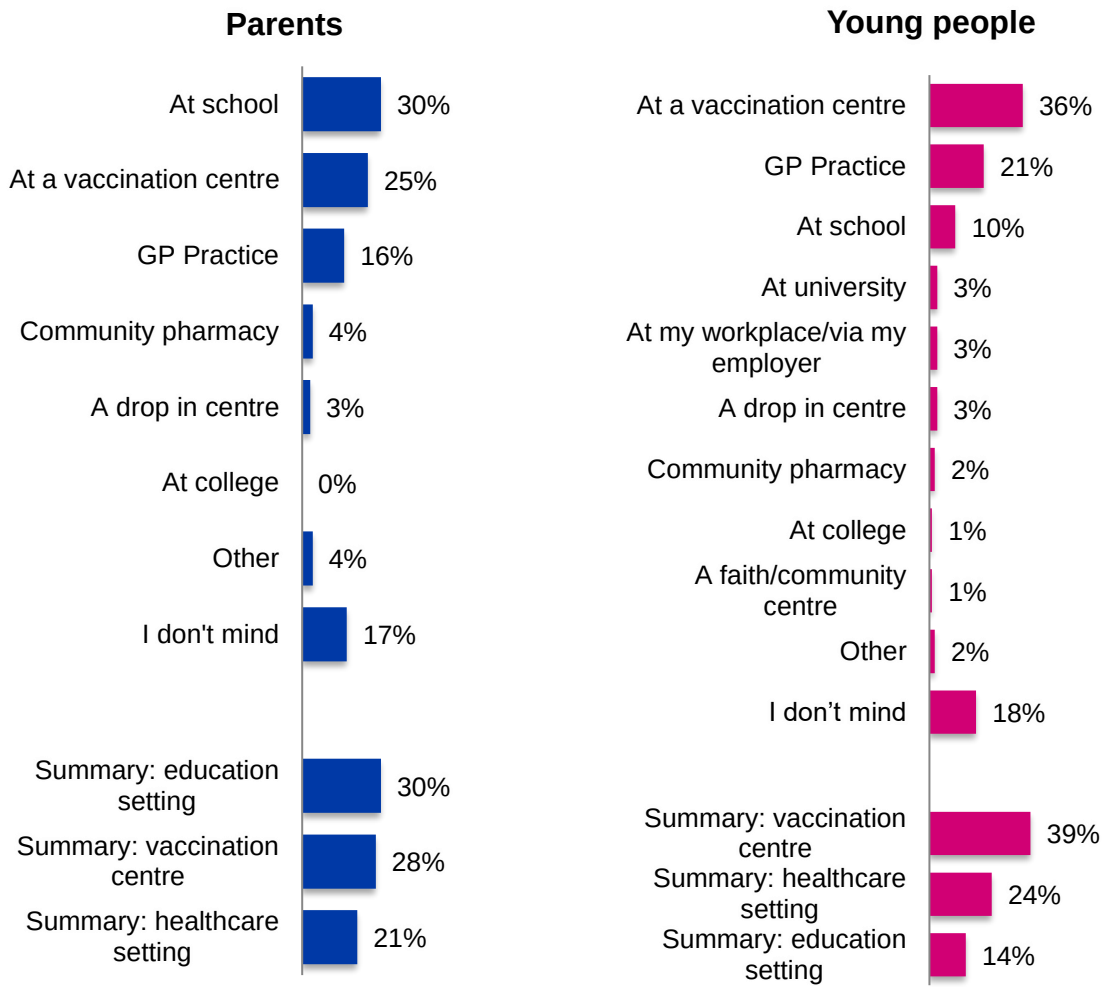
All respondents were then asked about their preferences in terms of venues to have the COVID-19 vaccine (see Figure 33).

For parents, schools (30%), vaccination centres (25%), and GP practices (16%) top the list of preferred venues to have the flu vaccine and 17% say that they don't mind.

Among young people, there are some differences by age in terms of preferred venues to have the COVID-19 vaccine. Those aged 11 to 16, are more likely to select school as a preferred venue (25%). For older aged groups (e.g. 18 to 25), however, vaccination centres come at the top in terms of preference (42%), followed by GP practices (26%). Overall, around 1 in 5 (18%) young people don't mind where they get the COVID-19 vaccine.

There are some differences in venue preferences depending on whether we are asking about the flu or the COVID-19 vaccine. Most young people prefer young people to have the COVID-19 vaccine at a vaccination centre or a GP practice while the preferred venue to have the flu vaccine are schools and GP practices.

Figure 33: And if you could choose, where would you prefer your child(ren) to have a COVID-19 vaccine? / And if you could choose, where would you prefer to have a COVID-19 vaccine?



Base: All Parents (230) and Young People (457)
L2b

8.6 Barriers and motivations to take up the COVID-19 vaccine

The minority of parents (30) who said that their child(ren) had not had the COVID-19 vaccine and are not planning on them getting it in the future were asked about their reasons for deciding that their child(ren) should not have this vaccine (see Figure 34). The vast majority of these parents (74%) allude to a belief that the COVID-19 vaccines have not been properly tested. This is followed by concerns about side effects (64%) and a trust in children's immune system (50%). Two in 5 (42%) say that they don't trust the COVID-19 vaccine. Other prominent reasons for not getting children vaccinated against COVID-19 include a perception that COVID-19 is not a serious enough illness to require a vaccine (37%) and parents saying that the child(ren) didn't want to get the COVID-19 vaccine (35%).

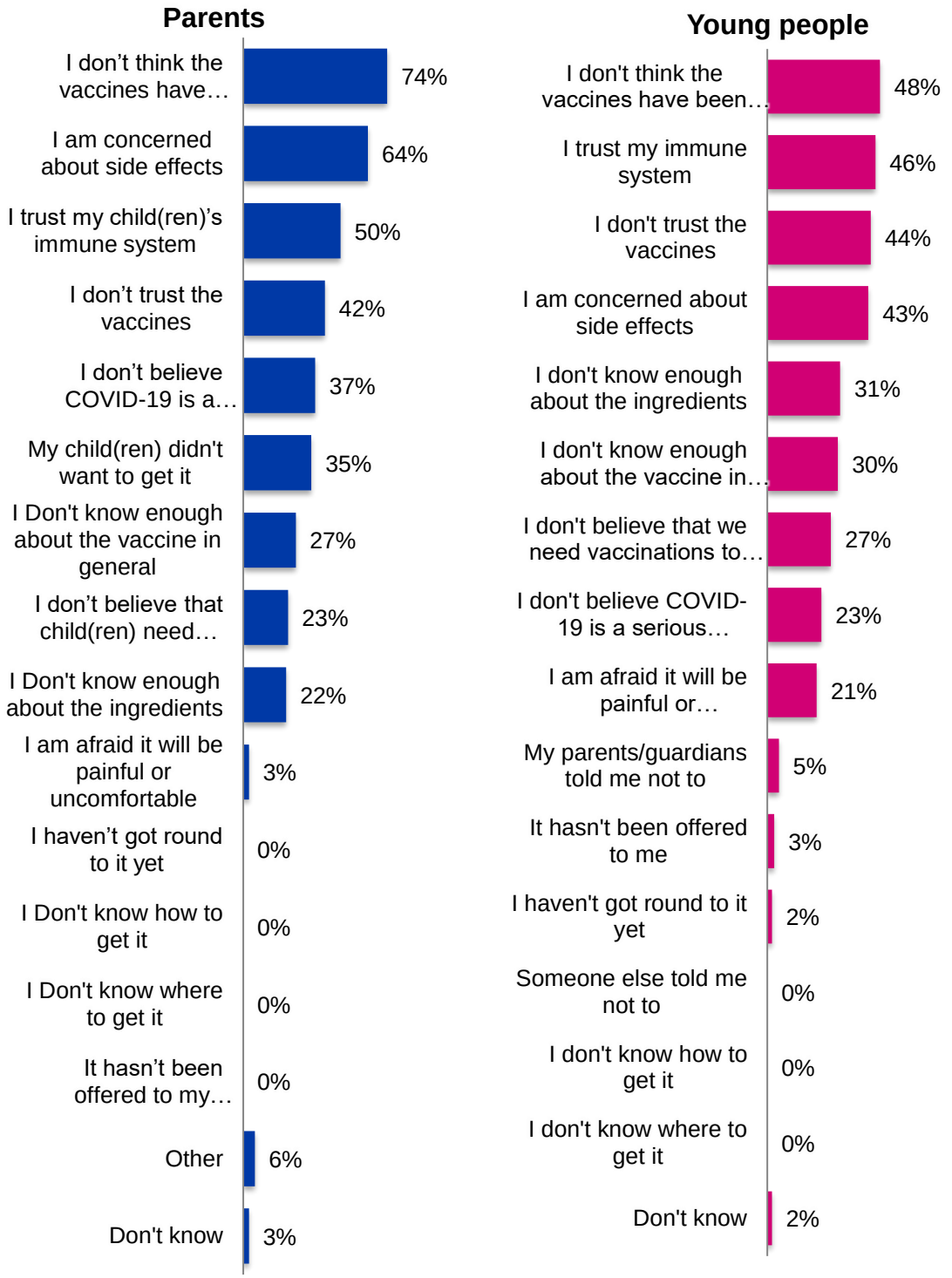
Compared to the results for this question when asked about the flu vaccine, it can be observed that the perception of vaccines not being properly tested is more prominent when asked about COVID-19 compared to the flu vaccine (4% of parents who are not planning on

getting their child vaccinated against the flu alluded to fears that this vaccines are not properly tested, compared to 74% of those parents who are not planning to get their child vaccinated against COVID-19 who cited this reason when asked about COVID-19).

Similarly, most young people who haven't had and are not planning on having the COVID-19 vaccine say that this is because they believe that COVID-19 vaccines have not been properly tested (48%). Similar proportions say they trust their immune system (46%) and cite a lack of trust in the vaccines (44%). Another prominent reason among young people for not planning on getting the COVID-19 vaccine relates to concerns around side effects (43%).

As noted with parents, the proportion of young people alluding to concerns around vaccines being properly tested is higher when asked about COVID-19 compared to flu (48% compared to 7% who alluded to this when asked about the flu). Mentions of concerns about side effects are also more common when asked about COVID-19 (24% cited side effects when asked about reasons for not getting the flu vaccine, compared to 43% who referred to this theme when asked about the COVID-19 vaccine), as are mentions relating to a lack of trust in the vaccines (20% mentioned this when asked about the flu vaccine, compared to 44% who alluded to this theme when asked about reasons for not getting the COVID-19 vaccine).

Figure 34: You have said that your child(ren) has not had the COVID-19 vaccine and you are not planning on them having it. Could you tell us why you decided that your child(ren) should not to have the vaccine? / You have said that you have not had the COVID-19 vaccine and are not planning on it. Could you tell us why you decided not to have the vaccine?



Base: Those that have not had COVID-19 vaccine and are not planning on getting/those whose child(ren) have not had COVID-19 vaccine and are not planning on them having it - Parents (30) and Young People (55)
U5b

Side effects were also mentioned as a concern mostly by parents who took part in qualitative focus groups:

> *"After Covid, people spread rumours about side effects. I haven't given my son the vaccine right now because the consultant told me that the side effects would impact his lungs. I had concerns on the COVID one especially".* Carer for Male, 13, BAME

> *"It would be good to know the ratio of side effects they might cause so I know what to look out for".* Male, 53, White British

Qualitative focus groups show that another barrier to getting the COVID-19 vaccine are the negative connotations associated with needles. This theme was also mentioned by 20% of young people who haven't had and are not planning on having the COVID-19 vaccine (see Figure 34).

> *"When I think of vaccines, I think of the pain".* Female, 15, White

> *"I feel like I go 'oh no, I have to get the vaccine' and I think of the needle".* Female, 22, White

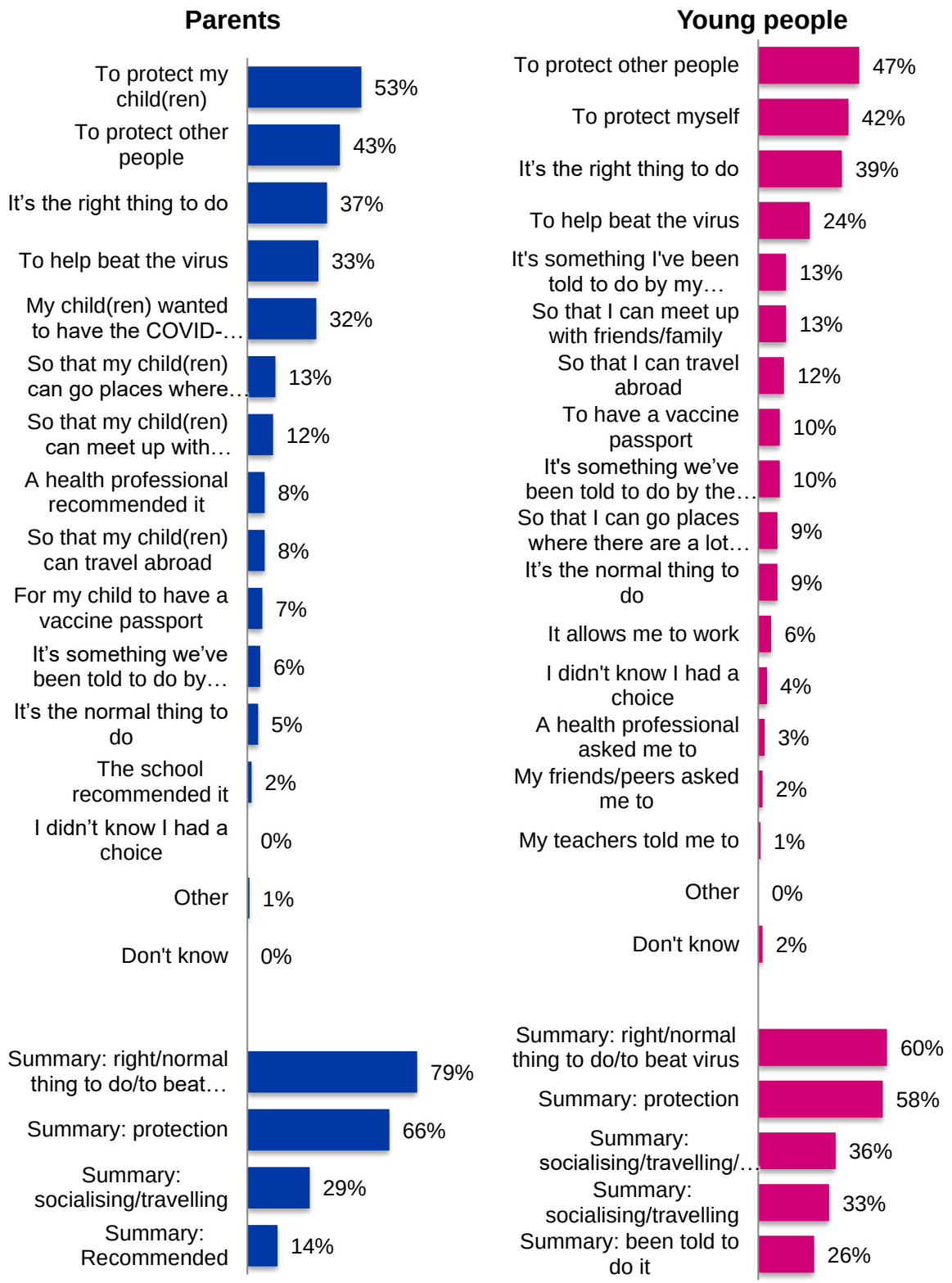
Parents who took part in the quantitative survey and said that their child(ren) had not had the COVID-19 vaccine and are not planning on them having it were then asked what would encourage them to get their child(ren) vaccinated against COVID-19. Young people who have not had and are not planning on getting a COVID-19 vaccine in the future were also asked this question. The vast majority of parents and young people said either that nothing would encourage them or that they don't know.

Figure 35 illustrates the motivations for getting the COVID-19 vaccine among parents of children who have been or will be vaccinated and among young people themselves.

For both parents and children, protection of the individual and other people come as the top motivations for getting the COVID-19 vaccine (60% among young people and 66% among parents). A feeling that getting the COVID-19 vaccine is the right thing to do is the third most commonly mentioned motivation among both parents (37%) and young people (39%). Furthermore, socialising or travelling was also mentioned as a motivation for getting the COVID-19 vaccine by sizeable proportions of parents (29%) and young people (33%). However, these themes relating to leisure are less prominent than protection and believing that getting the COVID-19 vaccine is the right thing to do or what needs to be done to beat the virus, among both parents and young people.

These top motivations relating to protection or the right thing to do were also the top motivations for getting the flu vaccine.

Figure 35: Why did you decide to have the COVID-19 vaccine? / Why are you planning on having the COVID-19 vaccine?



Base: Those that have had COVID-19 vaccine or are planning on getting it/those whose child(ren) have had COVID-19 vaccine or are not planning on them having it - Parents (168) and Young People (363)
UXb

Qualitative focus groups also show that protecting oneself and others is a strong motivation to get both the COVID-19 and the flu vaccines. This was mentioned both by parents and young people:

> *"Especially with COVID, I didn't want to get it and spread it to my grandparents".* Male, 12, White

> *"I think [vaccines] are good because they help to limit what you get in terms of illness".* Female, 15, White

> *"I think we should get the vaccines to protect others".* Female 22, White

> *"As long as the necessary tests are done and they're thoroughly tested, they are good because they protect young people".* Male, 53, White British

> *"I don't think it necessarily protects younger people, because they are not that at risk [of severe illness from the flu], but again if you think about the herd immunity and the fact that it protects elders then yes it's good".* Male, 51, White British

For young people with learning disabilities, getting them protected with vaccines is considered to be particularly important:

> *"The fact that [vaccines] are preventative, especially if the person does not have good speech, [means] they can be protected because they wouldn't be able talk about the symptoms [if they were to get COVID-19]".* Carer for female aged 17, BAME

Furthermore, normalcy was mentioned by a minority of young people in qualitative focus groups as a reason for getting the flu and COVID-19 vaccines:

> *"Not sure really [why I decided to have the COVID-19 vaccine], it's just a normal thing to get it because everyone else was getting it".* Male, 15, White

> *"I just did it because it's normal".* Female, 15, White

Socialising or leisure activities were also mentioned as a motivation to get the COVID-19 by some young people, albeit to a notably lesser extent than protection and normalcy:

> *"We all wanted things to go back to normal and we all played our part to make sure this happens".* Female, 24, White British

> *"I couldn't wait for things to go back to normal, I had my karate classes online for a long time so I getting the vaccines would mean things would be getting back to normal sooner".* Female, 13, White British

8.7 Attitudes towards the COVID-19 vaccine

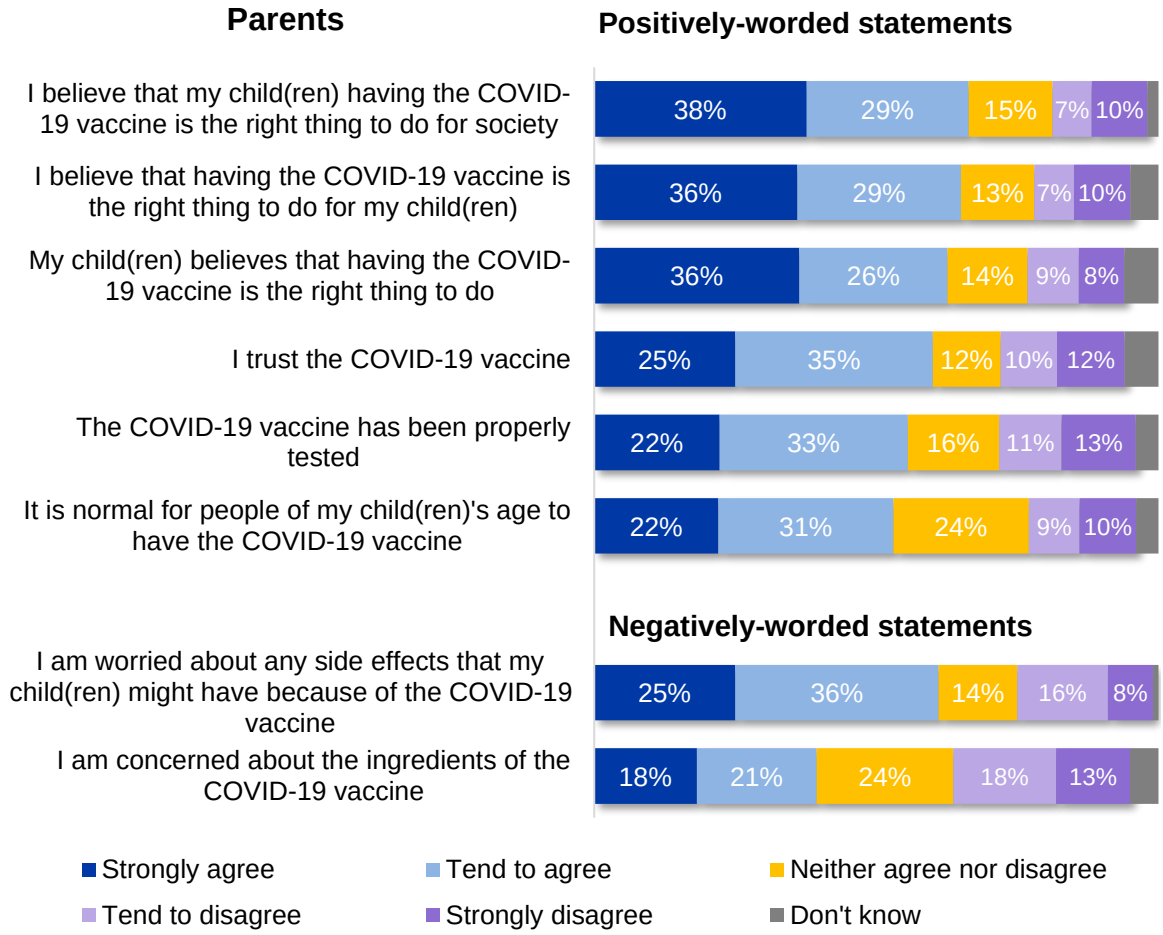
Figure 36 illustrates parents' perceptions of the COVID-19 vaccine for children and young people.

While a majority agree with all the positively-worded statements, agreement scores are lower than for the statements referring to the flu vaccine, suggesting that perceptions of the COVID-19 vaccine are a little more negative than perceptions of the flu vaccine. Overall, over 6 in 10 parents believe that their children having the COVID-19 vaccine is the right thing to do for them (65%) and for society (67%). A similar proportion (63%) agree that their child(ren) believes that having the COVID-19 vaccine is the right thing to do. Six in 10 (60%) parents also say that they trust the COVID-19 vaccine. The positively-worded statement with

the highest disagreement scores is “The COVID-19 vaccine has been properly tested”, with a quarter (25%) of parents disagreeing with this (and 55% agreeing). This shows that there is still some way to go to re-assure parents about the safety of the COVID-19 vaccine.

When it comes to the negatively-worded statements, agreement with these statements is higher than disagreement, which suggests that there are concerns about side effects and ingredients of the COVID-19 vaccine. Thus, 2 in 5 (40%) parents agree that they are concerned about the ingredients of the COVID-19 vaccine (and 32% disagree). The agreement score for worries around side effects is even higher than this, with 6 in 10 (61%) parents saying that they are worried about side effects of the COVID-19 vaccine (and 24% disagreeing). These results are notably different that the results for these statement in relation to the flu vaccine, with those relating to flu having higher disagreement scores than agreement scores, suggesting that fewer parents are concerned about the ingredients and side effects of the flu vaccine compared to the COVID-19 vaccine.

Figure 36: Please could you tell us to what extent you agree or disagree with the following statements? (Parents)



Base: All Parents (230)
P2b
*Figures for don’t know are not shown to ease reading

Parents of children who haven’t had the COVID-19 vaccine and who are not planning on them getting it are more likely to say that they are worried about the ingredients and side

effects of the COVID-19 vaccine. This is also the case of parents who don't have enough or don't know where to find information about the COVID-19 vaccine for young people.

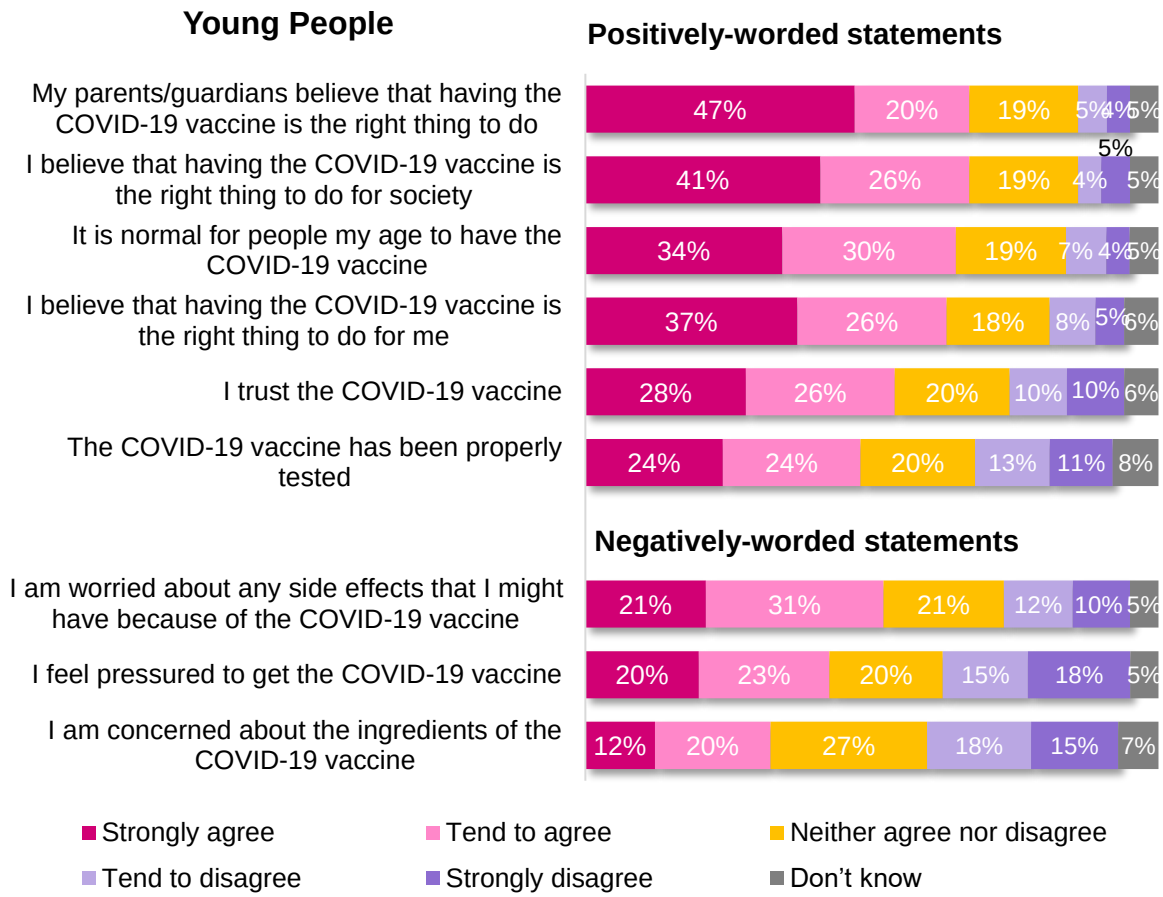
Looking at perceptions of the COVID-19 vaccine among young people, levels of agreement with the positively-worded statements about the COVID-19 vaccine among young people are similar to levels of agreement with the positively worded statements about the flu vaccine. This is different than for parents, who tend to be more negative about the COVID-19 vaccine.

Around 6 in 10 young people agree that their parents/guardians believe that having the COVID-19 vaccine is the right thing to do (67%), and that themselves having the COVID-19 vaccine is the right thing to do for society (66%). In contrast, the highest disagreement scores for the positively-worded statements relate to the COVID-19 vaccine being properly tested (24% disagree and 48% agree), and trust in the COVID-19 vaccine (20% disagree and 54% agree). This indicates that more needs to be done to make young people trust the COVID-19 vaccine and to re-assure them that these vaccines have been properly tested.

In terms of the negatively-worded statements, as seen with parents, all statements have higher agreement than disagreement or similar agreement and disagreement scores, which suggests that there are concerns among young people about the ingredients and side effects of the COVID-19 vaccine, as well as a feeling of pressure to get the COVID-19 vaccine. More than half of young people (52%) agree that they are worried about the side effects of the COVID-19 vaccine (and 22% disagree). 2 in 5 (43%) agree that they feel pressured to get the COVID-19 vaccine (and 33% disagree). Additionally, 1 in 3 (32%) are concerned about the ingredients of the COVID-19 vaccine (and 33% disagree).

As observed for parents, young people are also more likely to be concerned about the ingredients and side effects of the COVID-19 vaccine than the flu vaccine.

Figure 37: Please could you tell us to what extent you agree or disagree with the following statements? (Young People)



Base: All Young People (457)
P2b

Young people who haven't had the COVID-19 vaccine and are not planning on having it are more likely to say that they are worried about the ingredients (50%) and side effects (65%) of the COVID-19 vaccine.

Regression analysis confirms that concern among young people about the ingredients of the COVID-19 vaccine is a driver of rejection of this vaccine, whilst a lack of concern about this is associated with uptake of the COVID-19 vaccine.

Qualitative focus groups reveal that the speed at which the COVID-19 vaccines were developed and approved for use is one of the reasons why more people are sceptical about them:

> *"How quickly this has been developed and regulated adds to the scepticism".* Male, 53, White British

Moreover, while a majority of young people that took part in qualitative focus groups say that it is normal for people their age to get the COVID-19 vaccine, there are some doubts among parents as to how normal COVID-19 vaccines will be going forward:

> *"I don't know, it depends how long Covid will be around [whether COVID-19 vaccinations will be seen as normal for young people]. I mean the mad cow came and went as a virus and many people who got it lived on".* Female, 41, White British

> *"I think it will come that this virus will come to the end and I don't see why we should continue giving boosters for this".* Male, 48, White British

> *"It depends on the severity of the impacts [new variants will] have [whether COVID-19 vaccinations will be seen as normal for young people]. If the effects from COVID-19 continue to be as severe then we should continue the vaccination".* Female, 34, White British

Young people who took part in qualitative focus groups believe that other people their age having the COVID-19 vaccine and this vaccine being offered regularly will be the main ways of normalising it:

> *"If someone has the vaccine, then the rest of the people will get it too".* Male, 15, White British

> *"If they think the vaccine should be given annually, in time it will become normalised like the flu vaccine and the MOT".* Female, 23, White British

9. Views on co-administration

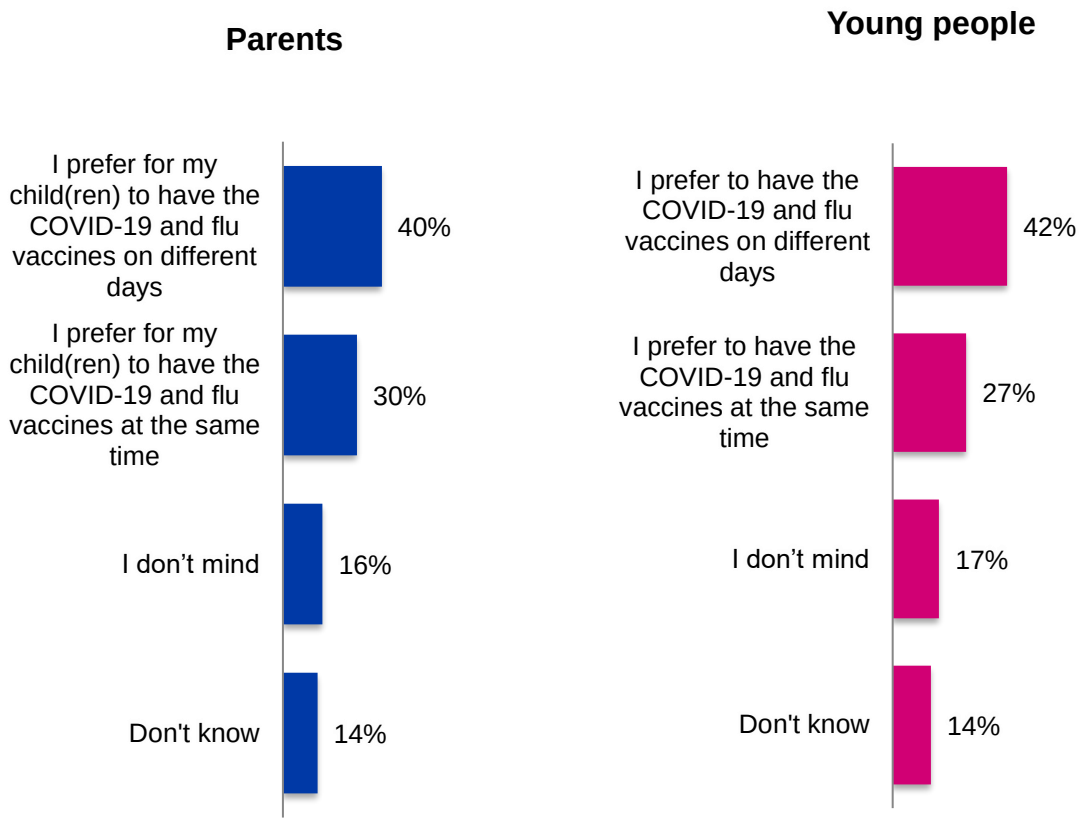
9.1 Introduction

This section examines parents and young people's views on co-administration of the flu and COVID-19 vaccines, that is whether they have a preference for having both vaccines in one sitting, or on different days (see Figure 38).

9.2 Views on co-administration

Opinions among both parents and young people are mixed, with slightly higher proportions saying that they'd rather have each vaccine on a different day (40% of parents and 42% of young people) than on the same day (30% of parents and 27% of young people show a preference for administration of both vaccines at the same time). The remainder either don't mind or are unsure as to what they prefer.

Figure 38: If people could choose whether they want to have the COVID-19 and the flu vaccine at the same time or at different dates, what would you prefer for your child(ren)? / If people can choose whether they want to have the COVID-19 and the flu vaccine at the same time or at different dates, what would you prefer?



Base: All Parents (230) and All Young People (457)
C0

Young people aged 18 to 25 are more likely to prefer to have the COVID-19 and flu vaccines on different days (47%), as are those who reside in the least deprived quintile (59%). In contrast, those in deprivation quintile 2 are more likely to prefer having the two vaccines at the same time (36%).

Qualitative focus groups show that concerns around symptoms are the main reasons why young people would rather have the COVID-19 and the flu vaccine on different days:

> *"I would like to stagger having them because if I had a problem, I would like to find out which one caused it".* Male, 12, White British

> *"It depends on the effects. I was very ill after my second [COVD-19] dose and if I get double the reactions, then I would just get them separately".* Female, 23, White British

Those who would rather have the two vaccines at the same time say that this would be more convenient:

> *"Together to get it over and done with".* Male, 21, White British

> *"I would like it at the same time so that it's all done in one go and saves having to go back on different days".* Male, 15, White British

10. Decision-making process

10.1 Introduction

This section explores the ways in which young people and their parents make decisions as to whether the young person gets vaccinated or not. It examines the degree of agency of young people, their preferences in terms of decision-making, as well as any disagreements between parents and young people on vaccinations for the latter.

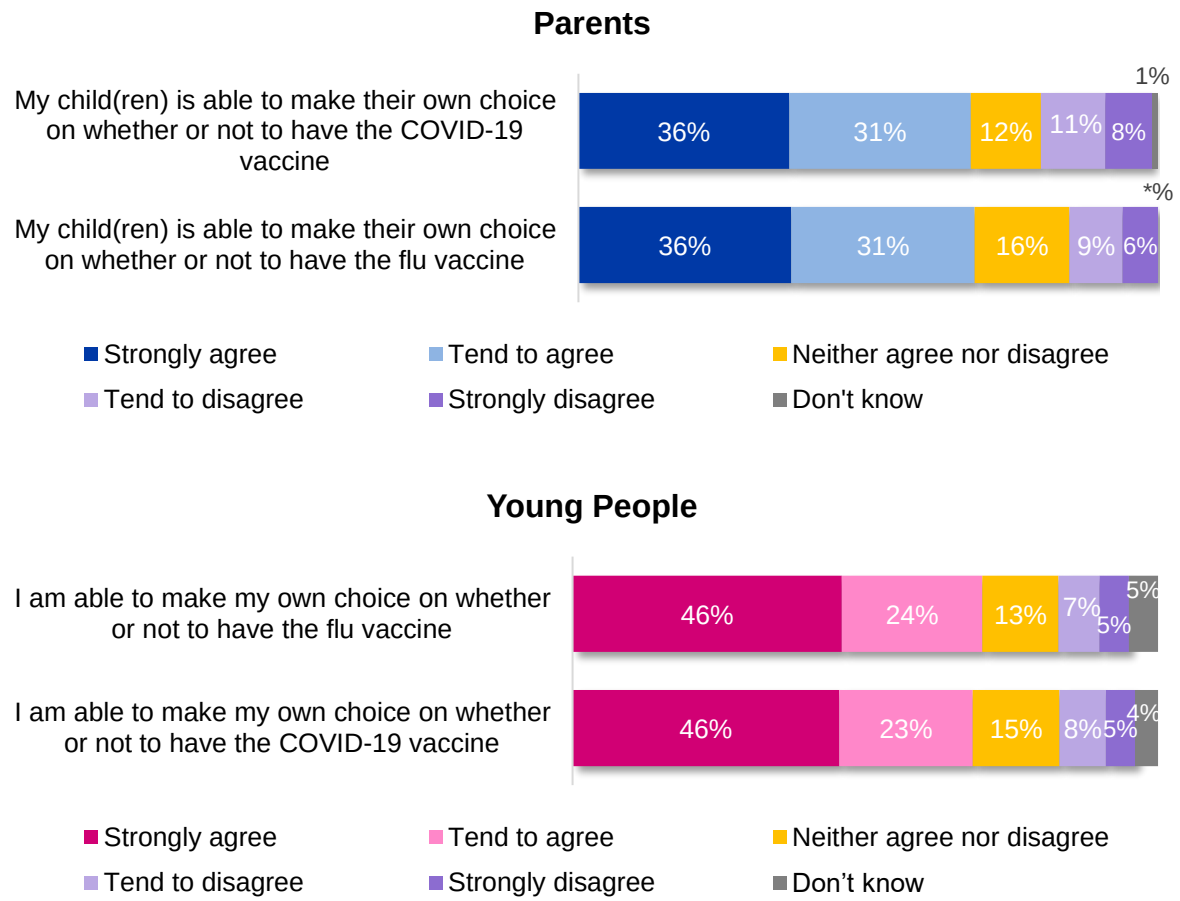
10.2 Young people's agency in reaching a decision about the COVID-19 and flu vaccines

Figure 39 shows the extent to which parents agree that their children are able to make a decision about whether or not to have the COVID-19 and flu vaccines. It also shows young people's views on their ability to make a decision about whether or not to have these vaccines.

Close to 7 in 10 parents agree that their children are able to make their own choice on whether or not to have the COVID-19 (68%) and the flu (67%) vaccines. Less than 2 in 10 parents disagree with this (18% in relation to the COVID-19 vaccine and 16% in relation to the flu vaccine).

Similar proportions of young people agree that they can make their own choice about whether or not to have the COVID-19 (67%) and flu (70%) vaccines. Around 1 in 10 disagree with this (19% in relation to the COVID-19 and the flu vaccines respectively).

Figure 39: Please could you tell us to what extent you agree or disagree with the following statements?



Base: All Parents (230) and All Young People (457)
P1/P1b

Young people aged 18 to 25 are more likely to disagree that they can make their own choice about whether or not to have the COVID-19 and flu vaccines (14% for the flu vaccine and 16% for the COVID-19 vaccine).

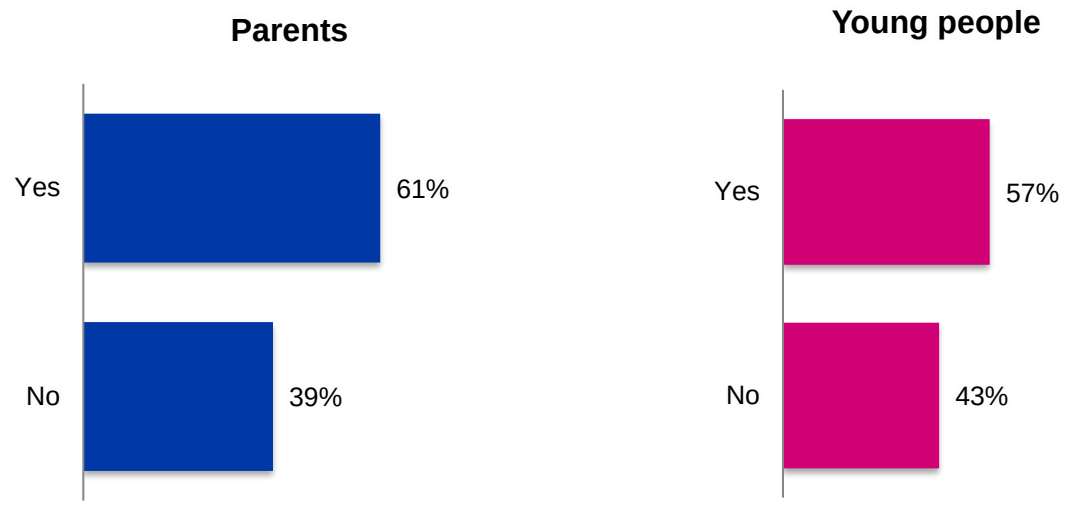
10.3 Consent for vaccinations for young people aged 13 and above

Parents of young people aged 13 to 16 were asked about their awareness of the fact that children and young people aged 13 years and older may be able to give consent for the vaccine if there is a problem seeking permission from their parents or guardians. The results are shown in Figure 40.

Six in 10 (61%) parents say that they are aware that young people aged 13 and above may be able to give their own consent for vaccination. However, 39% of parents of children aged 13 to 16 are not aware of this.

Young people aged 13 to 17 were also asked whether they are aware that they may be able to give consent for vaccines. Over half (57%) of young people aged 13 to 17 say that they are aware of this while 43% are unaware.

Figure 40: Are you aware that children and young people aged 13 years and older may be able to give consent for the vaccine if there is a problem seeking permission from their parents or guardians? / Are you aware that if you are 13 years and older you may be able to give consent for the vaccine if there is a problem seeking permission from your parents or guardians?



Base: Parents who have children aged 13-16 (176) and Young People aged 13-17 (159)
DE1

Young males aged 13 to 17 are more likely to be unaware that they may be able to give consent for their vaccinations (54%).

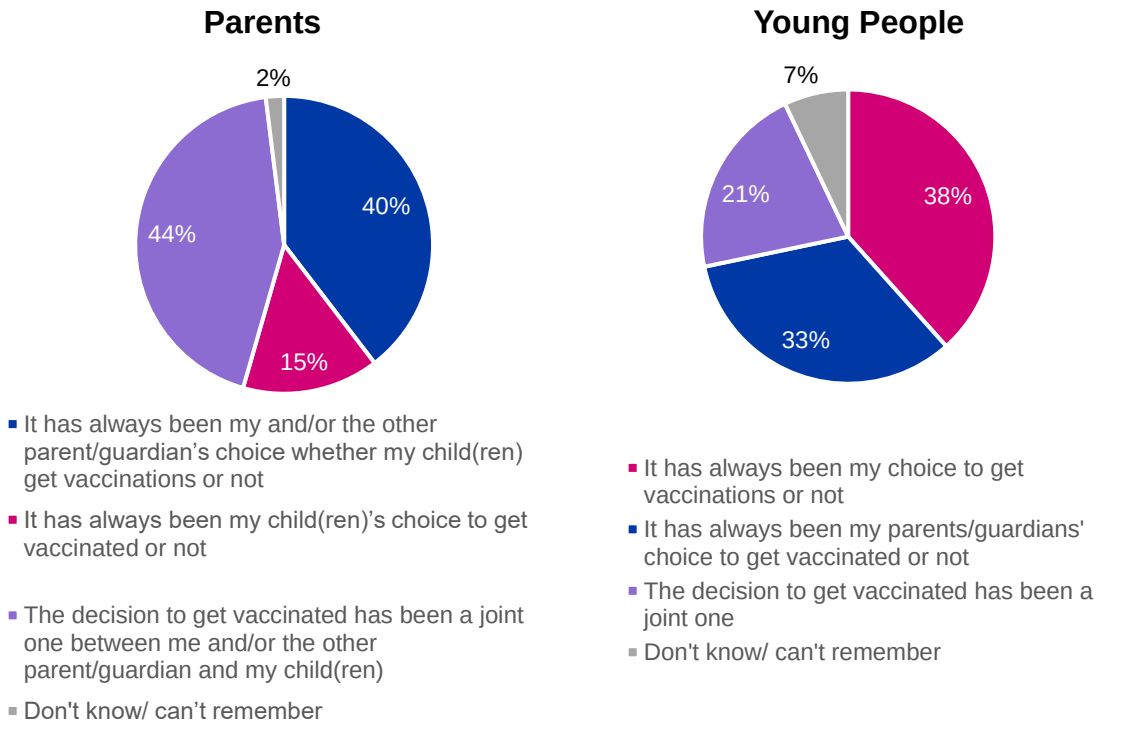
Among parents of young people aged 13 to 16, those whose child is aged 15 to 16 (51%) and those who haven't seen any PHW publicity (60%) are more likely to be unaware that young people aged 13 and over may be able to give their own consent for their vaccinations.

Parents of young people aged 13 to 16 were asked about who makes the decision about whether the young person gets vaccinated or not (see Figure 41). The majority of parents say either that it is theirs or the other parent's decision whether or not the young person gets vaccinated (40%) or that it is a joint decision between the parents and the child(ren) (44%). Only 15% of parents say that it has always been the young person's decision exclusively.

Looking at these results for young people, we can see that there are some discrepancies when comparing with the answers from parents. Close to 2 in 5 (38%) of young people aged 13 to 19 say that it has always been their decision whether or not they get vaccinated, which compares to 15% of parents who stated that it has always been the young person's decision. Additionally, 1 in 5 (21%) young people say that the decision to get vaccinated has been a joint one, compared to 44% of parents who said that this is the case.

Furthermore, 1 in 3 (33%) young people say that it has always been the parents' decision whether or not they get vaccinated (compared to 40% of parents who stated this).

Figure 41: And thinking about the vaccines your child(ren) has been offered in the past, which of the following best applies to you? / And thinking about the vaccines you have been offered in the past, which of the following best applies to you?



Base: Parents who have children aged 13-16 (176) and Young People aged 13-19 (216)
DE2

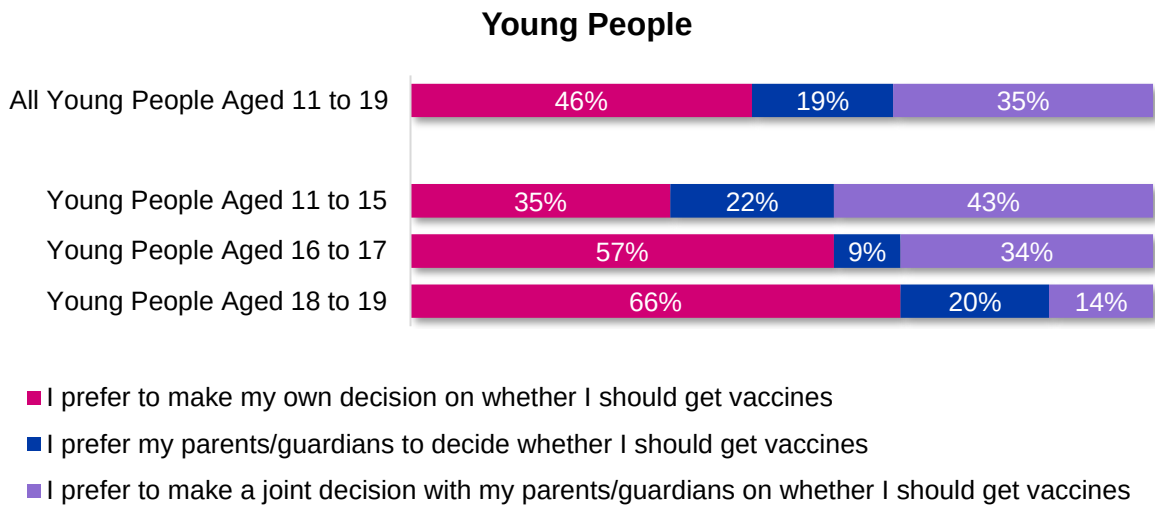
Among young people, males are more likely than average to say that the decision about whether or not they get vaccinated has always been their parents' decision (42%).

Over 2 in 5 (45%) young people aged 11 to 19 say that they prefer to make their own decision about whether they should get vaccinated. One in 3 (35%) would prefer to make a joint decision with their parents, and only a minority (19%) would like their parents to be the sole decision-makers when it comes to their vaccinations.

Figure 42, however, shows that there are some variations in opinion about making a decision on vaccinations depending on the age of respondents. The proportion of those who prefer to make their own decision increases with age: 35% of those 11 to 15 would like to make their own decision, which compares to 57% of those aged 16 to 17 and 66% of those aged 18 to 19. Similarly, a preference for co-decision or parents being the sole decision makers also decreases as age increases: while 43% of young people aged 11 to 15 would like to make a joint decision with their parents on vaccination, only 14% of those aged 18 to 19 agree with this.

Overall, among those aged 11 to 15, making a joint decision with parents is the preferred option for consent (43%), followed by young people making their own decision (35%). However, making their own decision is by far the preferred option of those aged 16 to 17 (57%) and 18 to 19 (66%). The least preferred option among all age groups is for parents to be the sole decision-makers (22% among those aged 11 to 15, 9% of those aged 16 to 17 and 20% of those aged 18 to 19).

Figure 42: And how would you prefer to make decision about whether to get vaccinated or not? (Young People)



Base: Young People Aged 11 to 19 (276), Young People Aged 11 to 15 (164), Young People Aged 16 to 17 (55), Young People Aged 18 to 19 (57)
DE3

Qualitative focus groups confirm that younger age groups are more likely to have interacted with their parents to make a decision about whether or not to get vaccinated, however most of those aged 12 to 15 still see themselves as the final decision-maker:

> *"I spoke to my parents a little bit but I then decided".* Male, 15, White British

> *"I wanted to get it [COVID-19 vaccine] so my parents told me when I got the letter from school so that I could get it. I didn't have to have a discussion about it because my parents and I were on the same page. My parents are respectful about my decision but I was pretty on board with it".* Female, 13, White British

Among parents who took part in qualitative focus groups, there is a divide among those who say that they let their child(ren) make their mind about whether or not to get vaccinated and those who see themselves as the ultimate decision-maker or influencer about whether their child should get vaccinated:

> *"Ultimately we as parents decided they will have the vaccine".* Male, 51, White British

> *"If they chose something different than me then I would talk into getting them. I just play down the barriers of needles and make him think of the worst-case scenario if he got the disease".* Female 34, White British

> *"I spoke to my son but he made his own decision".* Male, 48, White British

For young people aged 18+, conversations with parents to make a decision on vaccination are not very common and when they happen these don't tend to influence decisions. Instead, the most common way of making a decision among young people aged 18+ is doing their own research:

"I did my research and I saw this one was just developed and I also saw on the WHO website it was safe to use so I decided to take the RNA vaccine". Male, 21, White British

"I don't really speak to many people. I speak mainly to my partner [who is a doctor]. My mum doesn't know I have the vaccine yet and I have a lot of friends who are antivaxx but I don't listen to them". Female,22, White British

Most young people aged 12 to 15 who took part in qualitative focus groups say that it was easy for them to make a decision about whether or not to have the flu and COVID-19 vaccines as they just made their minds after getting the letter from school. However, some of those aged 18+ found this harder given the conflicting information available:

"Easy. I got the letter from school and I just got the vaccine". Male 12, White British

"It was a difficult decision to make because there was so much opposing information about all the [COVID-19] vaccines". Female, 23, White British

10.4 Disagreements on vaccination among young people and parents

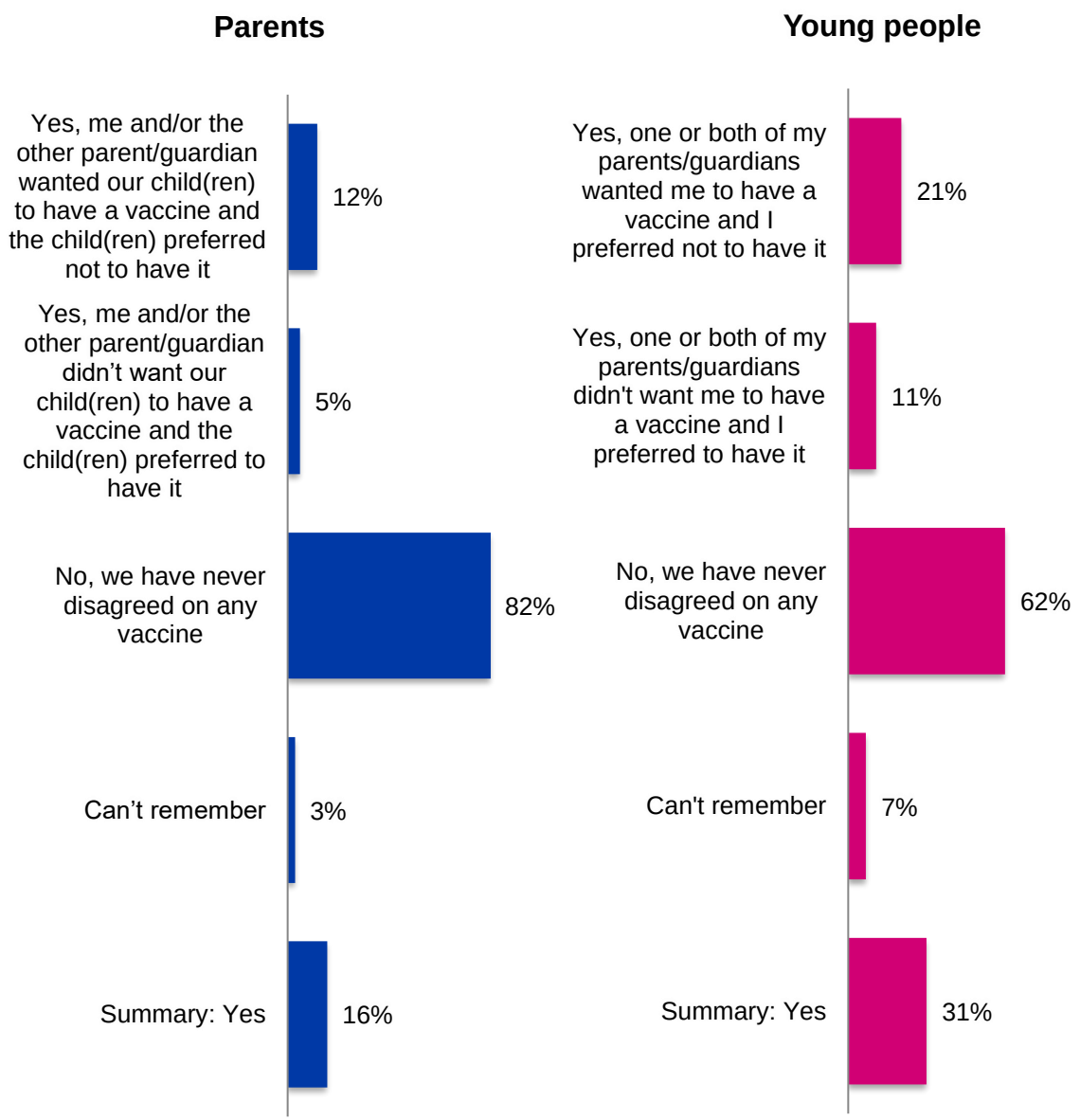
Given that parents have an important degree of decision-making power in regards to whether or not a young person gets vaccinated, Figure 43 explores whether parents and young people have ever disagreed with each other about whether or not the young person gets vaccinated.

Around 8 in 10 (82%) parents say that they have never disagreed with their child(ren) on any vaccine. However, the proportion of young people who state that they have never disagreed with their parents on vaccinations is 20 percentage points lower than for parents (62%).

Overall, 16% of parents say that they have had some disagreements with their children on vaccination, which compares to 31% of young people who say that they have disagreed with their parents at some point over whether or not they should receive a vaccine. Looking at these results more closely, 1 in 5 (21%) young people say that at some point their parents wanted them to have a vaccine but they preferred not to, and 11% say that they have also experienced disagreements in the other direction, that is parents not wanting the young person to get vaccinated and the young person preferring to do so.

Among parents, around 1 in 10 (12%) say that they have disagreed with their child because they wanted the child to get vaccinated but the child preferred not to. 5% say that at some point they didn't want their child to get vaccinated but that their child preferred to do so.

Figure 43: Have you and/or the other parent/guardian ever disagreed with your child(ren) over whether they should receive a vaccine? / Have you and either of your parents/guardians ever disagreed over whether you should receive a vaccine?



Base: All Parents (230) and All Young People (457)
DE4

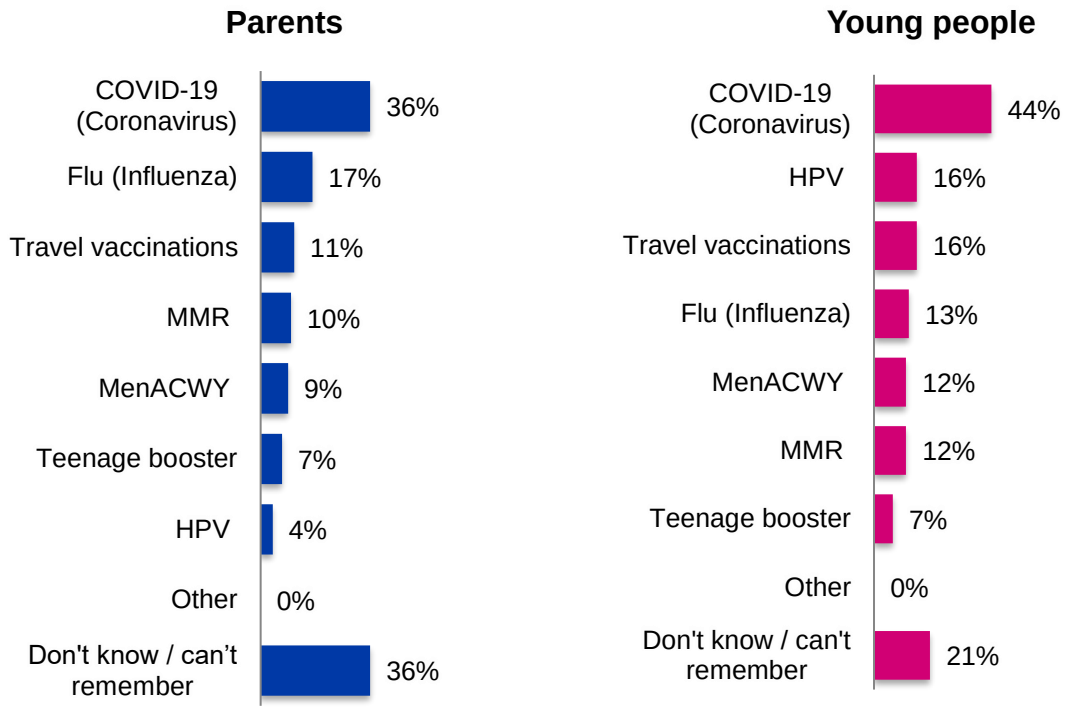
Parents who live in the most deprived quintile are more likely to say that they have disagreed with their child at some point on vaccination because the child preferred to get vaccinated but they as parents preferred for the child not to get vaccinated (11%).

From the perspective of young people, those aged 18 to 25 are more likely to say that they parents wanted them to get vaccinated but that they preferred not to (27%). This also applies to those who don't trust the COVID-19 (31%) and the flu (38%) vaccines.

Parents and young people who said that they had disagreed with each other were then asked which vaccines they had disagreed about (see Figure 44).

By far, the COVID-19 vaccine is the immunisation that both parents and young people are more likely to say that they have disagreed about, with over 1 in 3 parents (36%) and young people (44%) mentioning this vaccine as a source of disagreement. The flu vaccine was also mentioned as an immunisation parents and young people have disagreed about, albeit to a lesser extent (17% of parents and 13% of young people).

Figure 44: Which vaccine/s did you disagree about?



Base: Those who have disagreed with parents/child(ren) on vaccination - Parents (39) and Young People (141)
DE5

11. Sources of information to find out about COVID-19 and flu vaccines

11.1 Introduction

This section examines the sources of information that parents and young people have used to find about the COVID-19 and flu vaccines, as well as how much they trust these sources of information.

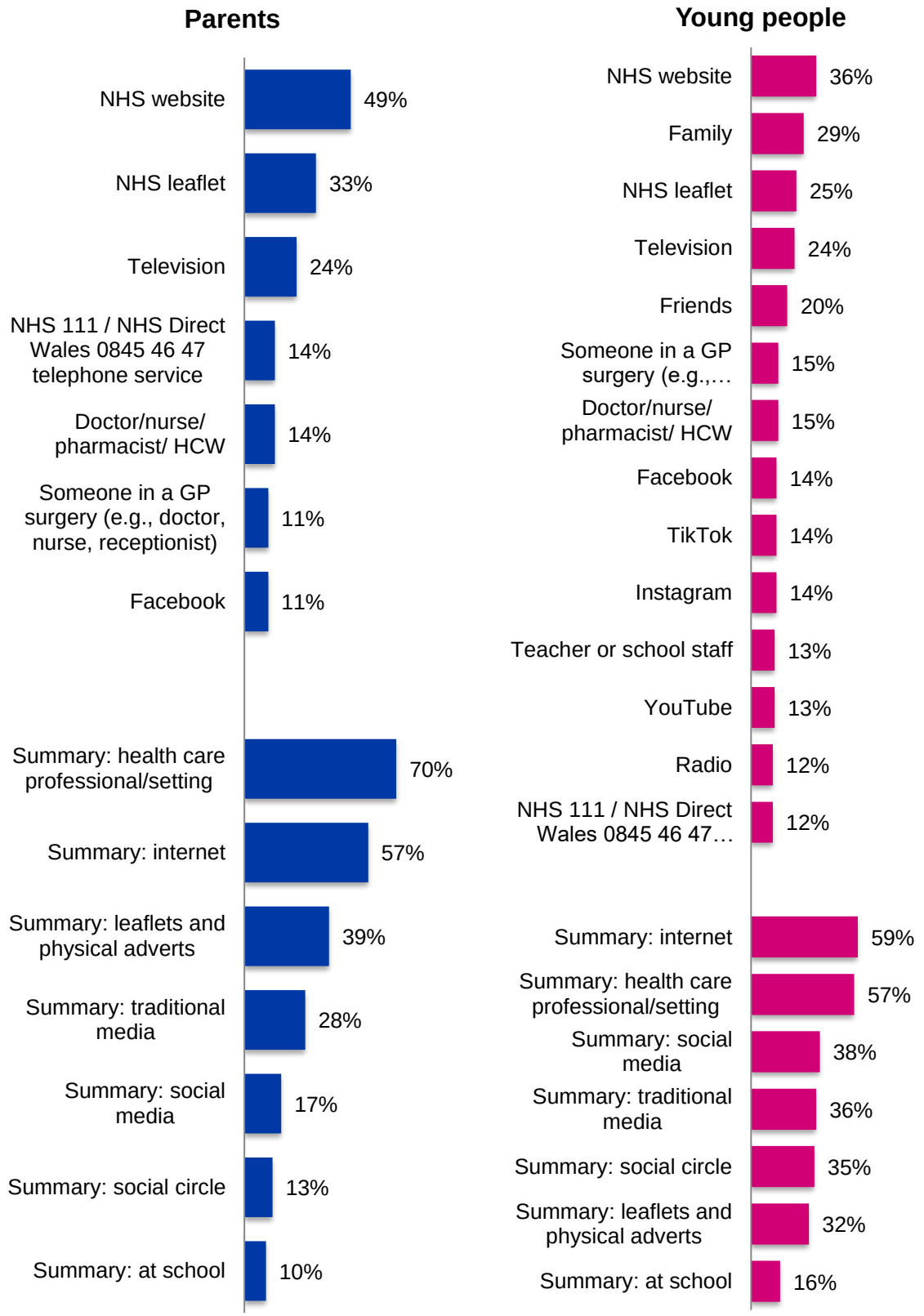
11.2 Sources of information used

The most common sources of information used by parents to find out about the COVID-19 and flu vaccines are the NHS website (49%) and NHS leaflets (33%). These sources of information are also among the top 3 that young people have used themselves (36% NHS website and 25% NHS leaflets). However, the proportions of young people who have used the NHS websites and NHS leaflets are lower than the proportion of parents who claim to have used these sources. For young people, family comes as the second most used source to find out about the COVID-19 and flu vaccines (29%). Perhaps unsurprisingly, family is notably less commonly mentioned by parents (9%).

Furthermore, television is also an important source for information, with around a quarter of parents (24%) and young people (24%) saying that they have obtained information about the COVID-19 and flu vaccine from this channel.

While internet sources and sources relating to healthcare providers or settings are the most widely used by both parents and young people, it is noticeable that social media is more commonly used by young people than parents to find out about the COVID-19 and flu vaccines (38% of young people say that they have used social media, compared to 17% of parents). Among young people, the most commonly mentioned social media platforms are TikTok (14%), Facebook (14%), Instagram (14%). For parents, Facebook is the most commonly used social media platform to find out about vaccines (11%).

Figure 45: Which of the following have you used before today to find out about COVID-19 or flu vaccines for your child(ren)? / Which of the following have you used before today to find out about COVID-19 or flu vaccines?



Base: All Parents (230) and All Young People (457)
I1 - *Codes below 10% are not shown to ease reading

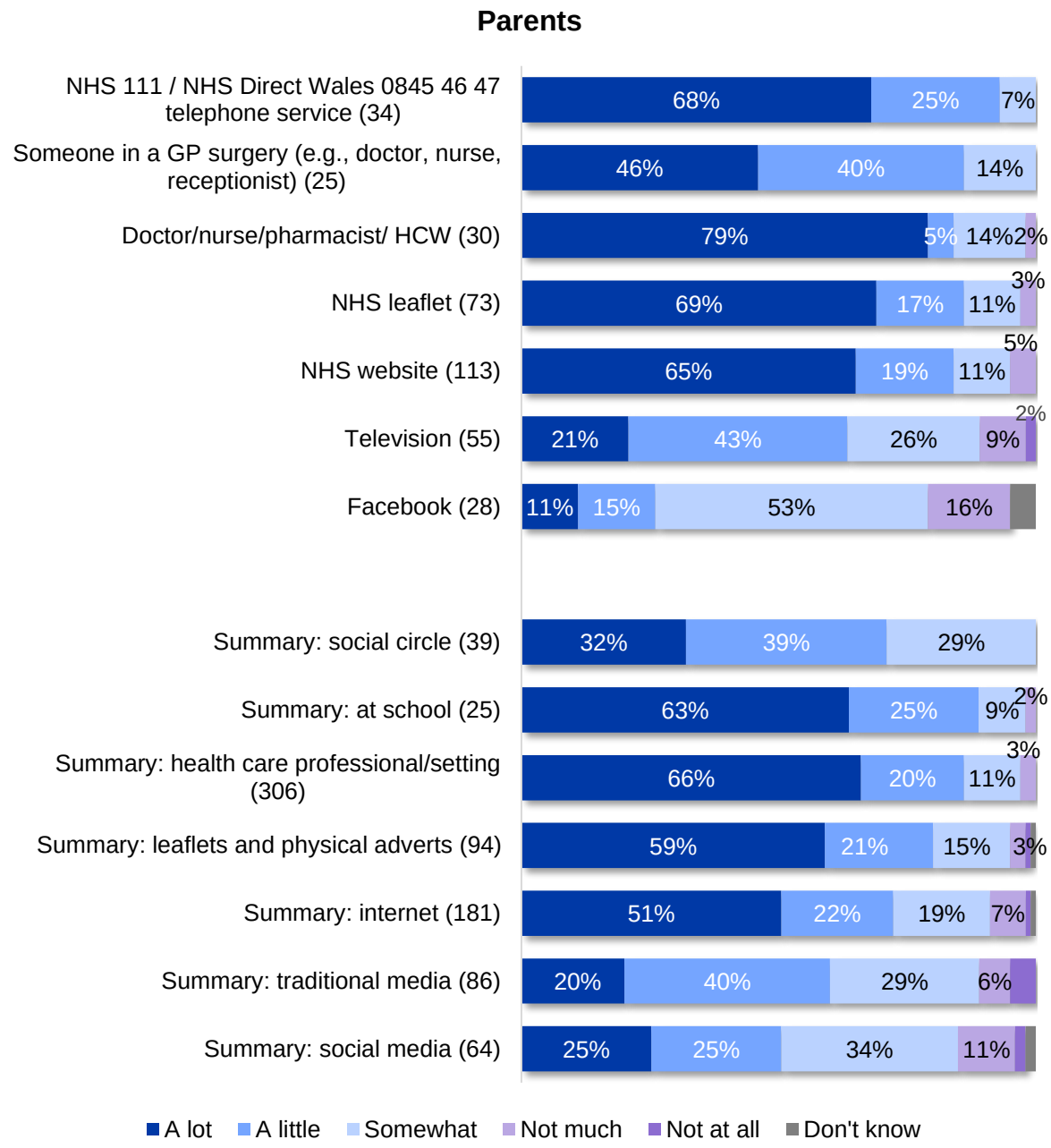
11.3 Trust in sources of information

So as to understand how far parents trust the information they come across through various sources, survey participants were shown the list of sources that they said they had used to find out about the COVID-19 and flu vaccines and asked to state how much they trust them (see Figure 46).

The following sources of information have the highest 'trust a lot' scores: doctors/nurses/pharmacists/HCW (79%), NHS leaflets (69%), NHS 111/NHS Direct Wales telephone service (68%), and the NHS website (65%).

In contrast, Facebook and social media in general are the sources that parents trust the least, with 16% of parents who have used Facebook saying that they trust it not so much or not at all, and 13% saying so for social media in general. Nonetheless, it is worth noting that 25% of parents who have used social media to find out about vaccines say that they trust this source a lot, with a further 25% saying that they trust social media a little and 34% saying that they trust this source somewhat. Overall, 84% of parents who have used social media say that they trust the information on these platforms at least to some extent.

Figure 46: And how much do you trust the information given to you from these sources? (Parents)



Base: Parents who have used each resource (base sizes in parenthesis)
I2
*Labels for don't know are not shown to ease reading
*Only results for resources used by at least 10% of respondents at question I1 are shown

Young people were also asked the extent to which they trust the sources of information that they had used to find out about the COVID-19 and flu vaccines (Figure 47).

As observed with parents, sources of information related to healthcare providers or settings are also the most trusted by young people, over half of those who have used the following sources say they trust them a lot: someone in a GP surgery (69%), NHS website (67%), doctors/nurses/pharmacists/HCWs (61%), and NHS leaflets (58%).

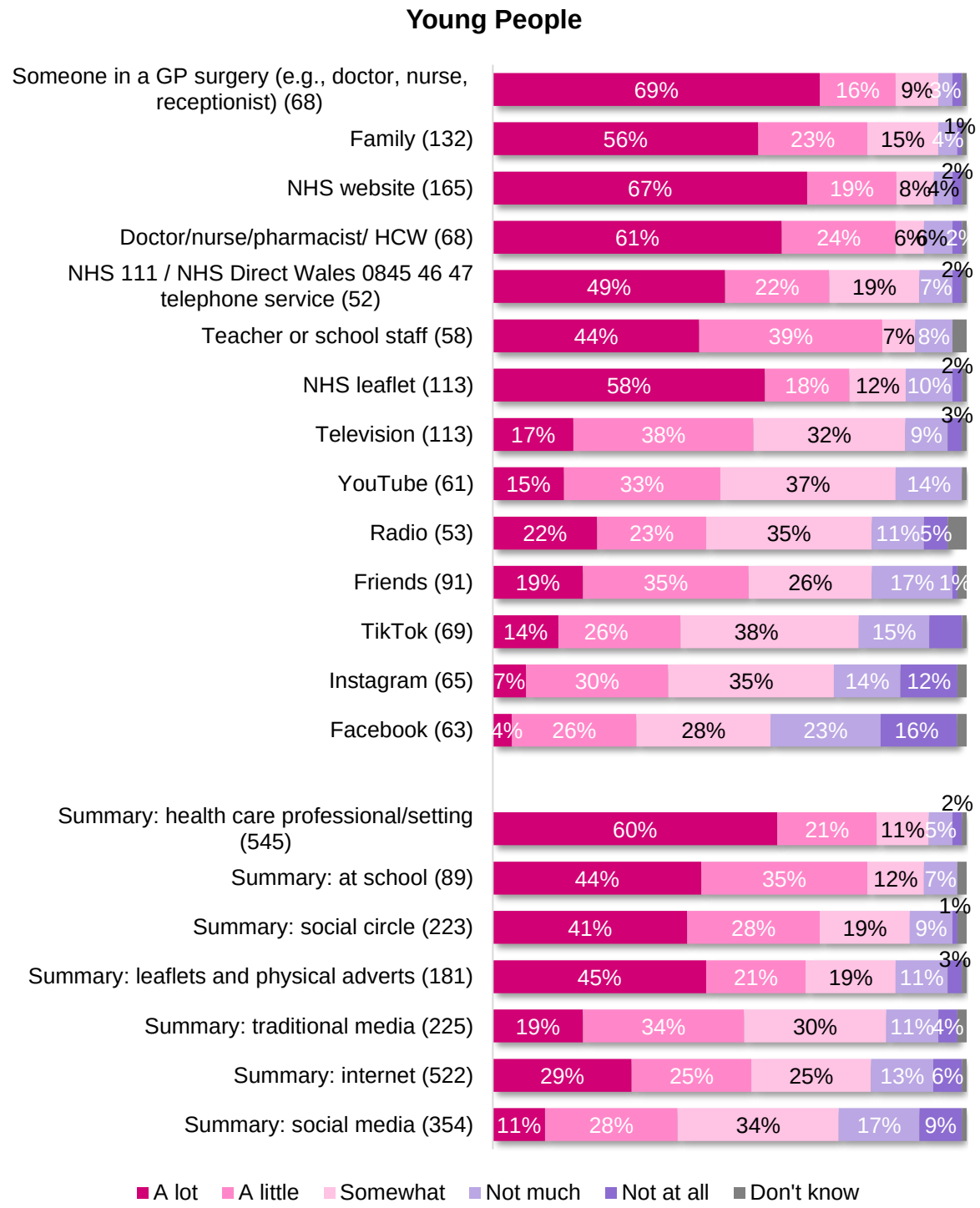
Apart from these healthcare-related sources, family and teachers or school staff are also highly trusted by young people when it comes to finding out about the COVID-19 and flu vaccines, with 56% and 44% respectively saying that they trust information from these channels a lot.

Similar to parents, internet and social media are the least trusted sources among young people. Around 1 in 4 (26%) young people who have used social media to find out about the COVID-19 and flu vaccine say that they trust information on these platforms not much or not at all, with a similar proportion (19%) saying so about the internet in general. Nonetheless, it is worth noting that over 7 in 10 young people who have used social media and internet sources trust these at least to some extent (80% for the internet and 73% for social media), even if the 'trust a lot' scores are low (11% for social media and 29% for the internet).

Young people who are male are more likely than average to say that they trust social media a lot (16%), as are those who live in Cwm Taf Morgannwg University Health Board (20%). Those who haven't seen any information about vaccination in the past 12 months are also more likely to say that they trust social media a lot (23%). This highlights the importance of having regulated information on vaccination on social media since these platforms are widely used by young people. Moreover, as we saw in the first section of this report around awareness of publicity, young people who saw information on vaccination on social media were more likely to say that this information contained a mixture of messages for and against vaccination. Qualitative focus groups also show that young people often encounter information on vaccines on social media even when they are not actively looking for it:

> *"I usually look at the news [to get information about vaccines] and passively get information from discussions around me and also from social media".* Female, 21, White

Figure 47: And how much do you trust the information given to you from these sources? (Young People)



Base: Young People who have used each resource (base sizes in parenthesis)
I2
*Labels for don't know are not shown to ease reading
*Only results for resources used by at least 10% of respondents at question I1 are shown

11.4 Sources of information respondents are likely to use in the future

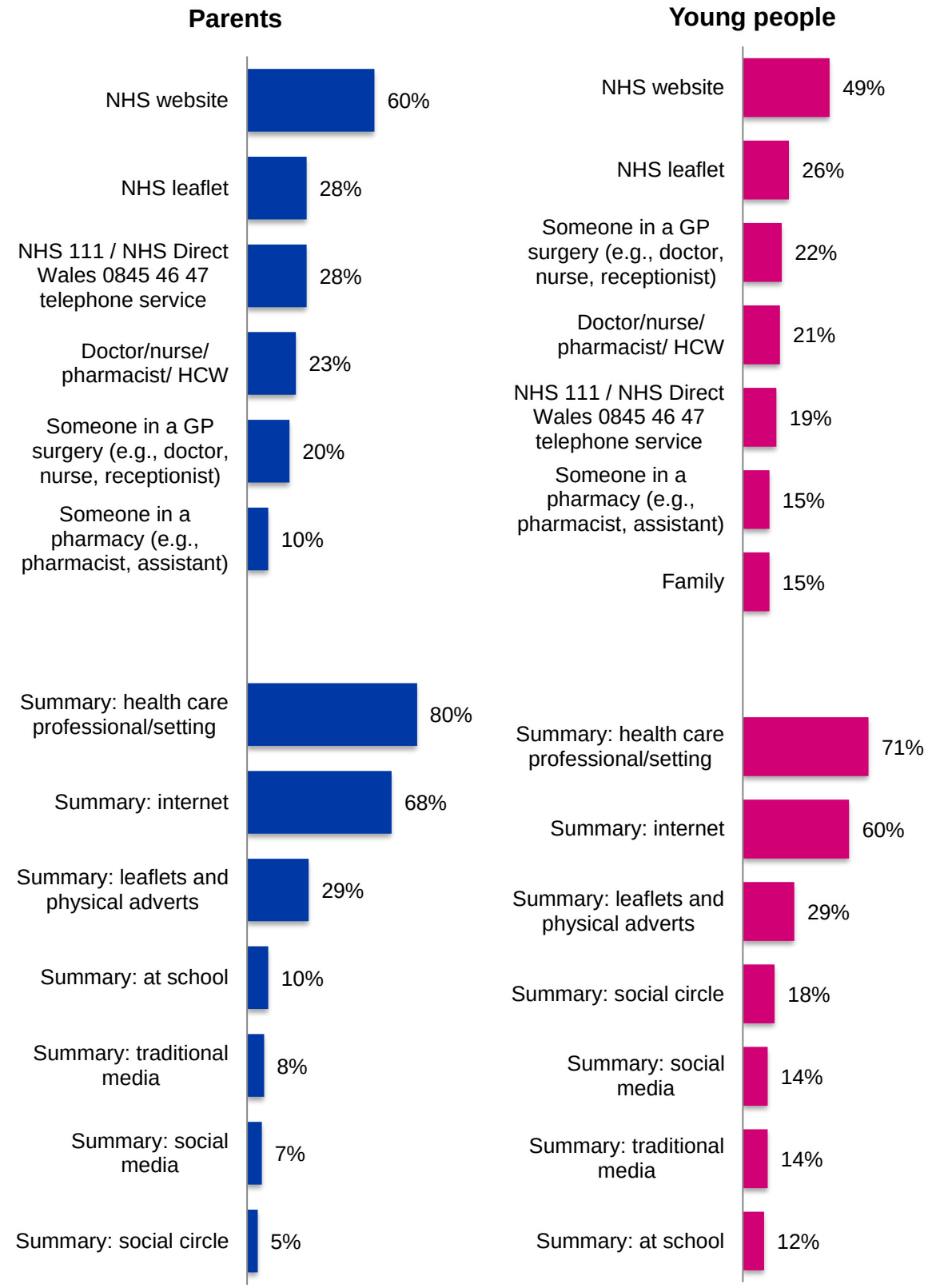
Figure 48 shows the sources that parents and young people would use if they wanted to find out more about the COVID-19 and the flu vaccines.

To access information about the COVID-19 and the flu vaccines in the future, both parents and young people would primarily consult healthcare sources, most notably the NHS website (60% of parents and 49% of people). This is followed by NHS leaflets (28% of parents and 26% of people). Other healthcare-related sources include: NHS 111 / NHS direct telephone service (28% of parents and 19% of young people), someone in a GP surgery such as a nurse, doctor or receptionist (20% of parents and 15% of young people), doctors/nurses/pharmacists/HCWs (23% of parents and 21% of young people), and someone in a pharmacy (10% of parents and 15% of young people).

Aside from these channels related to healthcare, sizeable proportions of parents and young people say that they would use a range of internet sources including social media if they wanted to find out more about the COVID-19 and flu vaccines in the future (68% of parents and 60% of young people).

For young people, family is also an important source of information, with 15% saying that they would use their family as a source of information if they wanted to find out more about the COVID-19 and flu vaccines in the future.

Figure 48: If you wanted to find out more about COVID-19 or flu vaccines for your child(ren), where would you look for more information? / If you wanted to find out more about COVID-19 or flu vaccines, where would you look for more information?



Base: All Parents (230) and All Young People (457)
I3 - *Codes below 10% are not shown to ease reading

Parents who believe that there are vaccines that are worse than the illness they protect against are more likely to use that they would use social media in the future if they wanted to find out more about the COVID-19 and flu vaccines (21%). This is also the case of disabled parents (17%), those classed as clinically extremely vulnerable (21%), those who reside in Aneurin Bevan University Health Board (17%), and those in deprivation quintile 3 (14%).

Among young people, those aged 18 to 25 are more likely than average to say that they would use social media in the future to find out more about the COVID-19 and flu vaccines (17%). Respondents from BAME backgrounds are also more likely to say that they would use social media in the future to find out more about the vaccines (26%), as are those whose main language is other than English or Welsh (31%) and those classed as clinically extremely vulnerable (27%).

12. Awareness and views of PHW publicity

12.1 Introduction

This section analyses parents' and young people's awareness of PHW publicity in relation to the flu and COVID-19 vaccine for young people. It then examines channels via which respondents have come across PHW publicity as well as views on PHW publicity materials.

12.2 Awareness of PHW publicity

Parents and young people were then shown a series of PHW leaflets and social media posts on flu and COVID-19 vaccination and were asked whether they had seen those prior to taking part in the survey.

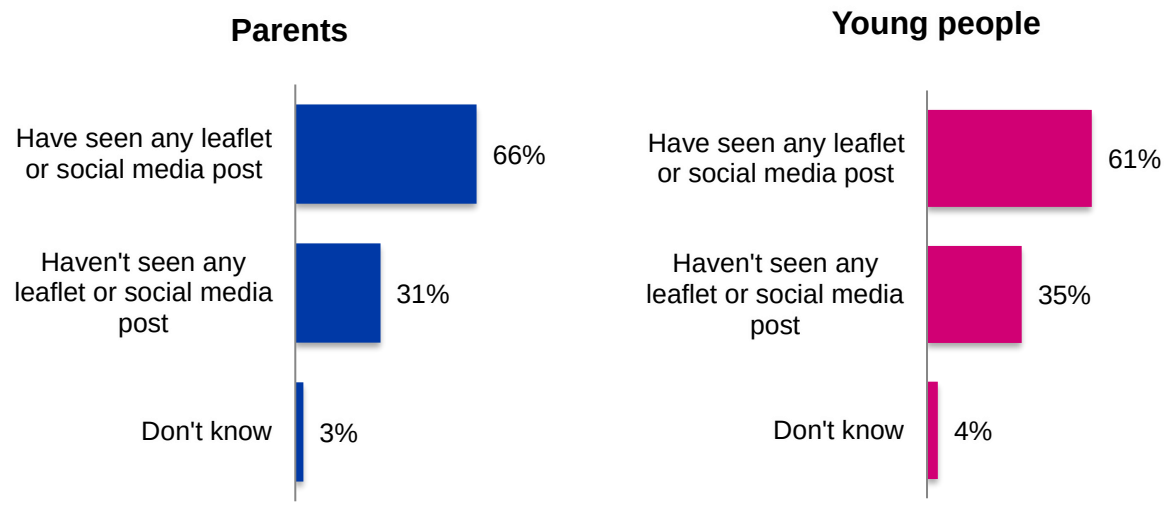
The materials that parents and young people were shown are included in Figure 49. Parents were shown all leaflets and social media posts, while young people were shown different leaflets and social media posts depending on their age. All young people were shown at least one COVID-19 and one flu vaccine leaflet and at least one social media post.

Figure 49: Leaflets and social media posts shown to respondents

L1

Overall, over 6 in 10 parents (66%) and young people (61%) say that they have seen at least one of the leaflets or social media posts. This compares to around 3 in 10 parents (31%) and young people (35%) who haven't seen any PHW publicity. The remainder don't know or can't remember (3% of parents and 4% of young people).

Figure 50: Have you seen any of these leaflets or social media posts before today?

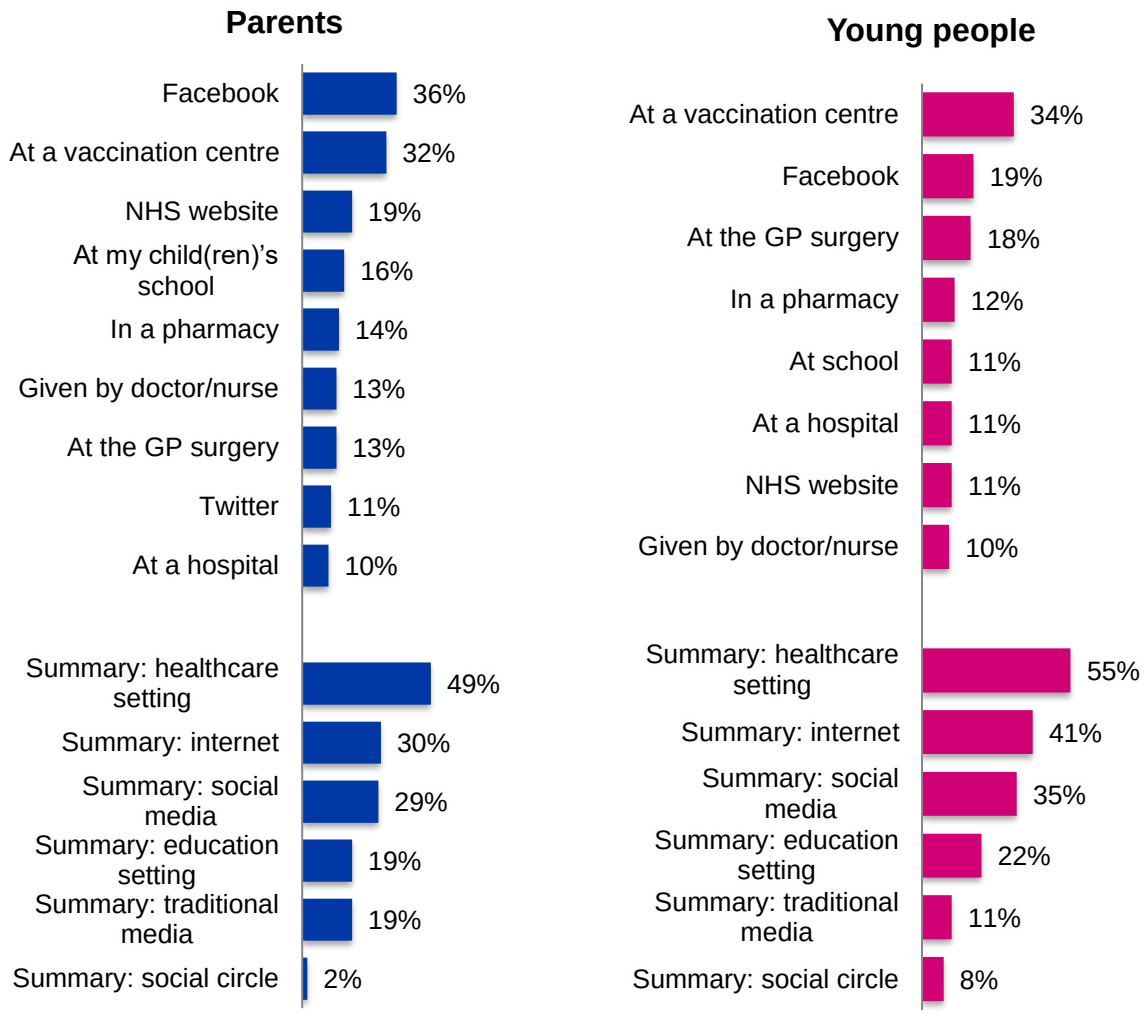


Base: All Parents (230) and All Young People (457)
L1

Young people aged 11 to 15 are more likely than average to say that they haven't seen any PHW publicity (45%), as are males (40%), and those who don't trust the COVID-19 vaccine (44%). Young people in deprivation quintiles 2 (47%) and 4 (49%) are also less likely to have seen PHW publicity.

Figure 51 shows the sources where both parents and young people have come across PHW publicity. Facebook (36% of parents and 19% of young people) and vaccination centres (32% of parents and 34% of young people) come at the top of the list of channels where respondents have seen PHW publicity. This is followed by the NHS website (19% of parents and 11% of young people) and GP surgeries (13% of parents and 18% of young people).

Figure 51: Where did you see this?



Base: All those who have seen any adverts - Parents (152) and Young People (274)
L2x
*Codes below 10% are not shown to ease reading

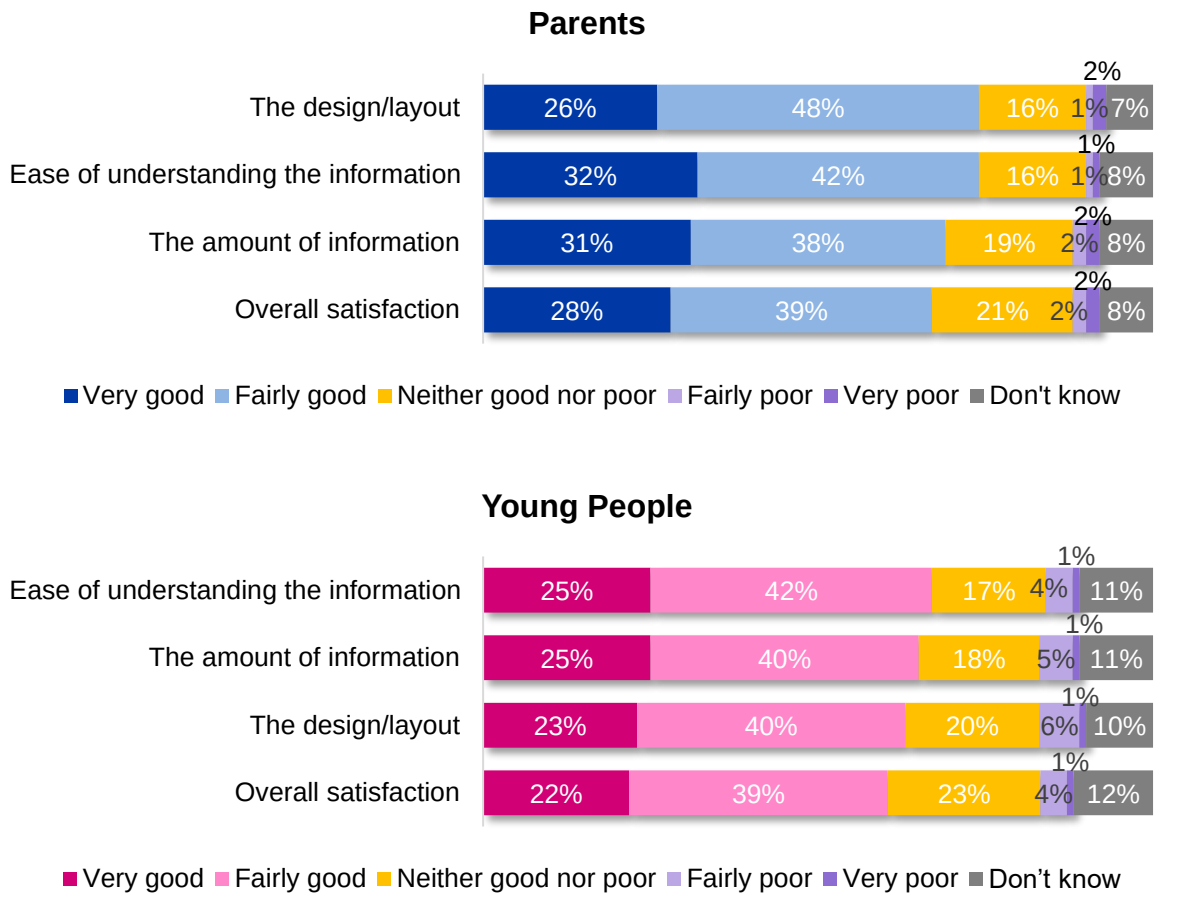
12.3 Views of PHW publicity

Figure 52 shows parents and young people's views of PHW leaflets and social media posts on COVID-19 and flu vaccines.

Close to 7 in 10 parents are satisfied overall with the PHW leaflets and social media posts (67%). Similar proportions are also satisfied with the amount of information on these materials (69%), the design/layout (74%) and the ease of understanding the information (74%). Dissatisfaction among parents is low, with 4% of parents or less saying that any of these aspects are either very or fairly poor.

Young people are also mostly positive about the PHW publicity, with around 6 in 10 saying that they are satisfied overall (61%) and similar proportions expressing satisfaction in regards to the design/layout (63%), the amount of information provided on the PHW materials (65%), and the ease of understanding the information (67%). As with parents, dissatisfaction among people is also low, with 6% or less saying that any of the aspects listed above are either very or fairly poor.

Figure 52: In general, how good or poor are the following elements of the leaflets/social media posts?



Base: All Parents (230) and All Young People (457)
L3

Young people aged 18 to 25 are more likely than average to be dissatisfied overall with the PHW leaflets and social media posts on COVID-19 and flu vaccination (7%).

Male parents are more likely to be dissatisfied overall with the PHW publicity materials (9%), as are Christian respondents (9%), and those who reside in Cwm Taf Morgannwg University Health Board (12%). Dissatisfaction with PHW materials is also higher among parents who distrust vaccines and those who say that their child hasn't had the flu or the COVID-19 vaccines and are not planning on them having those.

Participants in the qualitative focus groups were shown a selection of the leaflets shown in Figure 49. Among young people and parents, there are mixed views about the leaflets with some saying that the leaflets look informative and age appropriate and others saying that they look boring and not appealing:

> *"It's colourful and everyone looks happy so this makes you want to read it". Male, 12, White British*
>
> *"They are informative because they are written by the NHS".* Male, 15, White British
>
> *"I saw the COVID vaccination leaflets, but not the flu ones. It's all clear and there is no jargon".* Female, 41, White British
>
> *"This is the first time I am seeing these leaflets. I wouldn't take a second to look at them because they are boring."* Female, 15, White British
>
> *"It doesn't look like something I would read because it looks incredibly boring and factual. They aren't really engaging".* Female, 23, White British
>
> *"Children don't like to read information; they would probably give it straight to me."* Male, 48, White British

Moreover, young people aged 18 and over thought that the leaflets were targeted at parents rather than young people their age:

> *"It's clear that this is targeted to people who have children".* Male, 21, White British
>
> *"I've never seen these images and they look like leaflets for parents".* Female, 24, White Other

Some suggestions to improve the leaflets include, having bright colours and more than one colour per leaflet, creating more of a story, and making it into a video with characters:

> *"Having more bright colours will make it more appealing".* Female, 15, White British
>
> *"Definitely having more colours than just one".* Male, 15, White British
>
> *"Making a story line of the information would make it more appealing."* Female, 24, White British
>
> *"Making it a video or adding cartoon characters that explain it all would make it children friendly. It's hard to develop something for all ages, for example and 11- and a 16-year-old will have different understanding".* Male, 48, White British

Another consideration pointed out by a participant in qualitative focus groups relates to the importance of having the leaflets available in languages other than English or Welsh for those who have English or Welsh as their second language:

> *"I wish these were in different languages because her parents don't speak English well".* Carer for female 17, BAME

12.4 Suggestions for conveying information about vaccination to young people

Before being show the PHW branded leaflets, young people who took part in qualitative focus groups were asked to imagine that they were in charge of sharing information with young people their age on vaccination and were asked to think about the information they would include, the format and the channels that they would use to communicate this.

In terms of the information to include, most participants emphasised the importance of highlighting the benefits of getting the vaccines to encourage people to get them:

> *"I would explain the benefits of the vaccines and why you should have it."* Male, 13, White British

> *"The benefits of the vaccine and the purpose. I think that's what we lacked for the COVID vaccines, because people were so focused on the negatives".* Female, 23, White British

There was also a consensus that it would be important to add practical information such as how and where people can get the vaccines. Young people aged 18+ were prone to say that it would be important to have information that challenges unfounded claims on vaccines:

> *"What are people's most common concerns and address them. A myth busting session."* Female, 24, White Other

> *"Explain in laymen's terms why the covid vaccine was developed so quickly which is something that drives the antivaxx with their criticisms. It is important for corporations to be transparent about the mission they have when producing these, remove the idea that big corporations are making money off of a disease".* Male, 21, White British

Most young people of school age were likely to say that they would use leaflets and/or posters to convey this information and that they would locate them in or around school so that people their age can see them (e.g. just outside of the school or within classrooms). Social media was also considered an adequate channel to convey information on vaccination among young adults aged 15 or 15+ since most young people use these platforms:

> *"I would put the advert on social media in general".* Male, 15, White British

> *"My mind went to social media advertising. Snapchat, Twitter and Facebook mostly. I would showcase how many people of this age group already had the vaccine and make it feel like by having this vaccine you will protect people around you, like your family".* Female, 21, White British

> *"Having communications in social media so that people can access passively information which it's short and informative."* Female, 21, White British

In terms of channels, a couple of the young people who took part in focus groups thought that celebrities and influencers would be a good way of getting young people to think about vaccines and to get them:

> *"Having some infographics or videos with some Q&A and celebrities people follow like influencers explaining why they had the vaccine"*. Female, 22, White other

> *"I think if celebrities should show their support for vaccines, especially in their platform because they have that influence on younger people. Because younger people seek approval from people who have influence. So, if they (celebrities) think something is better for society then young people are more likely to follow it".* Male, 21, White British

12.5 Views on co-production of publicity materials

Young people who took part in qualitative focus groups were asked whether they would like to get involved in collaborating with PHW to create materials to inform young people their age about vaccines. Most young people expressed a willingness to get involved in this, suggesting that online would be the best channel for them to do so:

> *"Yes, I would likely be interested. The best way to contact me would be by email or online".* Female, 22, White Other

> *"By having groups like this and forums for people to discuss the topic like this. I would like to moderate the bad and negative information that is out there."* Female, 24, White British

> *"I would like to be involved. I would explain better why we need the vaccine."* Female, 13, White British

Nonetheless, a small minority of participants in focus groups were apathetic towards getting involved in co-designing materials about vaccines for young people their age. However, they expressed a willingness to get involved if they were paid to do so:

> *"No, I don't have the time or willingness. […] If I got paid then yes, because there would be a lot of thinking that goes behind that".* Female, 15, White British

Appendix 1: Quantitative sample profile

The tables below summarise the profile of parents and young people who took part in the quantitative survey. Where answers within the same category do not add up to the total number of respondents (230 parents and 457 young people), this is because some participants chose not to provide this information.

Table 3: Sample profile of young people who took part in the quantitative survey

		Base size	% Unweighted	% Weighted
Health board	Aneurin Bevan University Health Board	122	27%	19%
	Betsi Cadwaladr University Health Board	78	17%	22%
	Cardiff and Vale University Health Board	77	17%	16%
	Cwm Taf Morgannwg University Health Board	69	15%	14%
	Hywel Dda University Health Board	44	10%	12%
	Powys Teaching Health Board	13	3%	4%
	Swansea Bay University Health Board	54	12%	13%
WIMD quintile	1 - Least deprived	73	16%	19%
	2	76	17%	18%
	3	103	23%	22%
	4	91	20%	20%
	5 - Most deprived	114	25%	22%
Gender	Male	227	50%	51%
	Female	222	49%	48%
	Other	6	1%	*%
Age	11-15	164	36%	32%
	16-17	55	12%	12%
	18-25	238	52%	56%
Disability	Yes	63	14%	13%
	No	368	81%	82%
Ethnicity	White	397	87%	95%
	BAME	50	11%	5%
Main language spoken at home	English	401	88%	88%
	Welsh	25	5%	7%
	Other than English or Welsh	16	4%	2%

		Base size	% Unweighted	% Weighted
Clinically extremely vulnerable	Yes	49	11%	9%
	No	370	81%	83%

Table 4: Sample profile of parents who took part in the quantitative survey

		Base size	% Unweighted	% Weighted
Health board	Aneurin Bevan University Health Board	52	23%	19%
	Betsi Cadwaladr University Health Board	41	18%	22%
	Cardiff and Vale University Health Board	31	13%	16%
	Cwm Taf Morgannwg University Health Board	40	17%	14%
	Hywel Dda University Health Board	25	11%	12%
	Powys Teaching Health Board	8	3%	4%
	Swansea Bay University Health Board	33	14%	13%
WIMD quintile	1 - Least deprived	32	14%	19%
	2	34	15%	18%
	3	44	19%	22%
	4	52	23%	20%
	5 - Most deprived	67	29%	22%
Gender	Male	64	28%	27%
	Female	166	72%	73%
	Other	0	0%	0%
Age	18-25	1	*%	1%
	26-30	8	3%	3%
	31-35	33	14%	14%
	36-40	58	25%	27%
	41-45	62	27%	27%
	46-50	47	20%	19%
	50+	21	9%	9%
Number of children	1	153	67%	66%
	More than one	77	33%	34%

		Base size	% Unweighted	% Weighted
Age of child(ren)	11 to 12	75	33%	34%
	13 to 14	70	30%	34%
	15 to 16	85	37%	32%
Disability	Yes	36	16%	15%
	No	191	83%	84%
Ethnicity	White	220	96%	95%
	BAME	10	4%	5%
Main language spoken at home	English	214	93%	93%
	Welsh	12	5%	5%
	Other than English or Welsh	3	1%	2%
Clinically extremely vulnerable	Yes	34	15%	13%
	No	189	82%	84%

Appendix 2: Qualitative sample profile

The tables below summarise the profile of parents and young people who took part in the qualitative focus groups.

Table 4: Sample profile of young people who took part in the qualitative focus groups

		Number of participants	% From all young people who took part
Gender	Male	7	58%
	Female	5	42%
	Other	0	0%
Age	11-15	4	33%
	16-17	0	0%
	18-25	8	67%
Disability	Yes	0	0%
	No	12	100%
Ethnicity	White	12	100%
	BAME	0	0%

Table 5: Sample profile of parents who took part in the qualitative focus groups

		Number of participants	% From all parents who took part
Gender	Male	3	83%
	Female	3	50%
	Other	0	0%
Age	34-40	1	17%
	41-50	3	50%
	51-60	2	33%
	60+	0	0%
Disability	Yes	0	0%
	No	6	100%
Ethnicity	White	6	100%
	BAME	0	0%

Table 6: Sample profile of the young person who took part with their parent/carer in the qualitative focus groups

		Number of participants	% From all young people with disabilities who took part
Gender	Male	1	50%
	Female	1	50%
	Other	0	0%
Age	11-15	1	50%
	16-17	1	50%
	18-25	0	0%
Disability	Yes	2	100%
	No	0	0%
Ethnicity	White	0	0%
	BAME	2	100%

Appendix 3: Statement of Terms

Compliance with International Standards

BMG complies with the International Standard for Quality Management Systems requirements (ISO 9001:2015) and the International Standard for Market, opinion and social research service requirements (ISO 20252:2012) and The International Standard for Information Security Management (ISO 27001:2013).

Interpretation and publication of results

The interpretation of the results as reported in this document pertain to the research problem and are supported by the empirical findings of this research project and, where applicable, by other data. These interpretations and recommendations are based on empirical findings and are distinguishable from personal views and opinions.

BMG will not publish any part of these results without the written and informed consent of the client.

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We recognise we have a duty of care to all those undertaking and participating in research and strive to protect subjects from undue harm arising as a consequence of their participation in research. This requires that subjects' participation should be as fully informed as possible and no group should be disadvantaged by routinely being excluded from consideration. All adequate steps shall be taken by both agency and client to ensure that the identity of each respondent participating in the research is protected.

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