

**17<sup>th</sup> June – 29<sup>th</sup> June 2021**

## **Covid-19 Vaccination: Summary of insight from public engagement**

**Patient experience survey:** 96% would recommend to friends & family --

The majority of people continue to state they want to receive the vaccine, if they have not already. Although patient experience survey responses are low, the vast majority of people told us their experiences of having the vaccine were positive.

### **Emerging themes for younger people (18–25-year-olds)**

The vast majority of people in this age group wanted to get vaccinated as soon as possible, and there was good attendance at the Piece Hall walk-in event from young people. Other themes in feedback from younger people are:

- **Some difficulty booking online:** National Booking System website can 'time out,' particularly when booking the second vaccine. This was also fed back through Patient Experience survey (80% of respondents found booking easy).
- **Walk-ins:** younger people told us the walk-in event at Piece Hall worked well for them rather than booking an appointment and suggested other venues e.g. bus stations, college, supermarkets.
- **Waiting before vaccination:** some feedback from younger people at Piece Hall that they were waiting before getting vaccinated, in some cases for a parental decision.

### **Continuing themes**

- **Younger cohorts** – feedback from several different sources suggests that younger cohorts want to weigh up the potential risks of being vaccinated vs. not being vaccinated, as they perceive the risk of becoming seriously ill from COVID to be lower to them.
- **Fertility and maternity** - concerns around the long-term effect of the vaccine on fertility, on pregnant women and women who are breastfeeding, particularly from young Asian women. Several comments that guidance is confusing or difficult to access. We are continuing to hear this concern from girls as young as 15 years old.
- **Side effects** – concerns around what common side effects and/or allergic reactions are, and how to find reliable information on this. Younger people told us they want to see honest information about the short-term side effects from the vaccine, as well as hearing more from people who didn't experience any side effects.
- **Safety** – some people still feel that the vaccine was developed too quickly and don't feel assured that it is safe.
- **Validity of the vaccine** – small groups of people who believe they do not need the vaccine as they are not at risk (people in their late teens, 20s/30s), that the virus simply does not exist, or that the vaccine has little value against new variants.
- **Understanding the vaccine** – many people do not know how the vaccine works or what is in the vaccine.

## **Understanding barriers survey**

As this survey has only recently opened, we do not have enough responses to report on yet.

From listening to feedback from the first survey about what people views are of the vaccine;

People have told us what worries them, including side effects, how the vaccines were tested / are they safe; whether they affect fertility and pregnancy; allergic reactions; how they work; how long they protect us and why young people with no health issues need them. Our COVID Champions are out in communities having conversations to share information from trusted sources with people to help them make a decision about vaccination. We have held a number of pop-up and walk-in vaccination sessions, as well as pop-engagement events giving people different opportunities to ask questions. Lots more information is available here: [Calderdale Clinical Commissioning Group \(CCG\) \(calderdaleccg.nhs.uk\)](https://calderdaleccg.nhs.uk)

People told us that work, transport and caring responsibilities might make it difficult for them to get vaccinated. We want to know more about this so that we can plan vaccination services better.

As most older people have now been vaccinated, different groups of people are now being offered the vaccine and they might have different worries. We want to make sure people have the information about the vaccines that they need in ways they understand and can use. Our target audience is people under 40 in particular 18- to 25-year-olds.

Link to survey: <https://www.smartsurvey.co.uk/s/vaccineviews/>

## **Patient Experience Survey Summary (x50 responses completed 16/06/2021 – 24/06/2021)**

### **Positive sentiment**

Examples of patient comments:

“Easy directions and great volunteers”

“Clean organised, saw the cleaning of chair between each visitor. Everyone was lovely and friendly.”

“Very organised markers on floor plenty of stewards to tell you where to stand and go and all very polite”

“It was so well organised even down to the car park attendant. all very friendly, efficient and quick. wonderful experience thank you so much.”

“Very friendly and informative people that reassured and told me what I could do.”

The vast majority of comments were positive in sentiment. Patients most frequently commented about the staff using words such as friendly, polite and bubbly. Patients also frequently commented about the smooth running of the service, describing it as well planned and efficient. People also appreciated good queue management and minimal waiting times. It was also reported that venues were clean and social distancing measures were in place including wiping down touch points in between patients, wearing masks and the use of hand sanitiser.

### **Negative sentiment**

Examples of patient comments:

“I use public transport and it took over 4 hours for the return journey catching 2 buses there and 2 back home.”

“Parking situation which was manic, despite having a marshall on to assist.”

“I found it difficult to find appointment near me.”

“I had to fill in a yellow card due to side effects and take sick leave from work..”

“I It was easy to book my first vaccine, but for my 2nd, there were only appointments available that were quite far from where I live. It said nearer slots may become available at a later date so I wanted to leave my 2nd one, but couldn't work out how to do that one as it then timed out and I lost my 1st booking, then had to go through the process again.”

Patients most frequently commented about access difficulties and the challenges of attending clinics that were far away, particularly when they didn't have their own transportation. People also commented about difficulties when booking online. Individual comments included parking difficulties, long queues, side effects and unhelpful staff.

## Suggested improvements from respondents

“More info re side effects and how long they last would have been helpful, still suffering almost 3 weeks later.”

“It would be easier if I could amend my 2nd vaccine booking as at the time of booking.”

“Let me get vaccinated locally so I didn't need half a days leave to get there and back on buses.”

## Survey responses

- 94% found travelling to the site easy or very easy
- 80% found booking their appointment easy or very easy
- 100% were happy with waiting times
- 100% felt confident and safe at their appointment
- 100% reported that they are aware and willing to continue using social distancing measures, face masks and washing hands after their vaccination.

## Survey responses per site

- Other 66%
- Bankfield 20%
- Boots the Chemist 8%
- Todmorden Health Centre 6%
- Spring Hall 0%
- Nursery Lane 0%
- Northowram Surgery 0%

There were 33 responses listed as other, and of these 26 listed the Piece Hall.

## Highlights from survey equality question responses

- Postcode 26.5% were from HX2, 16.3% from HX3
- Gender 46% were female, 50% were male
- Age range 18 to 75 with 62% aged 18-29
- Country of birth 98% born in UK, 2% other
- Ethnicity 90% British
- Religion 70% no religion, 26% Christianity
- Disability 2.1% Yes, 93.6% No
- Carer 98% No, 2% Yes
- Long Term Conditions 24% stated they had 1 or more long term conditions

Link to survey: <https://www.smartsurvey.co.uk/s/CaldVacFeedback/>

## **Anecdotal feedback (17/06/2021 – 29/06/2021)**

Feedback provided by: voluntary and community groups, Youth Council, North Halifax Partnership, youth services, COVID Champions,

**Piece Hall feedback (18<sup>th</sup> – 20<sup>th</sup> June):** volunteers from the Piece Hall walk-in event on the weekend of 18<sup>th</sup> June fed back from the event:

- **Take-up from younger people:** in general, almost all volunteers that fed back were impressed by the amount of 18–30-year-olds who were very keen to take up the vaccine, and appreciative of the Piece Hall walk-in event. Several under 18s were also keen to be vaccinated.
- **Younger people ‘waiting’:** some evidence that younger people were ‘waiting’ before they got the vaccine – in some cases this was for a parental decision.
- **Confusion about second dose timings:** as guidance changed regarding the wait between first and second doses, there was some confusion from members of the public and volunteers around this.
- **1<sup>st</sup> doses for older people:** some volunteers fed back that there were several older people at the event who had not taken up the vaccination when it was first offered to them.

**Operational feedback** for consideration at future events:

- People were generally happy to wait as long as queues were monitored and they were kept informed on wait times
- First aid room/private area was appreciated
- Best promoted by social media and word of mouth – this echoes previous feedback that consecutive events work best as word spreads about them
- Promoting the clinic to people working in town worked well
- Consider how we advise people to cancel existing appointments

**18–25-year-olds:** we are focusing on understanding the views of this group in particular at the moment. Most young people want to be vaccinated and are keen to book their vaccination appointment. Young people have told us:

- Booking online via National Booking System can be difficult – when website traffic is high, some people lost the slot for their first vaccine by the time they had chosen their second vaccine slot
- They feel COVID is unlikely to make them seriously ill: “if it’s safe for us to go to school/college, why do we need the vaccine?”
- Young people continue to tell us they are more likely to be vaccinated in the week (Mon-Thurs) and somewhere they already go to. Some young people felt a mobile vaccination would work well. Suggestions for pop-up/walk-in locations include:
  - Asda at Pellon, Halifax
  - Transport hubs e.g. bus stations
  - Colleges

- Parks where young people congregate e.g. Beechwood Park, Ovenden Rugby Club, Natty Lane Park.

This was heard via youth services in Halifax, Youth Council members, North Halifax Partnership and North Halifax neighbourhood team.

**Fertility:** people continue to tell us they have concerns about the impact of COVID vaccines on fertility. We hear this concern across a wide range of people, but particularly amongst young women in Asian communities. This was heard through street engagement and at a Q&A session held at Hanson Lane about fertility and COVID vaccines.

### **All1Collective and VAC report: An Exploration of Vaccine Hesitancy amongst the 'Alternative Community' in the Upper Calder Valley**

Appendix 1 is a report outlining a small-scale exploration of COVID vaccine hesitancy amongst the 'alternative community' in the Upper Calder Valley to understand a range of views who are concerned about the vaccine and how they were different from vaccine hesitancy amongst other groups such as the BAME community.

Key issues highlighted include distrust of government and pharmaceutical companies; difficulties in accessing and navigating information; individual health status; the question of ethical decision making and the potential for vaccine resistance.

## **Resources**

Fertility:

[FACTSHEET: COVID-19 vaccines and your fertility | Calderdale Clinical Commissioning Group \(CCG\) \(calderdaleccg.nhs.uk\)](https://www.calderdaleccg.nhs.uk/FACTSHEET:COVID-19vaccinesandyourfertility)

Fertility, in community languages:

[COVID-19 vaccines and fertility | Calderdale Clinical Commissioning Group \(CCG\) \(calderdaleccg.nhs.uk\)](https://www.calderdaleccg.nhs.uk/COVID-19vaccinesandfertility)

Maternity/pregnancy:

[JCVI issues new advice on COVID-19 vaccination for pregnant women - GOV.UK \(www.gov.uk\)](https://www.gov.uk/jcvi-issues-new-advice-on-covid-19-vaccination-for-pregnant-women)

[COVID-19 vaccines, pregnancy and breastfeeding \(rcog.org.uk\)](https://www.rcog.org.uk/COVID-19vaccinespregnancyandbreastfeeding)

Side effects:

[COVID-19 vaccination and blood clotting \(leaflet\)](#)

[JCVI statement on the use of the AstraZeneca Covid-19 vaccine: 7 April 2021](#)

[MHRA advice on possible link between Oxford AstraZeneca vaccine and blood clots](#)

[COVID-19 vaccination: blood clotting information for healthcare professionals](#)

Health conditions and COVID vaccination:

[Health conditions and coronavirus \(COVID-19\) vaccination - NHS \(www.nhs.uk\)](#)

Understanding vaccines:

[FACTSHEET: What's in the Covid-19 vaccines? | Calderdale Clinical Commissioning Group \(CCG\) \(calderdaleccg.nhs.uk\)](#)

British Society of Immunology guide of vaccinations:

[BSIresource A guide to vaccinations for COVID19.pdf \(immunology.org\)](#)

Details for walk-in vaccination sessions in Calderdale:

[Walk-in vaccination clinics | Calderdale Clinical Commissioning Group \(CCG\) \(calderdaleccg.nhs.uk\)](#)



## An Exploration of Vaccine Hesitancy amongst the 'Alternative Community' in the Upper Calder Valley

### Introduction

This report outlines a small scale exploration of Covid Vaccine hesitancy amongst the 'alternative community' in the Upper Calder Valley which was conducted by Hilary Turley from All One Collective and Lab (All1C) and Catherine Bann, Covid Community Response Coordinator at Voluntary and Community (VAC). This work was commissioned by VAC to better understand the range of issues that people from this group were concerned about and how they differed from vaccine hesitancy amongst other groups, for example BAME communities in the area.

The term 'alternative community' is a broad label which refers to a diversity of people, lifestyles, perspectives and opinions. It is therefore difficult to define. However, broadly speaking, this piece of work engaged with people who have backgrounds in environmental and social justice activism and grassroots, direct action campaigns, and people who are involved in exploring, creating and living in ways that challenge and question Capitalism and consumption based lifestyles.

During the period of Covid vaccine development, both Catherine and Hilary had developed an awareness, through conversations with friends and acquaintances, that there were a number of people living locally in the Upper Calder Valley and indeed in other parts of the country, who had a range of questions and concerns about the Covid Vaccine and whose views and perspectives were not being heard or considered either within mainstream media reporting or as part of Public Health messaging. Within the context of a polarised debate around the vaccine, these people seemed to represent perspectives which did not fit the 'Anti-vaxxer' label but were not wholeheartedly in favour of the vaccine roll-out either. Their concerns and questions covered a multitude of issues: The science and technology behind the vaccines, in particular the MRNA vaccines, the possible impact on civil liberties, who was profiting from the vaccine, and the relationship between pharmaceutical companies and the current Conservative government.

The first section of the report explains the impetus for the project, discusses the methodology that was applied and the challenges that this presented. The second part of



the report summarises the key issues that were raised during the engagement process and highlights the learning from the process.

## Methodology

VAC and All1C aimed to convene a group of local people to participate in an online discussion to explore perspectives on vaccine hesitancy in a genuinely exploratory and respectful manner using a dialogue approach. Dialogue has the primary aim of understanding and learning from different perspectives. It differs from debate in that it does not attempt to convince people of a particular perspective and is regularly used by All1C in their work to explore salient and sometimes contentious issues within communities and groups that hold a diversity of values and opinions.

In addition to providing a space for dialogue, a useful goal in itself, the process aimed to develop insight in to these lesser heard perspectives and provide a better understanding of the factors influencing people's behaviours re. Covid Vaccine uptake.

An initial day of work was undertaken to explore the feasibility of convening a group. This involved phone conversations with 7 local contacts to explore their perspectives and to establish whether they were interested and willing to participate in a dialogue session. The aim was then to recruit up to 8 people for an online zoom session which would take 1.5 hours, during which participants would be asked a series of open questions about their opinions and perspectives on the vaccine and the opportunity to both speak and listen to others. Notes would be taken and a summary of the discussions included in a final report.

A flyer and short video explaining the purpose of the group and the aim of the work was produced and this was sent to people who had initially expressed an interest as well as other relevant people in our local networks. Emails were also sent to individuals and shared in some 'What's App' groups. The flyer was also shared on social media, targeting individuals who had expressed interest.

Despite these efforts, we were unsuccessful in convening a group. Although we were unable to proceed with the project in the way we had anticipated, we believe that this situation offers some useful learning about the context in which we were working. These are discussed below.

### Challenges in Convening a Dialogue Session:

The scoping work suggested that convening a group was going to be challenging. Further engagement work to recruit participants for the session reinforced this. The main reasons for this are outlined below:

- Positions on the vaccine are polarised. It was difficult to find people who represented ‘the middle ground’. One woman, who described herself as ‘sitting on the fence’ said that she knew hardly anyone who took the same position as her and that everyone was steadfastly ‘for’ or ‘against’ the vaccine. She expressed that being in the middle was a ‘difficult place to be’.
- Four of the people All1C spoke with were distrustful of the process. In particular they were concerned that the dialogue space would be influenced by the Public Health agenda and that people would be pressured to receive the vaccine during the session. For them, the fact that Catherine’s role at VAC is funded by Public Health was a sign that the space would not be neutral.
- Others expressed fear of judgement in a group setting. Although they were willing to discuss their thoughts on a one to one basis and expressed that they found it useful to do so, they were worried about being attacked for their views in a space with people they didn’t know and had not met. Fear of judgement and attack is likely to have been a factor in the lack of response to the flyer advertising the session on social media. Despite targeted sharing there was very little response. One person responded in a private message, stating her concerns about a ‘backlash’ on Facebook.

Despite being unsuccessful in our attempts to facilitate a group dialogue. Conversations with individuals brought to light a number of useful insights.

### Key Issues:

The following section largely highlights the points that were raised by individuals in the initial scoping conversations as well as other conversations that took place during the recruitment phase. In total, it represents conversations with 11 people. The views and opinions cannot claim to be representative of the ‘alternative community’ in the Upper Calder Valley but do offer some insight into what has provoked questions and concerns amongst this group of people and some of the factors that are influencing people’s decision making on the vaccines.

- People’s questions, concerns and decisions around the Covid vaccine are complex and influenced by a range of different factors based on individual and family circumstances, health conditions, life stage, political beliefs and social perspectives.
- It is important to note that none of the people we spoke to identified as ‘Anti-Vaxxers’. They were strongly resistant to this label.

### Distrust of Government and Pharmaceutical Companies

- Distrust of the Conservative government and the ways in which those in power have benefitted from the crisis – for example the contracting of companies providing Personal Protective Equipment (PPE), reinforced a sense that the whole process – how the pandemic has been managed, as well as the development of vaccines, has been opaque and that the Government is more concerned with profit than protecting people
- Questions about who has been profiting from the pandemic were also linked to distrust of pharmaceutical companies, their relationships with the political elite and an awareness that ‘Big Pharma’ has a history of unethical and even criminal practice which has been driven by the pursuit of profit. The fact that the UK government has granted Pfizer indemnity which protects it from legal action in the event of any problems with the vaccine, was a point of serious concern and raised questions as to why this would happen if the vaccine was safe. One person we spoke to, has a history of activism focused on Genetically Modified Organisms (GMO) and participated in the consumer campaign to stop GMO crops being commercially released in the UK. They were familiar with the way in which pharmaceutical companies forced GMO crops on farmers in the Global South (GM maize in Mexico, for example) with disastrous and fatal consequences.
- This experience also informed this particular person’s questions about the technology behind the mRNA vaccines and the use of Nano-technology:

*“I have a background of deep concern about both genetically modified organisms and also the development of nanotechnology. I spent years of my life involved in the broad consumer campaign to stop GMO crops being commercially released in the UK, beginning by learning about the unpredictable risks they posed, from concerned scientists, who saw the precautionary principle going out the window as it got in the way of profits”*

- This person was particularly concerned that Big Pharma is using the Covid 19 crisis to push through the use of technologies that would usually take much longer to approve:

*“It is certainly clear that the big players have used the pandemic to push radical new technologies through an approval process that would normally have taken a much longer time, technologies which they will now be able to run with in all sorts of profit-creating ways...”*

- Despite major concerns regarding the mRNA vaccines, this person was interested in the development of the [Valneva vaccine](#), a tried and tested vaccine technology

which has been used in the vaccine against the Polio virus and is currently undergoing trials in the UK. Evidence suggests that it could be more effective in tackling Covid 19 virus variants. For this person, the 'Valneva' vaccine offers a way of bypassing the technology they are concerned about and is also a potentially more ethical choice. This person said they would be willing to take this vaccine when it was approved, not for their own benefit but as an act of social responsibility.

- Distrust of Pharmaceutical companies also extended to concerns about inequality of access to the vaccine on a global level. Access to Covid vaccines in the Global South continues to be severely restricted due to Pharmaceutical companies inhibiting the production of cheaper generic versions through patents. Some people voiced concern that Big Pharma have improved their reputations through the development of Covid vaccines yet continue to be driven by profits for shareholders rather than the health of humanity.
- Some people we spoke to also had questions and concerns about the NHS and its' role in the roll out of the vaccine. For some this came from a distrust of the health system which they see as promoting pharmaceutical responses over holistic practices, regardless of their efficacy. Some felt they had personally suffered as a result of these practices, which had led them to explore 'alternative' and holistic health practices. One person we spoke to, a health professional who works for the NHS, expressed real concern about the use of practices that are not evidence based. For her, this had implications for the unquestioning roll out of the vaccine:

*“Every day I work a shift, I am supposed to turn a blind eye to a range of practices that are not evidence based, and in fact are shown to cause more harm than good, by the evidence sources we are supposed to respect. I sit in staff rooms where this is even acknowledged by senior colleagues, who say “well, but we can’t do anything till the national guideline changes, it’s due to be reviewed in a few years”, or my own level colleagues, who say “I know, it’s awful, isn’t it, but that’s just the way the doctors do it here. Once [xxx] retires, I expect things will change...”*

*So basically, I do not trust multinational corporations, (nor governments heavily influenced by them, as we know ours is), and sadly I don’t even trust the NHS I work for.”*

## Difficulties in Accessing and Navigating Information

- Nearly everyone we spoke to raised concern about how difficult they found it to navigate online information. Those who had attempted to do their own research regarding the vaccines, said they found it very difficult to access balanced debate.

They felt that mainstream media was completely ignoring some valid questions and that people like themselves were being unfairly disregarded as ‘Anti-vaxxers’ by people in full support of the vaccine roll out. This left some with a sense that the ‘cautious and concerned’ were being silenced. In their search for information, some had been led to conspiracy theory sites, which led to more questions and uncertainty about who to trust.

## Civil Liberties

- Concern about the wider impact on civil liberties were also relevant to the people we spoke to. For example, two people were concerned about the possible use of vaccine passports and in particular, the impact that this might have on asylum seekers, who are already under heavy surveillance by the state. Others were deeply concerned about how socially divisive the vaccine debate had become and the idea that they are being asked to compromise confidentiality around their personal health choices in order to participate fully in society. For one person this took the form of social pressure at work to have the vaccine. As an NHS worker she stated that she felt that she had no choice and had done it despite feeling uncomfortable about doing so. She gave the example of a colleague who had decided not to have the vaccine. This had become public knowledge in the work place and her colleague was now ‘very unpopular’ with her colleagues.

## Individual health status

Individual health circumstances was also an important factor their decision about the vaccine. However, it formed only part of their decision and was considered alongside many of the other issues raised in this report. For example, having an ongoing health condition that left their immune systems weak, being peri-menopausal and feeling ‘very healthy’ were all reasons that people gave for not wanting to take the vaccine. These people acknowledged the need to take sensible precautions - wearing a mask and doing regular lateral flow tests for instance. They also had a sense of the common good and of social responsibility. However, they felt that there was a lack of clarity around long term effects of the vaccine and did not want to take what they saw as too great a risk at this stage. They did not rule out having the vaccine in the future.

## Vaccine Resistance

Another person viewed the vaccine in the same way that they view excessive use of antibiotics. They were very conscious that over-prescription of antibiotics is causing issues, as diseases mutate and become resistant to this treatment. This is having a negative impact on society as a whole. This person saw that there were a number of different vaccines in circulation, as well as understanding that Covid-19 is mutating constantly with new

variants that have different levels of vaccine-resistance. Their belief was that if people with very healthy immune systems could rely on their own bodies to fight Covid, this would be better than in the long term than having everyone immunised with vaccines that become less reliable as Covid-19 mutates. They were unsure about getting the vaccine on this basis, though had a very strong sense of social responsibility. If the evidence emerged that vaccine prevented transmission, they were very likely to decide to be vaccinated.

## Ethical Decision Making

For a number of people we spoke to, a decision not to have a vaccine, or to at least be very questioning of the vaccine, was a question of ethics and a position which challenges the mainstream, more widely held belief that having the vaccine is the most ethical choice. The following quote clearly illustrates this alternative perspective:

*“Now I am very lucky to be an extremely healthy person. This means that if I choose to have a vaccine, I would be doing it only to protect the community, not with any concerns for myself in mind. I am no stranger to making personal choices that are not easy ones, in order to protect the community, both local and global. These have included working repeatedly in conflict zones as a human rights worker, including sustaining a life-threatening injury, choosing never to own a car, and for decades now, not to fly for recreational reasons. I have also put my personal freedom on the line attempting to hold the government and corporations to account for their involvement in climate harm, human rights abuses, etc....It is actually these ethics that have led me to make the above choices, that have also led me to conclude that I can have nothing to do with the vaccines currently available to me (and incidentally currently withheld from so many more, globally, with a much greater need of them)..”*

## Conclusion

The aim of this report has been to bring to light some of the little heard, alternative perspectives regarding Covid vaccine hesitancy held by people in the Upper Calder Valley. This was an exploratory piece of work, and is not a piece of representative research. It is therefore not possible to make any concrete conclusions or recommendations from it. However, the following points comment on the process and make some tentative suggestions.

- Undertaking exploratory community engagement on a highly contentious and emotive issue whilst still in the pandemic is sensitive and challenging work. In order to convene a dialogue group, more extensive trust building work would have been

required to bring people together for group discussions and this takes time and resources.

- Some of the people we spoke to showed interest and desire to explore further the issues raised. Many of those we had conversations with expressed that this was helpful in enabling them to process their thoughts. They valued being able to discuss with someone who withheld judgement. This suggests that there is a need for dialogue spaces and/or 1-1 conversations to explore divisive issues such as the Covid vaccine and to understand different perspectives.
- It is not possible to establish how representative the people we spoke to are of the views in the 'alternative community' in the Upper Calder Valley and it is difficult to say how significant this minority is. Anecdotally, during this piece of work, it emerged that the 'Centred Community', an alternative, holistic health community centre based in Sowerby Bridge, is growing in terms of its' local presence. It is understood that the centre is attended by people who are opposed to Covid restrictions, are questioning/opposed to the vaccine and are working to create a space which is free from covid restrictions and vaccination information. However, we cannot say how influential it is in shaping people's perspectives on the Covid vaccines.
- As people are given the choice about which vaccine to take, those who are hesitant may be more likely to have the vaccine. Indeed as one person suggested, the Valneva vaccine might be more appealing to people who are particularly concerned about the actions of Big Pharma.