

The COVID-19 Vaccine

VIEWS OF PEOPLE IN PRISON



A BIT ABOUT US

EP: IC is an engagement and research organisation working in social and criminal justice and passionate about social change.

- Our team is made up from people with lived and learnt experience of social issues, including prison.
- We use involvement platforms to amplify marginalised voices
- We work with whole systems because we believe everyone is needed around the table to enable shared understanding of any issues and shared agreement of any changes.
- We are independent.

We hope, through all our work – we EMPOWER PEOPLE and INSPIRE CHANGE

OUR WORK IN CRIMINAL JUSTICE

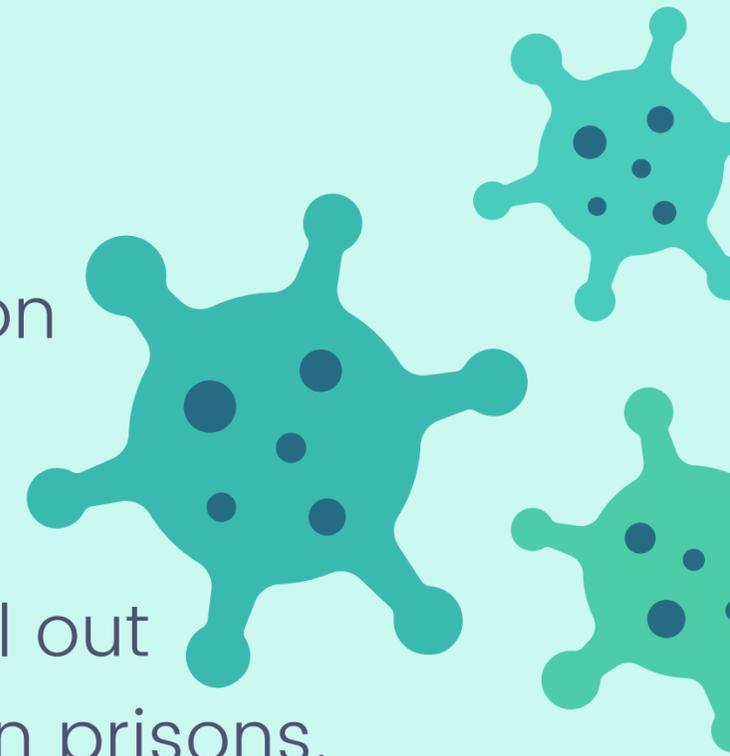
In the last two years we have worked in over 70 criminal justice settings including working regularly in prisons across South East England and the West Midlands

Our work is wide-ranging but we specialise in Health & Justice.

Since March 2020, we have engaged with nearly 3000 people in prison and have been exploring the physical and mental harm of lockdown

We have also been involved in supporting research relating to the roll out of using video link for healthcare, Covid-19 testing and vaccinations in prisons.

We have worked with 19 prisons to engage with patients during the pandemic, and present to board meetings to ensure they are heard.



VACCINE ENGAGEMENT



To support healthcare services and prisons in preparation for the roll out of the COVID-19 vaccine, EP: IC engaged with patients in nine prisons.

The consultation was undertaken using surveys. Surveys were distributed to a sample of patients in each prison and these were collected within two weeks with the support of local healthcare services or EP: IC's in-prison team (healthcare reps).

- **805 people participated**
- **91% Male 9% Women**
- **62% White, 13% Black, 7% Asian, 6% Mixed Heritage, 5% 'other'**
- **35% Foreign Nationals**

Key headlines

The average reported intended uptake across the prisons is 78%.

19% said they would decline a vaccine.

The older the group, the more likely they are to accept a vaccine

- Under 21 were the least likely (less than 50%)
- 80+ were the most likely (100% acceptance)

White and Asian people were more likely than Black or Mixed Heritage people to accept the vaccine (around 75% compared with around 58%)

35% foreign nationals - 65% would feel safer on deportation.

UPTAKE OF VACCINE



Incr

BARRIERS

EVEN AMONGST THOSE WHO WANT THE VACCINE, THERE WERE CONCERNS.

1) Side effects and risks

The greatest concern and barrier related to unknown side effects and long-term risks.

Some patients were worried about the interaction of the vaccine with current medications and existing health conditions.

For women, there was concern around whether the vaccine would affect fertility.

“No one knows the long-term effects, and no one can convince me it’s safe.”

“What do we know about what it does to fertility? I want to be sure this is safe for the future.”

BARRIERS

“Vaccines like this take years and years to develop. It can’t be done in a few months. It will go wrong or kill someone.”

2) The speed of development and approval

There was concern at the speed at which the vaccine has been developed.

We found this to be a recurring theme.

Patients struggled to rationalise safety concerns against how quick the vaccine was developed.

Many believed there were too many uncertainties and unknowns to feel confident enough to take the vaccine.

BARRIERS

3) Trust

One of most significant barriers related to trust.

This mistrust was across many institutions and systems, including the government, prisons, medical professionals, as well as in vaccine programmes.

There were some patients in all prisons whose distrust ran deeper and had developed into more serious conspiracy theories and thinking.

There were multiple concerns that people in prison were being used as guinea pigs.

“I don’t trust the government. It’s all a hoax. You can’t trust any of them.”

“I feel it is a pre-planned virus and is a way of the government trying to make money and populate the human race; don’t trust vaccines, do not want it, it’s corrupt.”

BARRIERS

"If I get COVID, I'll have the vaccine, but right now I am fit and healthy and don't need any jab to make me well."

"Nah, they wanna inject you with COVID and I don't wanna be ill."

4) Misunderstanding of the virus and vaccine

There is a lack of understanding around COVID-19, particularly from younger patients and minority groups.

We saw a lack of understanding of the purpose of the vaccination. For example, some patient groups said they would only accept the vaccine if they caught COVID-19 and others saying they had no need for it as they experienced good health.

Some people were put off by their belief the vaccine involved injecting COVID-19 into their system.

BARRIERS

5) Lack of information

Patients were crying out for more information about the vaccine.

Clear health promotion and communication would go some way towards dispelling the aforementioned concerns.

At the time of the consultation, there was changing advice for people with severe allergies which was causing further concern.

There were also concerns about the level of protection against emerging variants.



“Have you seen the news about allergies? I have allergies so this is a major concern for me.”

BARRIERS

“What animal products have been used. I am vegan and worried about it.”

“I will not have a vaccine; God will protect me.”

6) Faiths and beliefs

Mostly, comments relating to how faith impacts the decision to take a vaccine came from BAME patients – Islam and Christianity were mentioned most frequently.

Patients influenced by faith tended to believe that it was God’s will if they contracted the virus and that their God would keep them safe if they became unwell from COVID-19.

Further, those whose beliefs did not allow them to use or consume animal products, or where animal products needed to be prepared in a certain way according to their faith, sought reassurance around the question of how animals or animal derivatives are used in the development or make-up of the vaccine.

MORE THINGS TO CONSIDER

Most people believed it was important to vaccinate those who were vulnerable or high risk first.

People see staff members as a high risk group and feel strongly they should be vaccinated so they do not bring the virus IN to prison

People in prison are frustrated by 22 hour + 'bang up' for over a year. Many believe having a vaccination will help the prison 'get back to normal'. This needs careful management.

Some told us that they are not telling prison staff if they are symptomatic because of the way they are treated in isolation - making this a risk.

“It makes sense to get to those who are at risk, the elderly or people who have certain conditions.”

**Everyone should get it at the same time.
It's not fair otherwise - officers, healthcare and all visitors to prisons.”**

NEW LEARNING

Since the roll out we have heard....

- The suspension of the AZ vaccine in some countries has increased hesitancy.
- Those on short sentences are waiting until released (more trust in community services).
- Some people have experienced short term side effects, (feeling unwell) and this has put others off, especially those with something coming up (like an appointment/video visit)
- There remains a lack of information specific to people in prison available.
- Some prisons remain outbreak sites, where people have contracted COVID-19, they are 'taking their chances' with natural immunity.

RECOMMENDATIONS

- **Open up whole prison dialogue with patients, prison staff and healthcare.**
 - **Wing meetings and one-to-ones with those expressing health related concerns.**
- **Explore the views of BAME patients more extensively and work with Chaplaincy to learn more about faith related views**
- **Educate the community about efficacy, safety, process and side effects.**
- **Share information in a variety of ways, including verbal updates of correct information, and update regularly when changes are made.**
- **Use evidence-based information to counter conspiracy related thinking.**
- **Consider whole prison community roll out, including staff, to alleviate suspicion and increase chances of recovering the regime.**
- **Utilise reps to inform others – or as part of the vaccination workforce.**
- **Improve quarantine experiences for those experiencing COVID-19 symptoms.**
- **Re-visit those who initially refuse a vaccine**

QUESTIONS?

You can contact us at research@epicconsultants.co.uk

You can see more of our work at www.epicconsultants.co.uk

