

# Young people missing from vaccine services

Research conducted by **YouthLink Scotland**,  
commissioned by **Public Health Scotland** and  
funded by the **Scottish Government**

May 2026



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# Executive Summary

## Why we completed the research

In 2025, **YouthLink Scotland**, the national agency for youth work, was commissioned by **Public Health Scotland**, Scotland's national public health body, and funded by **Scottish Government** to explore why some young people are missing from vaccine services. This related to concerns about a decline in the uptake of vaccines by young people and widening inequalities. Public Health Scotland had identified that we have not heard enough from young people aged 11-18 about their experiences of vaccine services.

## Who took part in the research?

**Over 800 young people and 15 parents and guardians across Scotland shared their views with us through a national survey and focus groups.**

A participatory research approach was taken to the focus groups across six youth work organisations including **Hawick High School, Aberdeenshire Council, Passion4Fusion, One Community Scotland, Go! Youth Trust** and **YMCA Tayside**.



## What did we find?

- Young people were most aware of the flu vaccine and had some confusion about other vaccines such as Human papillomavirus (HPV).
- Schools and health centres were both important spaces for having vaccines and learning about vaccines.
- Encouragingly, the majority trusted healthcare professionals (in the NHS) to provide them with information and would like any campaigns to be delivered by them.
- There are fears and anxiety about having vaccines, particularly in relation to needles and side effects.
- Young people are looking for trustworthy, relatable information and reassurance about vaccine benefits and safety.
- They believe that campaigns in schools and on TikTok would be most effective. The campaigns should include honest communication about the consequences to themselves and others, positive vaccine experiences, that vaccination is voluntary, accurate information including side effects and providing reassurance about safety and the use of the needle.
- Young people would like some practical changes as to how vaccines are administered including safe, private spaces rather than in school halls. They would also appreciate reassurance and distractions.
- A key takeaway from this research is that young people have clearly shared that they want more information from trustworthy sources. They don't want to be patronised; they want to understand the benefits and the risks of taking vaccines.





# About the research

## Why we completed this research

In 2025, YouthLink Scotland, the national agency for youth work, was commissioned by Public Health Scotland, Scotland's national public health body, and funded by Scottish Government to explore why some young people are missing from vaccine services. This related to concerns about a decline in the uptake of vaccines by young people and widening inequalities<sup>1</sup>. Public Health Scotland had identified that we have not heard enough from young people about their experiences of vaccine services.

### The type of vaccines we are talking about include:

- **MMR** (Measles, Mumps and Rubella)
- **Flu** (Influenza)
- **HPV** (Cancers and infections caused by human papillomavirus)
- **DTP** (Diphtheria, tetanus, and polio)
- **MenACWY** (Meningitis and septicaemia (blood poisoning))

## What does the literature say?

The Royal College of Paediatrics and Child Health<sup>2</sup> reported in 2025 that the uptake of vaccines in the UK has stalled and there are declining rates of childhood vaccination. The report highlights three primary areas for strengthening vaccination access, uptake and equity. These include:

- **Easier access to vaccine services** – including practical barriers such as inflexible appointments, travel costs etc
- **Improving immunisation data systems** – the need for different systems to track vaccinations status and data sharing between healthcare settings
- **Strengthening public information, education and communication** – community outreach strategies and clearer information for parents.

To better understand young people's perspectives, in 2025, Public Health Scotland

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1 [HPV immunisation statistics Scotland - School year 2024/2025 - HPV immunisation statistics Scotland - Publications - Public Health Scotland and Teenage Td/IPV and MenACWY Immunisation Statistics Scotland - School year 2024/25 - Teenage Td/IPV and MenACWY Immunisation Statistics Scotland - Publications - Public Health Scotland](#)

2 [Royal College of Paediatrics and Child Health \(2025\) Vaccination in the UK: Access, Uptake and Equity: Policy Report.](#)

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included a question about vaccines in Young Scot’s Truth About Youth survey<sup>3</sup>. 2,464 shared their views on the factors that are important to them when deciding whether to get a vaccine that protects against diseases such as HPV, meningitis, tetanus and polio. 70% said that believing the vaccine is safe was most important, followed by believing the disease the vaccine will protect me from is serious (64%). This data has been an important building block to further explore young people’s views in this study.

## How we went about the research

**We used a survey and focus groups to allow us to hear different perspectives from across Scotland.**

### Survey

An online survey was used to hear from as many young people aged 11-18 years as possible. All questions in the survey were optional to complete, except two questions at the start which asked the respondent to confirm they were aged 11-18 years and that they consented to participate. While 1,012 respondents consented to take part, over 700 respondents participated in the follow up questions. The percentages are calculated based on the number of responses (n) to each question.

### Young people missing from vaccine services research

2. Have you seen/ heard about any of the following vaccines before, and if so, was what you heard mainly (one answer per row):

	Not heard about this vaccine	Positive	Negative	A mixture of positive and negative	Don't know
MMR (Measles, Mumps and Rubella)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Flu (Influenza)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HPV (Cancers and infections caused by human papillomavirus)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DTP (Diphtheria, tetanus, and polio)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
MenACWY (Meningitis and septicaemia (blood poisoning))	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

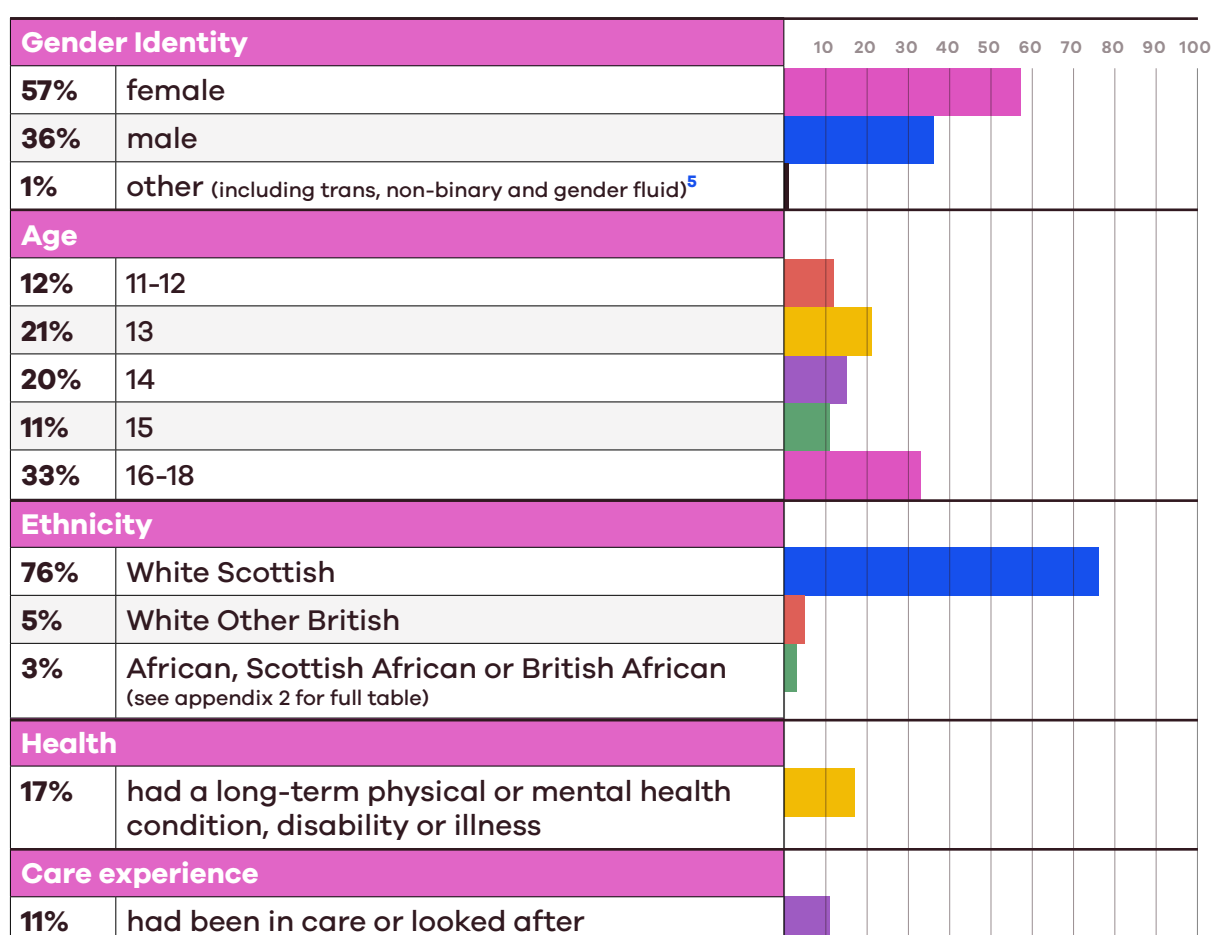
3 [Truth About Youth: Our 2025 insights survey - Young Scot Corporate \(page 52\)](#)



The project advisory group provided advice and feedback on the development of the survey questions. The questions were also piloted with a young person from YouthLink Scotland’s Youth Hub who provided feedback. The survey was created on Survey Monkey. The survey was then shared through YouthLink Scotland’s networks and through Young Scot and Public Health Scotland’s social media channels. On completion of the survey, respondents were provided with a code to receive 150 Young Scot reward points.

## Who took part in the survey?

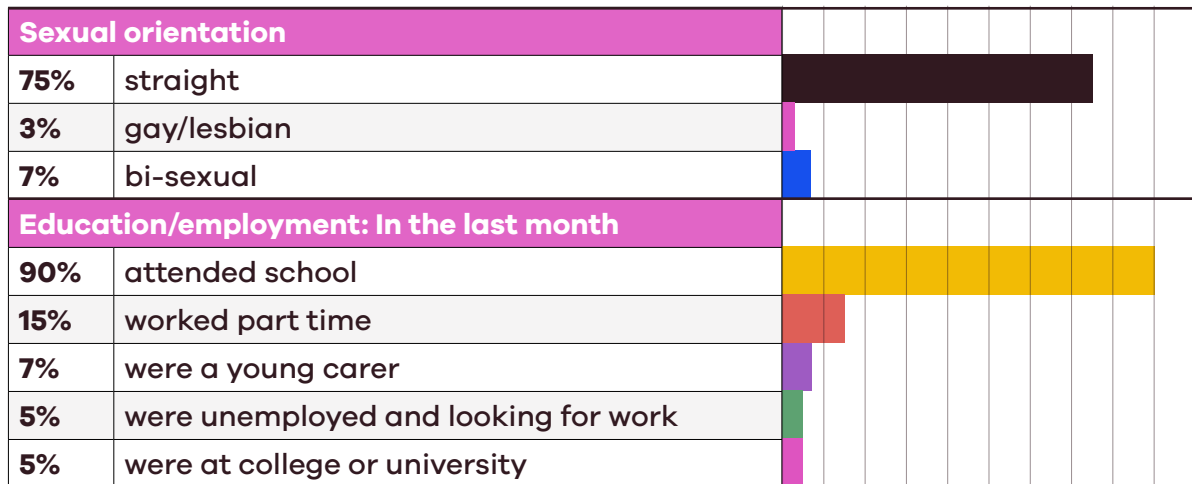
**Between 704-713 respondents shared their demographic data as part of the survey.** What we learned about the young people taking part included<sup>4</sup>:



<sup>4</sup> Gender (N=712), Age (N=713), Ethnicity (N=713), Long-term physical or mental health condition, disability of illness (N=709), Been in care or looked after (N=709), Sexuality (N=709), In the last month (N=704)

<sup>5</sup> The question used in this survey did not differentiate between biological sex and gender identity.





We asked young people to share their postcodes in the survey so we could examine where in Scotland they were completing the survey from and assess the postcodes based on The Scottish Index of Multiple Deprivation (SIMD<sup>6</sup>). In this tool, a postcode located in SIMD 1 is from the 20% most deprived communities compared with SIMD 5 which represents the 20% least deprived.

A total of 375 young people chose to share their postcode, however, only 246 were usable in the SIMD tool. The following table shows the spread of postcodes, highlighting that of the 246 postcodes used, the majority of young people lived in the least deprived communities in Scotland. Since there is information missing on SIMD for two thirds of respondents, it is difficult to draw conclusions about the proportion of respondents who are living in deprived areas.

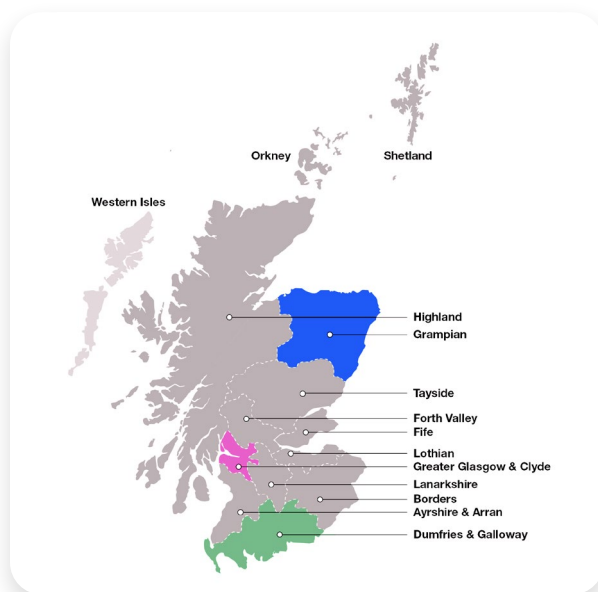
**Table 1 – SIMD 2020 quintile of young people completing the survey**

SIMD 2020 quintile	Number of young people
1	22
2	26
3	72
4	78
5	48
Not possible to calculate SIMD as postcode information incomplete or not provided	461

6 [Scottish Index of Multiple Deprivation 2020 - gov.scot](https://www.gov.scot/publications/simd2020/)



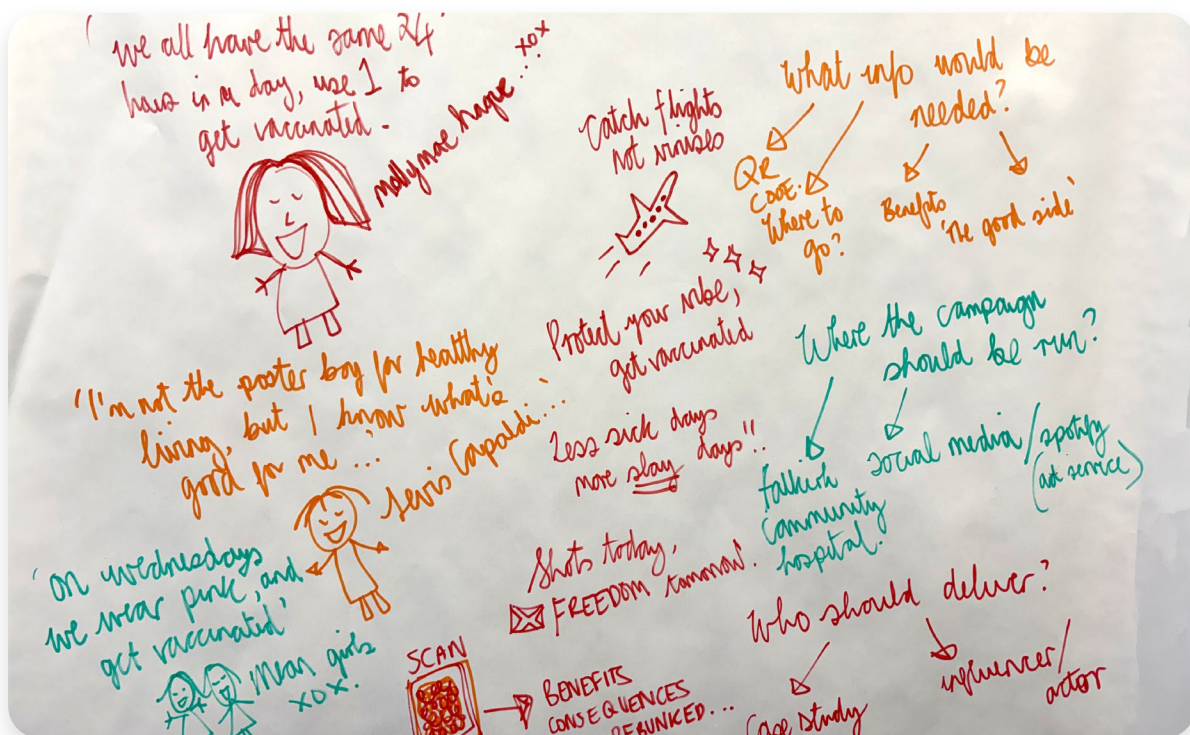
Analysis of the available postcodes (N=375) showed that there was representation from 13 health boards, the only health board not represented was Western Isles. The most represented was **Grampian (40%)** followed by **Greater Glasgow and Clyde (13%)** and **Dumfries and Galloway (10%)**. Some health boards only had between 1-9 responses, so to ensure the anonymity of the respondents they will not be reported here.



## Focus groups

### Approach

The decision was made to use a participatory research approach<sup>7</sup> which would draw on the youth work principles – young people choose to participate, it builds from where they are and youth workers and young people are equal partners.



Notes from the focus groups

<sup>7</sup> <https://library.ed.ac.uk/research-support/participation/what-is>



## **Youth work organisation selection**

Using YouthLink Scotland's networks, youth work organisations were invited to apply to be part of the research. Six youth work organisations (see appendix 3 for more information on the youth work organisations) were selected to take part based on an assessment of the applications between YouthLink Scotland and Public Health Scotland. The criteria included – urban/rural/community of interest and representation of young people from diverse backgrounds and lived experience.

Four of the youth work organisations were selected to run a focus group with up to eight young people. These organisations included:

- **Aberdeenshire Council** (Community Learning - Youth & Communities)
- **Hawick High School** (Youth Work Provision)
- **YMCA Tayside**
- **One Community Scotland**

Two of the six organisations were selected to run a focus group with young people plus an additional focus group with up to eight parents and guardians due to their existing relationships with parents and guardians. These organisations included:

- **Passion4Fusion**
- **Go! Youth Trust**

Each youth work organisation was provided with funding for their participation in the research.

## **Training**

Two youth workers per organisation were provided with online training delivered by YouthLink Scotland to become practitioner researchers. This training included research ethics, data protection, how to ask the questions and creative approaches to running the focus groups (flexible for the needs of the young people, parents and guardians). The practitioner researchers were provided with topic guides (questions for the young people and parents/guardians), consent forms (for the young people) and a demographic form to complete with the young people and parents/guardians for us to better understand the characteristics of the focus group attendees. They were also provided with a checklist and clear instructions about how to organise, conduct and securely share the audio files with YouthLink Scotland after the focus group (see appendix 4 for the young person topic guide).



### **Conducting the focus groups**

The practitioner researchers organised the focus groups and ran them the week beginning 12th January 2026. The focus groups were conducted either in person or online, with young people and parents/guardians who accessed their service. Each focus group attendee was provided with a £20 voucher as a thank you for their participation. The practitioner researchers audio recorded the focus groups and then shared the file via WeTransfer with YouthLink Scotland who then securely stored the audio file and arranged for transcription.

### **Coding and reflection day**

The practitioner researchers were invited to attend an in-person coding and reflection day facilitated by YouthLink Scotland on 13th February 2026. The practitioner researchers were supported to both reflect on the experience of conducting the focus groups and to take part in a collective coding process. This involved being provided with a transcript from their focus group and being guided on how to code the data (draw out the key themes). As a group they then reflected on the similarities and differences in emerging themes. The following report is based on this coding and further analysis by the Senior Researcher at YouthLink Scotland using the analysis software Quirkos.



Practitioner researchers at coding and reflection day

## Ethics

This research project received ethical approval from the Public Health Scotland Ethics Committee, and a data protection impact assessment was completed. These processes helped ensure that the researchers, young people and parents/guardians and data have all been kept safe during the process of the research.

- **Consent** – young people were provided with a consent form to co-sign with their parents/guardians if they were under 16 and to sign themselves if 16 or older.
- **Information sheets** – all participants were provided with an information sheet outlining their participation in the research, including expectations, how their data and anonymity will be protected, support organisations, who to contact if they have any questions or concerns and incentives for taking part.

## Who took part in the focus groups?

### Young people

Six focus groups were held with young people in Glasgow, Edinburgh, Scottish Borders, Aberdeenshire, Falkirk and Dundee. Table 2 outlines the demographic breakdown of the young people who took part.

**Table 2 – Demographic breakdown of young people who took part in focus groups**

Number of young people:	Gender:	Age range:	Ethnicity:	Additional Support Needs:
41	18 Males 22 Females 1 trans young person	11-21 years	African Black British Black Scottish Scottish Asian Scottish African White British White Polish White Scottish	Social, emotional and behavioural needs ADHD Autism Foetal Alcohol Syndrome



## Parents and guardians

Two focus groups were held with parents and guardians in Glasgow and Edinburgh. Table 3 outlines the breakdown of the demographics of the parents and guardians who took part.

**Table 3 – Demographic breakdown of parents and guardians who took part in focus groups**

Number of parents and guardians:	Gender:	Age range:	Ethnicity:
15	13 females 2 males	31-57 years	6 White Scottish 9 New Scots



Practitioner researchers at coding and reflection day

## Strengths and limitations of the research

A key strength of this research was using a participatory research approach, in which youth workers were trained to become practitioner researchers. The benefits included:

- **Rich data** - This helped produce rich data, as the young people were comfortable with the youth workers ensuring that they were open during the discussion.
- **Workforce development** – Developed the skills and confidence in the youth work teams in conducting focus groups and analysing data. These are skills that they can use in future practice.

A key strength was youth workers conducting the focus groups, drawing on their relationships with the young people. A reflection however, is the line the youth workers are then negotiating with young people as youth workers and practitioner researchers. Youth workers are trusted adults for the young people and as such the young people are used to openly sharing with the youth workers. However, during the focus group they are being recorded for a research purpose and the youth worker is taking on a different role with them. The training included a discussion about creating boundaries with young people and ensuring they were clear about the role they were playing in the focus group.

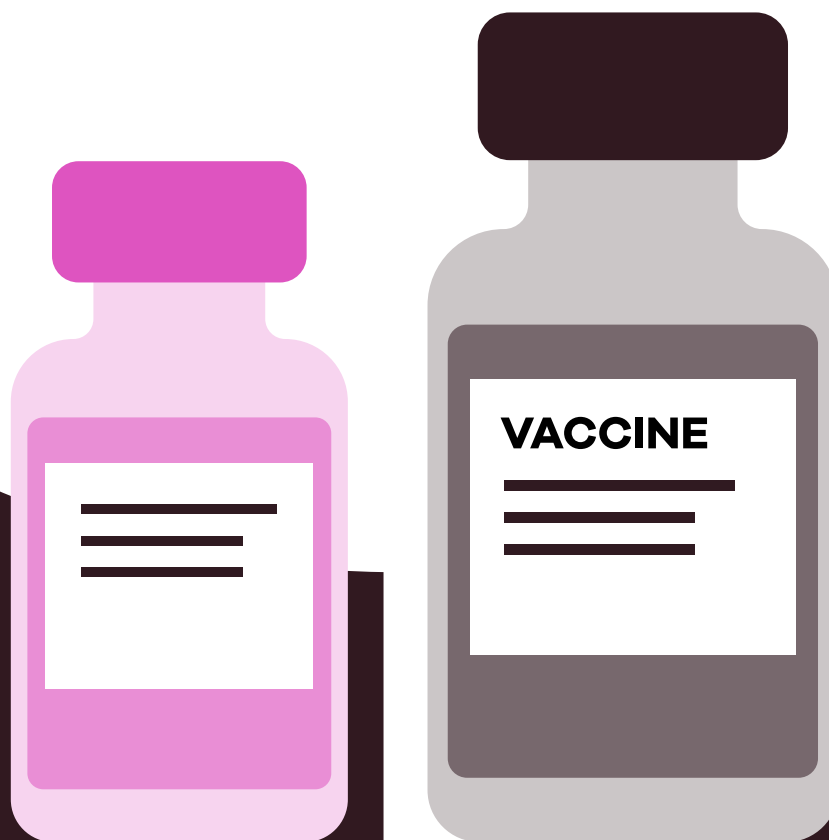
It should also be noted that this research engaged with a relatively small number of young people and parents and guardians in the focus groups. This has implications for the generalisability of the research findings. However, the mixed methods approach to this study through the use of a survey and the spread of the focus groups across Scotland help us to share some meaningful insights into the views of young people.





## Key findings

The key findings sections are structured into three themes – **understanding vaccines, vaccine information, and encouraging young people to take up vaccines**. The findings draw upon the data from both the survey and focus groups with young people and parents. Young people and parents/guardians will be kept anonymous in the presentation of the findings. The quotes will be labelled with FG to represent the focus groups. The number after FG represents which focus group the quote was taken from, only the Researcher knows which number relates to each focus group. Some quotes are also taken from free text responses in the survey, these are clearly labelled.





# Understanding vaccines

A key element of this research was finding out how much understanding young people and parents/guardians have of vaccines. This included the vaccines they could name, where they could have vaccines in their community, why some young people might not have vaccines and reasons why they would choose to have them.

## Naming vaccines

COVID-19 and flu were the most well-known vaccines amongst young people taking part in the focus groups.

**“When I think of vaccines I normally think of like the flu vaccine or COVID vaccine because they’re the ones that most people would know”**

— (Young person, FG6)

The HPV (human papillomavirus) vaccine was also known but not well understood by the young people in the focus groups, as demonstrated in this interaction between a young person and the Practitioner Researcher.

**“Young person - Is there like a H-**

**Interviewer - HPV.**

**Young person - HPV yeah.**

**Young person - Is there a cancer one?”**

— (Young people FG1)

More confusion was shown in a focus group where a young person asked if there was a vaccine to help prevent breast cancer (there isn’t one available currently).

**“Is there not a breast cancer one?”**

— (Young person, FG5)

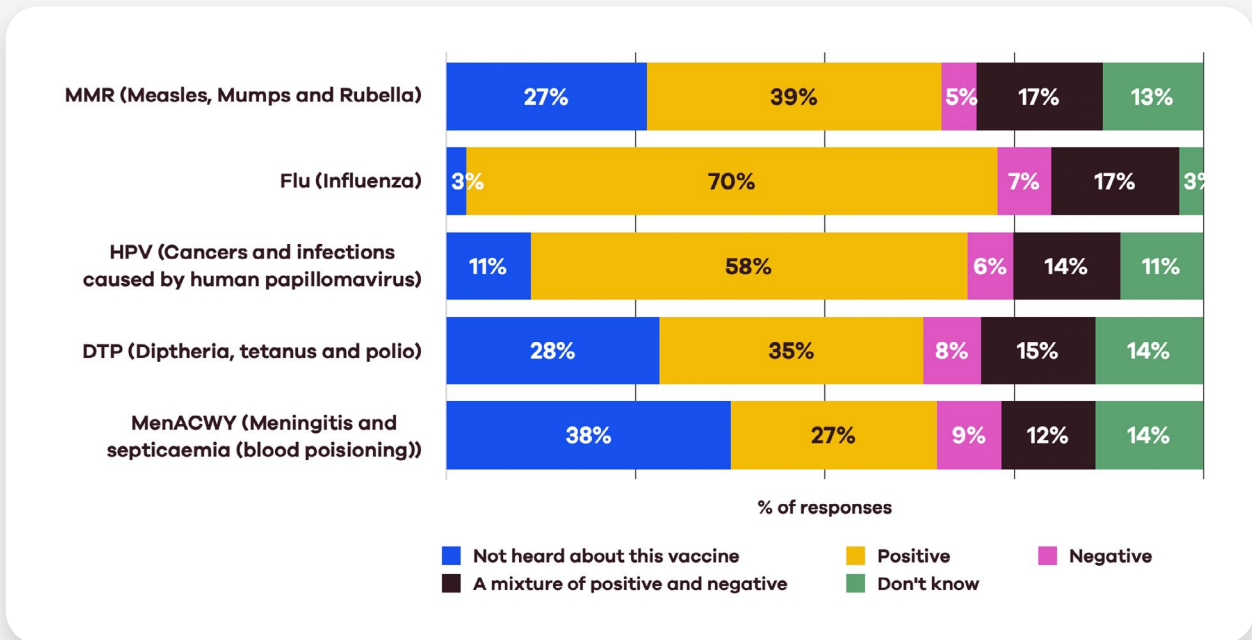
In the survey, young people were asked whether they had heard or not heard of specific vaccines. 765 young people completed this question (see chart 1 for full breakdown of responses).



- **38% had not heard of the vaccine MenACWY** (Meningitis and septicaemia (blood poisoning))
- **28% had not heard of DTP** (Diphtheria, tetanus, and polio)
- **27% had not heard of MMR** (Measles, Mumps and Rubella)
- **11% had not heard of HPV** (protects against cancers and infections caused by human papillomavirus)
- **3% had not heard of Flu** (Influenza)

**Chart 1 – Responses from survey on what they have seen/heard about vaccines**

Q2 Have you seen/ heard about any of the following vaccines before, and if so, was what you heard mainly? (n=765)



However, interestingly during focus groups the young people shared what came to mind when they think of vaccines which presented a mixed picture. On the one hand, many thoughts of needles and blood and being stabbed.

“Needles, blood, hospitals” — (Young person, FG1)

“A stab in the arm” — (Young person, FG4)



On the other hand, they also talked about nasal sprays and prevention of illness.

“In school like getting the nasal spray” — (Young person, FG2)

“When I hear the word vaccine I think of something life changing like someone might be dying from a disease and when they get a vaccine, they might be better and like they don’t die or something” — (Young person, FG6)

## Where they can have vaccines in their community

The majority of young people talked about having vaccines in school.

“I usually get vaccines at school, like at school that’s kind of the place where I get vaccines”

— (Young person, FG6)

Other community places mentioned included hospitals, doctors’ surgeries, chemists and clinics in shopping centres.

Of the 754 young people who answered the question in the survey about where they would be happy to have a vaccine, the top three locations included (see appendix 5 for chart of responses):

- **78%** school
- **63%** GP practice or health centre
- **37%** pharmacy/chemist

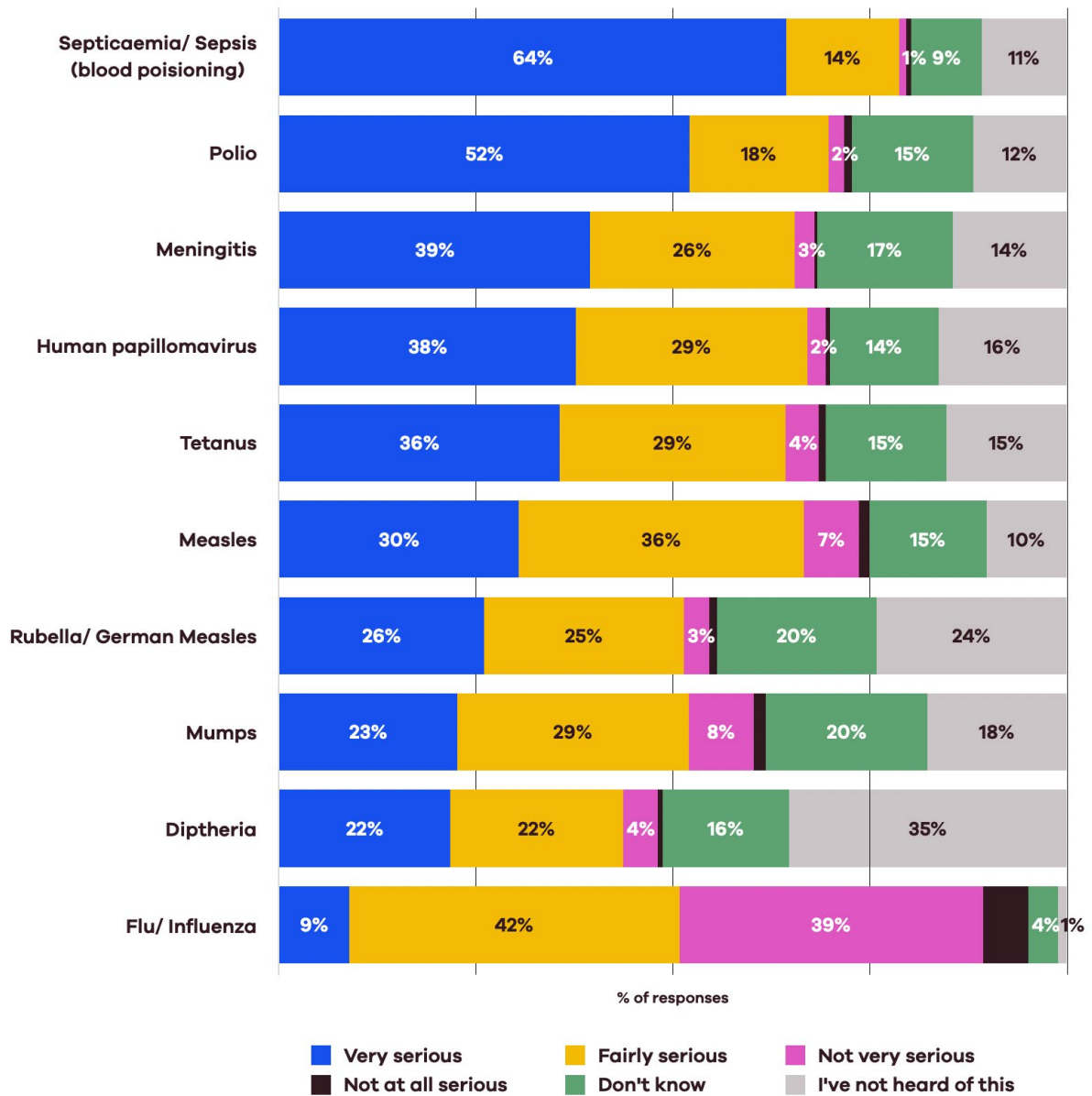
## Seriousness of catching or developing diseases/ infections/conditions

**761 young people shared their views on the seriousness of catching or developing diseases/infections/conditions.** The majority (64%) believed that developing Septicaemia/ Sepsis (blood poisoning) was very serious followed by polio (52%). 42% felt catching the flu was fairly serious, though 45% thought it was not very serious or not serious at all. 40% believed developing meningitis is very serious followed by Human papillomavirus (HPV) at 38% (see chart 2 for full breakdown of responses)



## Chart 2 – Responses from survey on seriousness of catching or developing diseases/injections/conditions

Q4 How serious do you think it could be if you caught or developed any of the following diseases / infections / conditions? (n=761)



## Why young people might not have vaccines

Young people were able to reflect on the reasons why they and other young people might not have vaccines.

### Concerns about side effects

A concern shared included the potential for vaccines to cause both short-term and long-term health issues. Of the 758 young people who shared what factors might stop them getting a vaccine, the biggest concern was side effects, selected by 38% of respondents.

The short-term side effects of concern to young people included headaches, light headedness and nausea after the flu vaccine, and sore arms with any vaccines. For parents, there were concerns about the side effects both for themselves and their children.

**“The side effects of taking this vaccine, what becomes of me, will my body be itching, will I sleep too much or will the place swell up or something”**

— (Parent, FG2)

**“I guess if they think there’s any immediate side effects as well, they might not want to. Yeah, the ones that give you a really sore arm, there’s peers going about and punching them in the arm”** — (Parent, FG1)

The short-term side effects appeared to cause concern but would not prevent the young people from taking the vaccines. The concerns about long-term health issues include hearing that the vaccines can cause heart issues and autism, but they did not necessarily believe what they had heard.

**“I heard that the COVID one can cause long term side effects like heart infections”** — (Young person, FG5)

**“I’ve heard that they apparently cause autism and I don’t believe that”**  
— (Young person, FG4)



For some parents who are New Scots and have experienced vaccinations in other countries, there was concern about long-term health issues which created hesitancy about whether they would encourage their own child to have a vaccine.

**“So, I have seen a child who took one vaccine and then the child ended up having brain issues” — (Parent, FG2)**

## Fear of needles

The second biggest concern for 34% of young people who completed the survey was a fear of needles (28% for boys and 39% for girls). This was also a significant concern highlighted in the focus groups as to why young people might decide not to have a vaccine.

**“Like needles are scary for some people” — (Young person, FG1)**

**“I would say one of the most reasons why people don’t take vaccines is because they’re scared of something sharp going up to the arm and generally there are good reasons like the vaccine is not purposely made to hurt people, rather to help people in the long term” — (Young person, FG3)**

**“Because I don’t like needles so one time I turned up and just didn’t get it because I was scared of it” — (Young person, FG4)**

**“Like one of my friends has a really bad fear of needles so that could also be one of the reasons because the needle burns their skin” — (Young person, FG6)**

The parents also identified needles as being cause of fear amongst young people. There was a discussion in one of the parent focus groups about whether it would be possible to have alternatives to needles such as tablets or drops.



**“If you tell a child a needle is involved some don’t even want to know about it. So, the other options, I don’t know if there’s any vaccine that you take as a tablet or you take as...yeah something that...I know people don’t take tablets or something different from the regular needles”**

— (Parent, FG2)

## Embarrassment

Connected with a fear of needles, some young people shared that embarrassment might be a factor for them not having a vaccine. This embarrassment is due to them feeling afraid and as there is a lack of privacy when having vaccines in schools, their peers could see them showing fear.

**“I feel like see when you get your vaccines done at school it’s like everybody is watching you. My friend she got hers done not yesterday, Friday and people were making fun of her because she was crying for getting it done”**

— (Young person, FG5)

**“I didn’t like how in school basically well for me it was like every time I walked into the like...you get a vaccine or a nasal spray it would all be like open and people could actually see you getting jabbed and it was just like I don’t want people seeing me getting jabbed because there’s fear on my face”** — (Young person, FG4)

## Parental and family influence

12% of young people selected the survey response that their family or people they live with not agreeing with a vaccine would be a factor in stopping them having a vaccine.

The influence of parents and families was discussed in all the focus groups. This raises issues of consent, particularly if a young person believes they should have a vaccine, but their parents do not.



**"I've got a pal whose mum does not like vaccines and he doesn't get vaccinated, he hasn't even got the COVID one yet. He thought he'd got tetanus, but he didn't get tetanus, so he took it" — (Young person, FG4)**

**"My papa is a firm believer they don't work" — (Young person, FG5)**

**"Well I can tell you why maybe some young people wouldn't get vaccinated, well obviously when you're under a certain age you have to get consent from your parents and some parents say yes but from my previous experience like my parents don't say yes to vaccinations so like over time I also don't say yes to vaccinations even if it's like by yourself. So like parents can also influence themselves on their children" — (Young person, FG6)**

Despite concerns about some parents not agreeing with vaccines and influencing their children's decision to have vaccines, there was some reflection about this, and some young people explained their own decision making.

**"So, like if it was...if I just had my dad I wouldn't be vaccinated. I think I should be vaccinated, I think I knew that I should have got vaccinated so think people should be allowed to go against their parents and get vaccinated"**  
— (Young person, FG4)

**"For instance, if it was a new type of vaccine that hadn't really been tested and there wasn't like long term like evidence that it was okay, then I wouldn't probably get it if my mum said not to. But if it was one that's been out for ages and there's not been like a negative side effect and she said no then I would"**  
— (Young person, FG2)

Interestingly in one of the parental focus groups different opinions were shared by parents. One parent believed that vaccines were not necessary if they encouraged their children to eat well, as shown in the following extract:



**“So, for me I would say encourage the children to eat well and let them take their health very seriously and then they wouldn’t have need for the vaccines”**

— (Parent, FG2)

However, another parent who is a New Scot shared how although past experiences can create fears about vaccines, they would like to overcome these fears with the help from medical practitioners to ensure their children are vaccinated.

**“I just want to say in as much as we are all here in the UK I know that past experiences have shaped a lot of things about us and it’s a gradual process so hopefully with time we will overcome all those fears that we have relating to vaccines and based on this...also an enlightenment on its own we will be able to overcome those fears and work with medical practitioners to make sure our children get vaccinated when they need to”**

— (Parent, FG2)

## Conspiracy theories

Connected with parental and family influence, young people in one of the focus groups shared that they believed some young people would not have vaccines because of conspiracy theories and misinformation.

**“Yeah, conspiracy theories and all that kind of stuff”** — (Young person, FG4)

This can cause issues within families when there are anti-vaccination views being shared by family members, as explained by a parent.

**“My family, shall we say, we’ll not go any further, there’s a few of them that are seriously anti (vaccination) and I find that quite difficult to be able to explain to my children when they’re also getting that other side of the information which personally to me is scaremongering. Do you know what I mean, it is difficult”**

— (Parent, FG1)



## Culture and beliefs

There some discussion in the focus groups about the impact of culture, religion and beliefs impacting on a young person's decision to have a vaccine. There is a suggestion that there should be more information and support in place to break down the barriers to young people from certain cultures or religions taking the vaccine.

**"One of my friend's is Muslim and she said that that stops her from taking it"**

— (Young person, FG5)

**"I feel like some cultures, some religions they don't accept vaccines things like that. Some people tell you oh my culture we don't take this because of barriers, cultural barriers so there should be more information to some less minority groups, minority people, like people from some countries back in Africa, Asia, every other part of the world"** — (Young person, FG3)

**"Going back to what [young person] said about the whole being regretful after, especially with the ingredients side of it, if you do end up doing something that's against like your own like beliefs and morals and all that stuff, there should definitely be more support about like if you didn't know and you do do something that its okay and all that kind of stuff because I think that could probably make people not want to do it again"** — (Young person, FG2)

## Allergies

18% of young people noted concern about vaccine ingredients in the survey. In the focus groups, some young people and parents expressed concern that some young people are allergic to certain ingredients, and this will prevent them from having a vaccine.

**"It could be you're allergic to something, like allergic to something in the vaccine"**

— (Young person, FG4)



**"I'm going to assume that's because of their current health conditions that there's maybe reasons behind them not receiving it. There's maybe things within the vaccines that wouldn't be beneficial for them to have" — (Parent, FG1)**

**"Some people have allergies to the vaccines — (Young person)**

**"People could die" — (Young person FG5)**

There was a suggestion that there should be clearer information about the ingredients in a vaccine which would be helpful for young people who have allergies.

**"If it was like put in like a simple way to understand yes but I think for people that have like a lot of allergies as well it would be good to know what is in it"**

**— (Young person, FG4)**

## Missing appointments

10% of young people reported they had missed their appointment and did not know how to rearrange. In the focus groups young people shared that they themselves or they knew of others who had missed vaccines because they were not in school, either because they were truanting or unwell.

**"Not that they're against it or anything but similar with me, when I was at school I would skive classes and I left at a certain year so like we didn't end up getting all of them that the school had to offer because we were either bunking off class and not finding out information about it or we just left before it was offered"**

**— (Young person, FG4)**

The point is also made that if young people do not attend school there are fewer opportunities to have vaccines.



**“I think people that don’t go to school aren’t really getting opportunities to get vaccines because I feel like...at least in my experience that’s the only place I’ve seen them being offered in school settings”**

— (Young person, FG4)

If young people miss their appointments in school, this can prove a challenge for working parents to arrange for them to have the vaccine in another setting.

**“Some parents like might not be able to take their child to like the hospital or like the care centre or whatever to get it, so it’s like quite a lot of effort if they don’t end up getting it in school”**

— (Parent, FG2)

## Lack of information

One of the final concerns some young people have expressed in the focus groups that would influence their decision about whether to have a vaccine, is lack of information about what the vaccine does, why it’s necessary and what happens when they have had it.

**“Yeah, I wanted to say another reason why some young people might not get vaccines is because sometimes it could be a case of they don’t really know what that vaccine can do for them or like how the vaccine is helping them. So, in most cases they probably skip” — (Young person, FG6)**

**“Young person - Lack of information about them.**

**Interviewer - What do you mean lack of information, does that mean that you don’t feel like you’ve got enough information about the jags?**

**Young person - They don’t know what’s going to happen once they get the jag”**

— (Young people FG1)



## Why young people might have vaccines

As demonstrated young people and parents could articulate many reasons why young people would decide not to have a vaccine. Though the number of reasons identified by young people and parents in the focus groups to have a vaccine were fewer, they were significant. Namely, to prevent illness, disease and death.

**“When I think of the vaccine I think of like protection from disease pretty much”**  
— (Young person, FG6)

**“When I hear the word vaccine I think of something life changing like someone might be dying from a disease and when they get a vaccine they might be better and like they don’t die or something”** — (Young person, FG6)

**“It can stop you from you dying”** — (Young person, FG5)

**“One of them stops you from getting cancer”** — (Young person, FG5)

**“To stop them getting ill”** — (Young person, FG1)

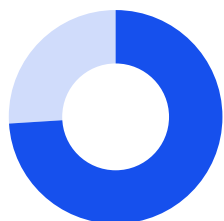
**“I’m very grateful for the flu jag because every single year...I’ve had it for about the last 16 years and its definitely...I’m really sorry see anybody who’s ever had the flu”** — (Parent, FG1)

For one parent although they had a fear of needles, they still understood the importance of them.

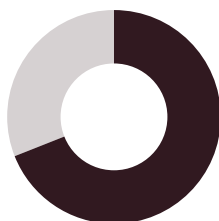
**“As I grow into adult I see it as a very important...effective something that can enhance the health. Yeah. I see it in as much as I feel that fear of needles is still there but I see it as very important and effective Public Health too that helps”**  
— (Parent, FG2)



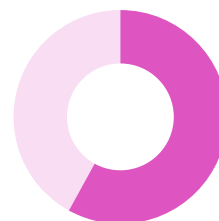
Focus group discussions were consistent with the survey results. Of the 755 young people who answered the question about what was most important to them when deciding whether to have a vaccine, the top three results included (see appendix 6 for chart of responses):



**74%** believed the vaccine would be good for their health and wellbeing



**69%** believed the vaccine would protect them from serious disease



**58%** believed the vaccine is safe

This would suggest that despite the many concerns and fears raised by young people and parents about having vaccines, the majority still believed that it was important to have them for their health and wellbeing and prevention of disease.

## Summary for understanding vaccines

This section examined young people's understanding of vaccines. We have found that the most well-known vaccines are flu and COVID-19, with some confusion about vaccines such as HPV. The majority had had vaccines in school and would be happy to have them in school or at the GP practice or health centre.

There were many reasons young people might choose not to have a vaccine including concerns about side effects, fear of needles, embarrassment, influence of parents, hearing conspiracy theories, culture and beliefs, allergies, missing appointments and lack of information.

Despite naming all these reasons, the majority of young people shared that the important factors in helping them decide to get a vaccine were that it was good for their health and wellbeing, would protect them from serious disease and is safe.



# Vaccine information

We have explored young people’s understanding of vaccines which included their fears, concerns, and at times lack of understanding but also the importance that the majority placed on having vaccines. This next section will explore where young people get their information, who they trust to give them advice, where they would like to get information, what would reduce barriers and what support is needed to encourage young people to take vaccines.

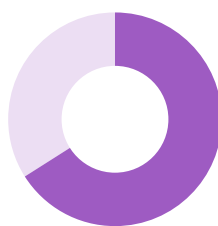
## Where young people get information about vaccines

In the focus groups, young people shared that they get their information about vaccines from school, family, friends, GP, leaflets, letters, NHS website and Google. This is consistent with the survey findings.

761 young people shared where they got their information about vaccines in the survey. The top 3 included (see appendix 7 for chart of responses):



83% school



66% family



39% friends

In regards to social media, only 20% of young people got their information from TikTok, 9% from YouTube and 7% from Instagram. More young people got their information from NHS leaflets (38%). Interestingly this was similar in the focus groups. The young people generally did not talk about getting information on vaccines from social media, the following exchange highlights this:



**“Interviewer - Sorry does anybody get them from social media?”**

**Young person - No.**

**Interviewer - Because nobody mentioned that there.**

**Young person - No.**

**Interviewer - No. Nobody, even COVID, anything you would think actually we don't get any information about vaccines because I think some people might presume young people do.**

**Young person - Yeah, the only one I've ever seen advertised on social media was like when it was like the ones for COVID just after lockdown had finished and that was really it because the only other ones that I had information about was through doctors or like the school”**

— (Young people FG4)

The young people suggest that it is assumed by adults that they would get their information about vaccines from social media but in reality, they get it from other sources. The parents on the other hand did discuss getting information on vaccines from social media.

**“Parent - Generally like on TikTok, like social media.**

**Parent - Yeah.**

**Parent - Whether that's good or bad, particularly TikTok if you're scrolling, if you've watched a couple about vaccines, that's it, its constantly...whether it's for or against, I do learn about new ones coming through on TikTok. I didn't know about the chicken pox one until TikTok so...**

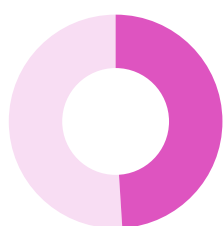
**Parent - And there is ads on TikTok as well, like official ones rather than just discussions so both educated stuff from doctors”**

— (Parents FG1)



## Where they would like to get information on vaccines

Where young people currently get information on vaccines highlights the importance of school, family, friends and the role of health care professionals. This is further emphasised in the discussion about where they would like to get their information. 754 young people answered this question in the survey. The top three responses show the importance of educational settings and the NHS in sharing information (see appendix 8 for chart of responses).



**49%** in a school assembly



**46%** in an NHS leaflet

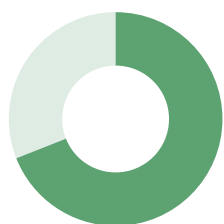


**32%** during a lesson/lecture

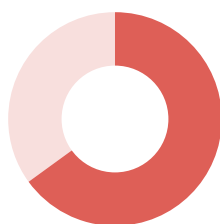
In the focus groups young people talked about wanting to get information from school, hospitals, GPs, youth centres, ads on buses and leaflets.

## Who young people trust to give them information

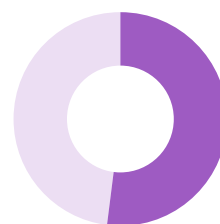
Where young people would like to get information on vaccines is very connected with who they trust to provide the information. Of the 756 young people who answered the question, the majority of young people trust health care professionals, families and teachers (see appendix 9 for chart of responses).



**69%** Healthcare professionals (people who work for the NHS)



**65%** Family



**52%** Teachers and school staff



This was similar to the young people's views shared in the focus groups. Parents, friend's parents who are healthcare professionals, school nurses and GPs were all seen as trusted sources of information.

**"So, I usually get information for my vaccine from my GP, I really trust the GP because they have been trained specifically for these types of moments"**

— (Young person, FG6)

**"The doctor has a degree, the doctor went through years of school. I'm 17"**

— (Young person, FG4)

**"Most times my doctor, the NHS, also my parents yeah because they get them already so I'm more safe"** — (Young person, FG3)

In the focus group with parents who are New Scots, church was an important part of their lives, and they spoke about trusting the religious leaders when they invited healthcare professionals to speak to them about vaccines.

**"They would invite the healthcare worker during the service to come and talk to the members, to enlighten them while the service is ongoing because that was the best way to get a lot of people gathered in one space and then because people who believe in religion we trust our religious leaders. So our religious leaders would not bring what would kill us or something bad towards"**

— (Parent, FG2)

Though in the main there was trust of healthcare professionals, there was some hesitance shared by a few young people about not fully trusting doctors.

**"I would say I would trust the doctors, but I also don't trust the doctors. Like I would trust them half-half"** — (Young person, FG6)

**"I don't trust doctors"** — (Young person, FG5)



A parent also shared their views on the lack of trust of healthcare professionals; they did however appear to suggest they would still have the vaccine particularly if not having it would affect their travel.

**“When it comes to trust even our medical professionals cannot be trusted with this over time. They have not proven to be trustworthy when it comes to even all the medication because there are so many things like I said earlier, there are so many myths that people say that they don’t tend to debunk, there are often allegations against somebody in that practice. At the end of the day, they tend to cover it up and we don’t get to hear about it; no one tends to trust anybody. Most of us we just take it (vaccine) out of compulsion, especially when they say it is compulsory and they put restrictions if you don’t take it, you can’t travel if you don’t take it, you can’t partake in this and all that. So, when it comes to trust its neither here nor there”**

— (Parent, FG2)

There appears to be a general lack of trust of social media and influencers and celebrities sharing information. In the survey only 3% trusted social media influencers and 2% celebrities. There was some discussion in the focus groups about trust in social media and concerns about fake news. One young person was clear about their lack of trust in celebrities sharing information about vaccines and other medical matters.

**“I’m sure more impressionable younger stupider people have listened to them but I’m not listening to a celebrity about medical advice”**

— (Young person, FG4)

## Reducing barriers and providing support

Young people were asked to share ideas about what would reduce barriers to young people taking vaccines and what support was required. The ideas for barriers and support suggested by the young people in the focus groups were very interconnected and will be presented together here.



## Reassurance

The need for reassurance when having the vaccine was discussed in three of the six focus groups with young people. This reassurance was around being told they would be okay during and after the vaccine, this was raised by both girls and boys.

**“Like if people are reassuring you, you’ll be fine and all that”**

— (Young person, FG1)

**“Yeah, and even like a reminder or like a reassurance that everyone is kind of different and they’ll react differently to things, that would be pretty good well along with the information that comes out with the consent form. So that people can decide if it something that they want or not”** — (Young person, FG2)

**“Like more reassurance”** — (Young person, FG5)

## Distraction

Suggestions were shared in three of the focus groups with young people about different distraction tactics which could help young people feel more comfortable when having a vaccine. Suggestions included:

- Stress toys
- Therapy dog
- Access to their phones to watch TikTok videos
- Having support from their parent or a friend
- Music
- Television

This young person explains that having a friend with them whilst they had vaccine helped them to feel better.

**“I remember I used to when I was getting the flu vaccine at school, I would make my friend come over with me and start talking to me and having a conversation to have a distraction. Like just hearing their voice instead of hearing them like popping it and making sure it’s right and I’d be looking at them whilst they’re doing it and it would just kind of feel a bit better”**

— (Young person, FG2)



## Providing more information

Across all the focus groups with young people, they spoke about wanting more information to help them make informed choices and understand the benefits and possible side effects of taking the vaccine. Generally, more information was believed to provide reassurance and allay any fears they might have.

**“If somebody told us what’s going to happen, its better knowing what can happen rather than not knowing and you’re like oh...thinking of the worst scenarios and all that” — (Young person, FG1)**

**“Young people...like people might not want to get it because they don’t fully understand what it’s for or like why they need it” — (Young person, FG2)**

It was also felt that young people would be more likely to have vaccines if they had clear information and that currently they don’t get enough information.

**“I think overall if the information that we’re receiving is like simple and clear for everyone to understand, like young people like us, I think that’s the most important. They should post more about it online and cover all the bad information so people are more likely to take them”**

**— (Young person, FG3)**

## Young people providing own consent

There was some discussion in three of the young people’s focus groups where they felt that young people should be able to give their own consent to have a vaccine, particularly if their parents refused to provide consent. Only one young person in the focus groups appeared to know that though it is recommended that they have parent or guardian consent, it is not always necessary. According to NHS Inform<sup>8</sup>, under 16s can give consent if the person giving the vaccine feels they understand what is involved, and the potential risks and the benefits.

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<sup>8</sup> [https://www.nhsinform.scot/care-support-and-rights/health-rights/communication-and-consent/young-people-immunisations-and-consent#can\\_i\\_consent\\_on\\_my\\_own](https://www.nhsinform.scot/care-support-and-rights/health-rights/communication-and-consent/young-people-immunisations-and-consent#can_i_consent_on_my_own)

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**“Obviously you should get parental consent because overall you should but like I think it’s a little bit dumb because if it was up to my dad I would not be vaccinated. So like if it was...if I just had my dad I wouldn’t be vaccinated. I think I should be vaccinated, I think I knew that I should have got vaccinated so think people should be allowed to go against their parents and get vaccinated”**

— (Young person, FG4)

There was some debate amongst the young people about what age they should be able to give their own consent ranging between 11-16 years.

**“Young person - I feel like people should have the freedom of choice so the parents don’t get to choose like everything they do.**

**Interviewer - So you think the young person should have a choice?**

**Young person - Yeah for a reasonable age –**

**Interviewer - What age would you say?**

**Young person - To the point where they know what they’re talking about, 12 maybe” — (Young people FG1)**

**“But even for like people like our age [aged 13-17] it’s more like if you want to do it or not. Like it shouldn’t really be your parent’s decision I guess”**

— (Young person, FG2)

A parent also agreed that their child should be able to provide their consent for vaccines.

**“And you get your letter home from school and it says do you consent to your child...my child can consent for themselves, they have their own agency, they can make their own decisions, if they’re advised and educated on it then they’re entitled to make their own decision. It’s not my decision”**

— (Parent, FG1)



## Providing safe, private spaces

One of the issues identified by some young people and parents is that having vaccines in school can feel intimidating and cause more anxiety. The lack of privacy causes concerns particularly as they are asked sensitive questions, for example, if they are pregnant and they feel like they are being watched by their peers.

“Yeah well I think what made it a little bit more difficult as well is because there was no privacy screens everybody was queued up outside and then the people that had already had theirs done had to sit for a certain amount of time before they were allowed to go back to class” — (Young person, FG4)

“Yeah they’re not nice [other young people], like for example, if you’re in the hall and this nurse or doctor says to you hey have you done this today or have you... are you pregnant, somebody is going to overhear that and then rumours are going to spread and then that’s going to suck” — (Young person, FG4)

“I remember it became a bit of a thing where you all kind of get a bit...you hype each other up in the build up and then there’s the peer pressure if its done in the same room as your peers. It’s really intimidating if you’re already anxious as well, that’s not great, it’s not very private because if some people are nervous or whatever then that could put them off and as you say they can just withdraw in the moment and I did do that at one point when I was younger” — (Parent, FG1)

Despite the concerns about having vaccines in school halls or school libraries and the desire to have more privacy there was also some acceptance that due to the volume of young people, the way it is done is an efficient way to do it.



**“Young person - The anxious build up towards getting any kind of medication or doctors appointments is still quite big. Especially the way our school does it in the library where there’s like multiple tables for the nurses, it’s quite intense trying to be okay after when you’re at a table or near people that you go to school with.**

**Interviewer - So there’s no kind of privacy or...?**

**Young person - Yeah but it’s probably the most kind of efficient way for the school to do it but there should still kind of be a little bit of privacy”**

— (Young people FG2)

There is also a suggestion that if they don’t offer vaccines in school, then less young people would have them.

**“I feel like if they don’t [have] it in school nobody will actually come”**

— (Young person, FG5)

This section has demonstrated how reflective young people are about the barriers and support required when having vaccines. Providing reassurance, distractions and privacy in safe spaces with trusted adults is seen as key to young people feeling comfortable to have vaccines. The next section will explore ideas they have about what would encourage young people to have vaccines.



Practitioner researchers at coding and reflection day



## Summary for vaccine information

This section has examined the information young people receive and would like to receive relating to vaccines. What we learned is that the majority of young people get their information about vaccines from school and their family. There was not a consensus of views about where they like to get information, though just under half suggested school assemblies and NHS leaflets, showing the importance of educational settings and the NHS sharing information.

The majority of the young people trusted healthcare professionals (in the NHS), family and teachers and school staff, to provide them with information about vaccines.

**To be comfortable having vaccines, young people are looking for reassurance, distraction, more information, providing their own consent and safe and private spaces.**





# Encouraging young people to take up vaccines

**“At the end of the day health is wealth and the young people deserve to know that”**

— (Young person, FG3)

As part of the survey and focus groups, young people and parents were asked to design a campaign to encourage young people to take up vaccines. This included thinking about:

- What information would be needed?
- Where should the campaign be run?
- Who should deliver the message?
- What key messages should be included?

The purpose of this exercise was to help Public Health Scotland think about how they might design campaigns in the future.

## Key messages

Young people and parents in the focus groups and 333 young people in the survey shared the key messages they would like to see in any campaign to encourage young people to have vaccines. The following section highlights the variety of the messages expressed. The consistent view shared was the need for clear, honest and transparent communication. Overall, young people were looking for trustworthy, relatable information and reassurance about vaccine benefits and safety.

It should be noted that eight young people in the survey did not want to encourage young people to have vaccines either due to fear of needles or because they believed there was a government or NHS conspiracy, some also felt that vaccines are not safe.

### Consequences to themselves of not having a vaccine

A key message suggested by young people in the focus groups and survey as well as parents, was the consequence not having vaccines would have to their health. An example provided included not having the HPV vaccine leading to development of cervical cancer.



“Yeah see where it says about a person who regrets not having a vaccine in the past. You could have somebody with the likes of HPV didn’t get the vaccine and ended up with cervical cancer, couldn’t carry a child to term, they can never then have a family” — (Parent, FG1)

“I think it would be better telling them the consequences to what happens if you don’t get it and the risks like if you don’t get it, so it makes them more like oh I want to get this so that this does’nae happen or this does’nae happen”  
— (Young person, FG1)

“Show them what can happen if they catch the diseases”  
— (Young person, survey response)

“Your health is at stake” — (Young person, survey response)

One parent expressed that any campaign for young people should be direct and clearly share the consequences of developing diseases as a result of not getting the vaccine.

“That’s kind of been a mistake though with other campaigns and things, they treat the children like they don’t actually understand. They understand a lot more than we give them credit for with the majority of things, so it’s like give them it in black and white. You get your vaccine; you won’t get this disease. If you get this disease these are the horrible things that can happen”  
— (Parent, FG1)

### **Consequences to other people of not having a vaccine**

Some young people in the survey emphasised the community health benefits from having a vaccine and that not having a vaccine could negatively impact the health of others, particularly those deemed to be vulnerable.



**“That most vaccines help protect you against viruses and if you don’t get one then you are risking you and everyone else’s lives especially the old and young”**

— (Young person, survey response)

**“Awareness about the dangers of not getting vaccinated, not just for yourself but for society”** — (Young person, survey response)

**“Take it to protect at risk people (like your grandmother)”**

— (Young person, survey response)

### **Highlighting positive experiences**

For some, it was important to stress positive experiences of having vaccines, rather than focusing on the negative impacts of not having vaccines which can cause fear.

**“I think like other people’s experiences, other people’s positive experiences on taking the vaccine and what its actually helped with and what its actually done”**

— (Young person, FG3)

**“I think they should focus more on the positive effects rather than the negative because the negative tends to make people scared and all that, so if you take this even though they might expect this kind of reaction but in the long run these are the benefits. So they should prepare people for the present and for the future”**

— (Parent, FG2)

**“The positive things about having a vaccine”** — (Young person, survey response)

### **Be clear having a vaccine is voluntary**

A few young people felt it was important to be clear that having a vaccine is voluntary and that might encourage other young people to have it, rather than feeling forced into it.



**“It’s not like we’re forcing you to, it’s...what’s it called again, it’s like a voluntary situation, it’s not like we’re forcing you to get this” — (Young person, FG4)**

**“I think they should also include the fact that it’s not mandatory, it is an option. When people feel forced into taking something or feel like they are inclined to do something, it will also work the opposite way, people will...you need to take this. People don’t want to because it’s not their choice. Whereas if it’s said this is available to you, these are the pros, these are the cons, the cons are temporary and the pros will last a lot longer, here’s what it does for you, it’s your choice and its available” — (Young person, FG2)**

**“That it is not forced on them” — (Young person, survey response)**

### **Include accurate information**

As was shared in the previous section, young people would like more information about vaccines. This information included vaccine ingredients, dates for appointments, statistics on uptake of vaccines, that it’s free and what it does.

**“Accurate information that’s backed up by a medical background”  
— (Young person, FG4)**

**“We could look up percentages, I don’t know like of how many people like to get it and how many people don’t, I don’t know” — (Young person, FG5)**

**“Immediately I would say ...the ingredients and dates available would be the 2 most important things, pros and cons and frequently asked questions are the 4 most important things to incorporate” — (Young person, FG2)**

**“Just explain what it is and the purpose for doing it really” — (Young person, FG6)**

**“It is free” — (Young person, FG4)**



Some young people believe that by having accurate information from trusted health professionals is also important for tackling misinformation about vaccines.

**“Information on the ingredients being safe. Debunking false info”**

— (Young person, survey response)

**“By stating fact from fraud, clearing up misconceptions from misinformation”**

— (Young person, survey response)

### **Include information about side effects**

There was a concern expressed by young people about the side effects they might experience as a result of having a vaccine. For some young people, it was important to address this in any communication with young people, as it's important and reassuring for young people to know what to expect.

**“Yeah we should include the effects of vaccines, the importance and also the level at which it's going to impact society, reducing diseases, cancer, what's the other ones that's common vaccines...what do you call this...chicken pox and the rest of them”** — (Young person, FG3)

**“Let the adverts be detailed oh you are taking this, these are the contents and these are the likely things that might occur as a result of this vaccine and before you come in for example, drink enough water, make sure you eat, all those things that...because there is no side effects that will not cause something”**

— (Parent, FG2)

**“To tell them what is in the vaccines and tell them what helps and what side effects there are”** — (Young person, survey response)



**“That experiencing potential side effects (that would be normal/expected to get after the vaccine) is better overall than the chance of getting the disease/what the symptoms would be like. (that experiencing (normal/expected) negative side effects would be better in the long run basically)”**

— (Young person, survey response)

### **Emphasise safety**

A message that was repeated was the need to emphasise in any messaging to young people that vaccines are safe and will help protect them from diseases.

**“Remember vaccines are there to help you, doctors and health care professionals would not recommend vaccines if they were not safe to use”**

— (Young person, survey Response)

**“It is safe”** — (Young person, FG4)

**“That it’s safe and it will help you”** — (Young person, survey response)

**“Assure them it doesn’t hurt and that they are safe its quick and easy and that are in safe hands”** — (Young person, survey response)

### **Provide reassurance about the needles used**

As discussed earlier in the report, a barrier to some young people not having a vaccine is a fear of needles. This then led young people to reflect on this fear and suggest that any messaging should provide reassurance that needles won’t hurt them and are not too big.

**“That needles are not super big like people try to scare you with”**

— (Young person, survey response)



**“Tell us how long the needle is before you put it in our arm”**

— (Young person, FG5)

**“Needles are harmless and the process won’t take long”**

— (Young person, survey response)

## Suggested slogans

In two of the focus groups, young people seemed to enjoy suggesting slogans that could be used in any future campaigns to encourage young people to have vaccines, these included:

**“Get there, be square, get vaccinated”** — (Young person, FG4)

**“Get the stick or be sick”** — (Young person, FG4)

**“It’s free, don’t be a b’ get vaccinated”** — (Young person, FG4)

**“Don’t be scared, just be a man”** — (Young person, FG5)

**“Stay strong”** — (Young person, FG5)

**“Be the generation that protects each other”** — (Young person, FG5)

**“Protect your vibe get vaccinated”** — (Young person, FG5)

**“Catch flights not viruses”** — (Young person, FG5)

**“Less sick days more slay days”** — (Young person, FG5)

## Who should deliver the message

As demonstrated young people had lots of ideas about what they thought was important to include in any key messages. They were also clear about who they believed should deliver the messages. 752 young people answered this question in the survey. The following suggestions are in order of young people’s preferences, starting with most popular.

### **A health professional who works in the NHS**

The majority of young people in the survey (62%) thought a health professional who works in the NHS should deliver the message. This suggestion was also shared by many young people who took part in the focus groups, who expressed they were more likely to trust a healthcare professional than anyone else.



**"A doctor"** — (Young person, FG1)

**"Who should deliver it, doctors"** — (Young person, FG5)

**"I feel people in the medical line, doctors, nurses, pharmacists, local GPs should give more advice to people, what's the effects and what it could do to the human system"** — Young person, FG3)

**"I was going to say that for the assembly one it should be like a medication practitioner because like it would be more understandable if you're hearing it from someone who does medicine and like...a doctor because like we trust them more to understand because that's their job and like that's what they do"**  
— (Young person, FG6)

**"There probably should be like doctors in schools, get like a doctor to come and be like guys get your vaccines here"** — (Young person, FG4)

**"More safe and proper information through scientists and NHS professionals and very importantly, the World Health Organisation as they are excellent and wonderful professionals etc"** — (Young person, survey response)

## **A young person**

The second most popular suggestion by 38% of survey respondents was a young person delivering the campaign. A young person delivering the campaign was also suggested by some young people during the focus groups. These young people would need to be knowledgeable and have had the vaccine themselves. It was felt that young people are more likely to listen to other young people.

**"I think young people but young people who have taken the vaccine and young people who've actually...who are knowledgeable in the vaccine to be able to like...what's it called, they're similar to young people obviously and they'll be able to share the information like in a way that younger people will be able to understand"** — (Young person, FG3)



**"I think what's best is for a young person that's taken the vaccine and its somehow like changed their health a little bit to talk to people about it"**

— (Young person, FG6)

**"I feel like a young person would also be good for delivering the message because then they're delivering that to more young people. So they're hearing it from another young person's point of view so then they'd feel more comfortable because like young person to young person"** — (Young person, FG4)

**"You can hear it from people like your own age"** — (Young person, FG5)

**"But also getting the information from their peers is good because they pay much more attention to other children"** — (Parent, FG1)

There were some suggestions about different ways to support young people to deliver the messages about vaccines. These include becoming vaccine champions, ambassadors, creating a vaccine young person's group or creating an apprenticeship scheme.

**"They have a program like that in the school with Anthony Nolan which is donating your blood for people that might need...I think its stem cells, or bone marrow, or something along those lines, that's worked very well from what I've seen. Like they call them champions, it's just people 16-17, S5 or 6 delivering this message to young people in classes or like at assembly I think at one point, just encouraging people to get the vaccine, it's done a lot"** — (Young person, FG4)

**"Like everyone has said we need the professionals first, so in terms of giving the speech, the professionals are the ones best to do that. But then you also need the youths to be carried along as ambassadors you know...So irrespective of you bringing in professionals, so you have who you are mentoring, you know people ... and also being your ambassadors, relating or reaching out...It's important that you carry ambassadors along, youth ambassadors irrespective of who comes in as professionals to give out these speeches"** — (Young person, FG6)



**“Getting the same sort of structure as our peer mental health group, that sort of thing, just a pupil...having pupil and student engagement would be quite valuable to at least you know give impartial opinions, unbiased opinions....So everyone having people there to speak to of your own age, having a group available, like email or whatever” — (Young person, FG2)**

**“I just wanted to say in as much as the vaccines are issued by nurses and medical practitioners, we also have apprenticeships so we can have young people in apprenticeship positions that are trained as well because we have a lot of young people that want to be in the medical field. I see them volunteering, I see them all the time in the hospital. They could also be trained in the apprenticeship to carry out ... it makes it easier because they can relate with their peers so if they are trained to reach out to their own population I believe they will also get more people, more people taking vaccines” — (Parent, FG2)**

[In response to the quote above, it should be noted that there are strict rules on who can administer a vaccine. For example, a Health Care Support Worker who has been trained can administer a vaccine, but informed consent needs to be taken by a registered healthcare professional.]

### **Someone who regrets not having a vaccine in the past**

37% of young people in the survey think that it would be effective to have someone who regrets not having a vaccine in the past deliver the message.

In one of the focus groups, the young people had a debate about the effectiveness of someone who regretted not having a vaccine delivering the message. Some were not keen to hear from someone who had experienced negative impacts but reflected that they will have vaccines themselves and so don't need to hear this message to decide to have a vaccine. Some felt these types of campaigns are not effective, for example the images of disease on cigarette packets. For others, they felt it would be important to show how life changing it can be to not have the vaccine.

**“Bringing in somebody who knows the consequences of not taking like the vaccine like I'm going to use one for example, the polio vaccine, for example if they got that and it basically changed their life forever in a bad way I think young people would benefit from seeing the actual effects”**

**— (Young person, FG4)**



Young people in another focus group also felt that having someone with regrets sharing their story could have a negative impact on young people's decision to have vaccines, as it might feel too forceful.

“Young person - I don't feel like that would encourage people to do it.

Young person - It feels like they're pushing you into a corner, I didn't do it and I regret it”

— (Young people, FG2)

### Less popular suggestions

Though parents/guardians are adults that young people generally trust, no-one in the focus group and only 20% of young people in the survey suggested they deliver the key messages about vaccines.

Celebrities and influencers were not really discussed in the focus groups with young people. Only 9% of survey respondents thought a celebrity or a social media influencer should deliver the campaign and 7% a sports person. Suggestions included famous singers such as Taylor Swift, actors, YouTubers and famous footballers.

### Where the campaign should run

Young people shared where they thought the campaign should run. In the survey 753 young people suggested the following options (they could tick more than one option):

- **67%** In school
- **53%** TikTok
- **44%** Health settings e.g. GP practices, pharmacies
- **35%** Instagram
- **26%** YouTube
- **25%** Public transport/bus shelters
- **25%** Youth clubs/community centres
- **25%** TV streaming services e.g. Netflix, Amazon Prime Video, Apple TV
- **20%** Snapchat
- **18%** Music streaming services e.g. Spotify, Apple Music
- **16%** Cinema

The suggestions in the focus groups echoed the survey. Young people seemed



to favour the campaign taking place in school, in particular during assemblies and personal and social education classes and using posters designed by young people.

**“Maybe like in assembly or more based in PSE [personal and social education] definitely where the guidance teacher will know the pupils and they might feel more comfortable to go and ask questions”**

— (Young person, FG2)

Followed by use of social media, including TikTok, Snapchat, YouTube, Instagram and WhatsApp.

**“I think social media could be a big part because lots of young people are on social media and lots of young people are easily influenced when they see like a video ... I think social media could play a big part especially if it’s like young people that have had the vaccine like presenting it”**

— (Young person, FG6)

There was a suggestion that having the campaign on a social media advert could be effective.

**“I feel like rather than them making a TikTok they could just advertise it on various social media platforms, having that 5 second advert, it could just say...5 seconds, you can’t skip it”**

— (Young person, FG2)

Suggestions consistent with the survey included healthcare settings, community centres, TV adverts and Spotify. Other suggestions included posters on high streets, Facebook (to reach parents and guardians), mosques, churches, parks, shopping centres, supermarkets, radio and fast-food places.

The number of suggestions makes clear there is no one size fits all approach to producing a campaign to encourage young people to take up vaccines. What is clear is that campaigns in schools and on social media are deemed to be the best approach. When asked what type of campaign would be most effective 43% of 755 young people thought it would be social media, 15% didn’t know (see appendix 10 for chart of responses).

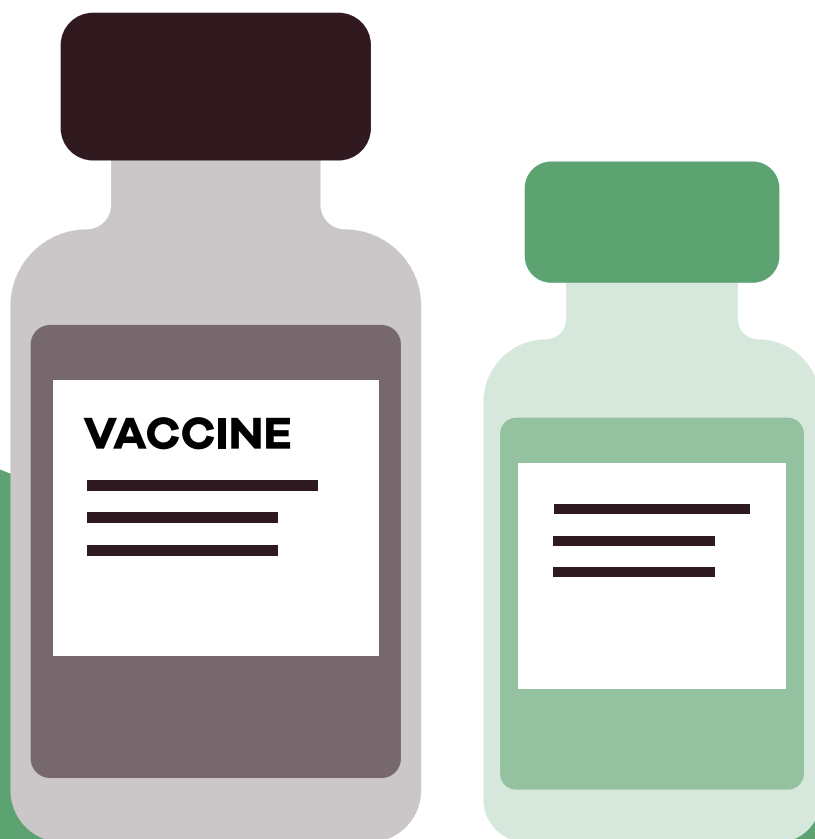


## Summary for encouraging young people to take up vaccines

**Young people have shared their views on what would make an effective campaign.**

These findings have highlighted that young people are not a homogeneous group and have different needs and interests influencing their views on effective campaigns.

The majority of young people wanted the campaign to take place in school or on social media, specifically TikTok. The majority wanted the campaign to be delivered by a health professional who works in the NHS. The key messages should include consequences to themselves and others, positive experiences, that it is voluntary, accurate information including side effects and providing reassurance about safety and the use of the needle. Most importantly young people wanted trustworthy, relatable information and reassurance about vaccine benefits and safety.



# Conclusion

**YouthLink Scotland was commissioned by Public Health Scotland and funded by Scottish Government to explore the views of young people missing from vaccine services.** Using a survey and a participatory research approach to hold focus groups, **over 800 young people shared their views**, along with **15 parents and guardians**.

We found that young people were most aware of the flu vaccine and had some confusion about other vaccines such as HPV. This may be due to differing ages of respondents and what they have been eligible for to date. For example, young people are offered flu vaccines from age two onwards (and 6 months if they have an at-risk condition), whereas HPV is first offered in S1 and MenACWY and DTP are not offered until S3. Schools and health centres were both important spaces for having vaccines and learning about vaccines.

**Encouragingly, the majority trusted healthcare professionals (in the NHS) to provide them with information and would like any campaigns to be delivered by them.**

There is certainly fear and anxiety about having vaccines, particularly in relation to needles and side effects. However, young people are looking for trustworthy, relatable information and reassurance about vaccine benefits and safety. They believe that campaigns in schools and on TikTok would be most effective and that should include honest communication about the consequences to themselves and others, positive experiences, that it is voluntary, accurate information including side effects and providing reassurance about safety and the use of the needle.

As well as a campaign, young people would like some practical changes to how vaccines are administered including safe, private spaces rather than in school halls. They would also appreciate reassurance and distractions.

A key takeaway from this research is that young people have clearly shared that they want more information from trustworthy sources. **They don't want to be patronised; they want to understand the benefits and the risks of taking vaccines.**



# Recommendations

- **Provide more information to young people about vaccines**, including benefits, side effects and ingredients.
- **Ensure specific information about when and where they can have vaccines is clear** and includes details about how to rearrange if they miss an appointment.
- **Information should be shared through the schools and NHS leaflets** by healthcare professionals who work for the NHS, teachers or school staff and parents/guardians.
- **Give young people reassurance and opportunity for distraction whilst having vaccines** including allowing them to use their phones, have music playing and access to stress toys.
- **Provide more private spaces for young people to have vaccines in schools.**
- **Ensure young people know that they don't always require parental consent to have a vaccine.**
- **Run any campaigns to encourage young people to have vaccines through the schools and TikTok.**
- **The campaigns should be delivered by an NHS healthcare professional.**
- **Young people want the campaigns to include trustworthy, relatable information and reassurance about vaccine benefits and safety.**



# Appendices

## Appendix 1: Research team



Practitioner researchers at coding and reflection day

**Dr Amy Calder**  
YouthLink Scotland  
Senior Researcher

**Justine Ehimen**  
Passion4Fusion  
Practitioner Researcher

**Debbie Mackay**  
Aberdeenshire Council  
Practitioner Researcher

**Gillian Lithgow**  
YouthLink Scotland  
Deputy CEO

**Christian Obu**  
Passion4Fusion  
Practitioner Researcher

**Jasmin Aden**  
One Community Scotland  
Practitioner Researcher

**Dr Ruth Dryden**  
Public Health Scotland  
Organisational Lead  
for Vaccination and  
Immunisation –  
Confidence and Equity

**Molly Ballantyne**  
Hawick High School  
Practitioner Researcher

**Marianne Amondi**  
One Community Scotland  
Practitioner Researcher

**Amy McCulloch**  
Go! Youth Trust  
Practitioner Researcher

**Lesley Hume**  
Hawick High School  
Practitioner Researcher

**Sanjana Billa**  
YMCA Tayside  
Practitioner Researcher

**Annabel Russell**  
Go! Youth Trust  
Practitioner Researcher

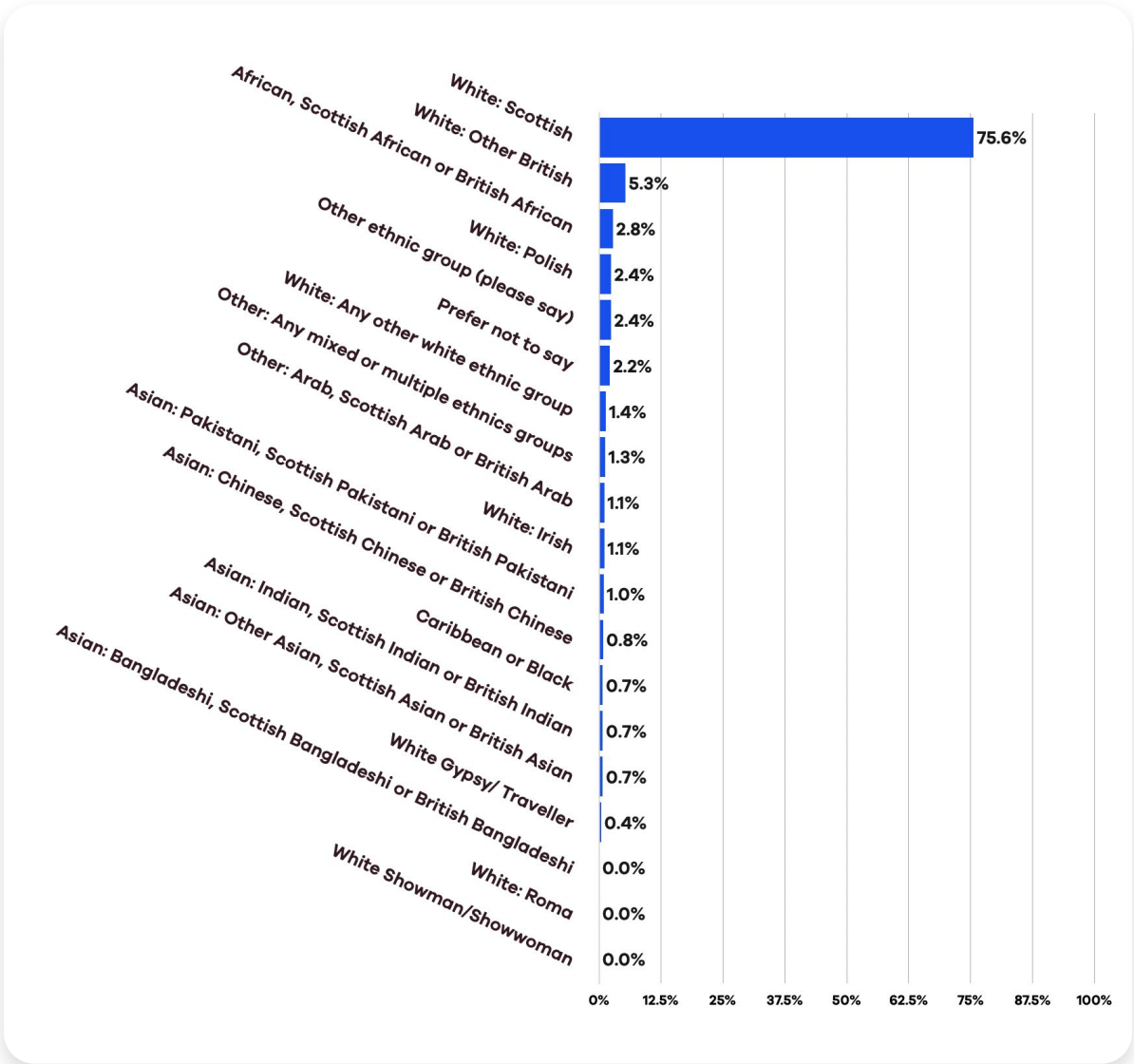
**Evelyn Valentine**  
Aberdeenshire Council  
Practitioner Researcher

**Barak Muhika**  
YMCA Tayside  
Practitioner Researcher



# Appendix 2: Ethnicity of young people who took part in the survey

Q17 Which of the following best describe how you think of yourself (ethnicity)? (n=713)



## Appendix 3: About the youth work organisations

### **Hawick High School (youth work provision)**

Hawick High School is a non-denominational secondary school in Hawick, in the Scottish Borders. An Inclusion Officer and youth worker ran the focus group with young people from socio-economically disadvantaged backgrounds.

### **Aberdeenshire Council**

The Community Learning Youth and Communities team are based in Garioch Community Campus, Inverurie. The young people who took part in the focus group experience rural isolation and are school non-attenders or on reduced timetables.

### **One Community Scotland**

One Community Scotland are a youth-led charity supporting young people as they settle as New Scots in Scotland. The young people who took part were Scottish Asian and African based in Glasgow.

### **YMCA Tayside**

YMCA Tayside provides youth work provision for young people aged 11-19 in Perth. The young people they engage with are experiencing severe and multiple disadvantage including living in poverty.

### **Go! Youth Trust**

Go! Youth Trust is a Christian charity that supports young people to grow, explore and thrive. Working across Central Scotland with young people aged 10-25.

### **Passion4Fusion**

Passion4Fusion is a Black Multi-Ethnic organisation in Scotland. They work with Black African communities, particularly young people and women, in Edinburgh and the Lothians.



# Appendix 4: Young person focus group topic guide

## Young People Missing from Vaccine Services Research – Young People Focus Group Topic Guide

### Introduction

Explain why you are conducting a focus group

- Conducting a focus group on behalf of YouthLink Scotland (YLS), the national agency for youth work.
- YouthLink Scotland has been commissioned by Public Health Scotland to conduct a study to explore why some young people are missing from vaccine services.
- To do this, YLS decided that the best way to hear from young people would be to ask their youth workers to run a focus group with them. YLS provided training to the youth workers in how to run focus groups and to make sure they understood about vaccines, which was intended to help with their professional development. YLS also thought that young people would be most comfortable sharing their views with youth workers who they trust.
- There are six focus groups taking place with young people across Scotland in total. Two focus groups are taking place with parents and guardians.

### Details about their participation

- voluntary - both overall and in relation to any specific questions and discussions
- audio recording (and possibly video recorded if online) of discussion
- confidentiality, and how findings will be reported
- No names, nothing that could identify them individually
- Recordings held on a secure server for up to 12 months; only research team and transcribers have access to them. Anonymised transcriptions will be kept for a minimum period of 5 years from project completion and then destroyed by YouthLink Scotland.
- ask people to respect each other's views and confidentiality
- length –1 ½ hour. Will finish on time.



## After the focus group

- The youth workers from each of the 6 focus groups will meet to discuss the key themes that came out of the discussion.
- During this discussion, no young people's names or information that could identify them will be used.
- The discussion will help to analyse what has been found across the focus groups.
- YouthLink Scotland will use this learning to write a report which will be available for you to read and will be shared with Public Health Scotland and will be shared publicly e.g. on social media. No young person's name or identifiable information will be shared in this report.

## Basic ground rules

- We'll let you know when we start and stop recording during the focus group
- No right or wrong answers – just interested in your views and experiences
- Really want to hear from everybody so encourage people to come in when they want – only request that do not all talk at once (recording)
- We'll start with questions, but want you to talk to each other, not just to us.
- That said, there may be points where we need to interrupt or move the discussion on – not that we're not interested, we just need to make sure we cover everything and hear from everyone.
- Everybody has a right to their views and people's views may be different: feel free to disagree with other people whilst respecting their right to their views. It is important to avoid any personal attacks or derogatory comments based on gender, ethnicity, or sexual orientation.
- Helpful to have all mobile phones either off or on silent
- Do you have any questions?



## Focus group topic guide

### 1. Introductions

- The young people will likely be known to each other, if not please consider running an icebreaker.

### 2. Understanding of vaccines

- What do you think of when you think of vaccines? (can you name any vaccines?)
- What kinds of things have you heard about any of these vaccines?
- Where in your community can you have vaccines?
- Why do some young people get vaccines and others don't?
- What might stop young people taking vaccines? (are they talking about specific vaccines or any vaccines?)

[prompt only if needed– lack of information, lack of support, lack of ability/ opportunity to make own choices, racism and discrimination, not seen as a priority]

### 3. Vaccination support and information

- Where do you get your information about vaccines? [prompt - e.g. booklet on young people vaccines, family, social media? Did you receive enough info?]
- Who do you trust to give you advice about vaccines?
- Where would you like to get information on vaccines?
- What would help reduce barriers to young people taking vaccines?
- What support is needed for young people to take up vaccines?

### 4. Encouraging young people to take up vaccines

We would like you to design a campaign in your community to encourage young people to take up vaccines. Think about:

- What information would be needed?
- Where should the campaign be run? (e.g. on social media, in community centre, schools etc)
- Who should deliver the message? (e.g. a young person, a doctor, someone who regrets not having a vaccine in the past etc)
- What key messages should be included?



The ideas from this campaign will help Public Health Scotland think about how they might design campaigns in the future.

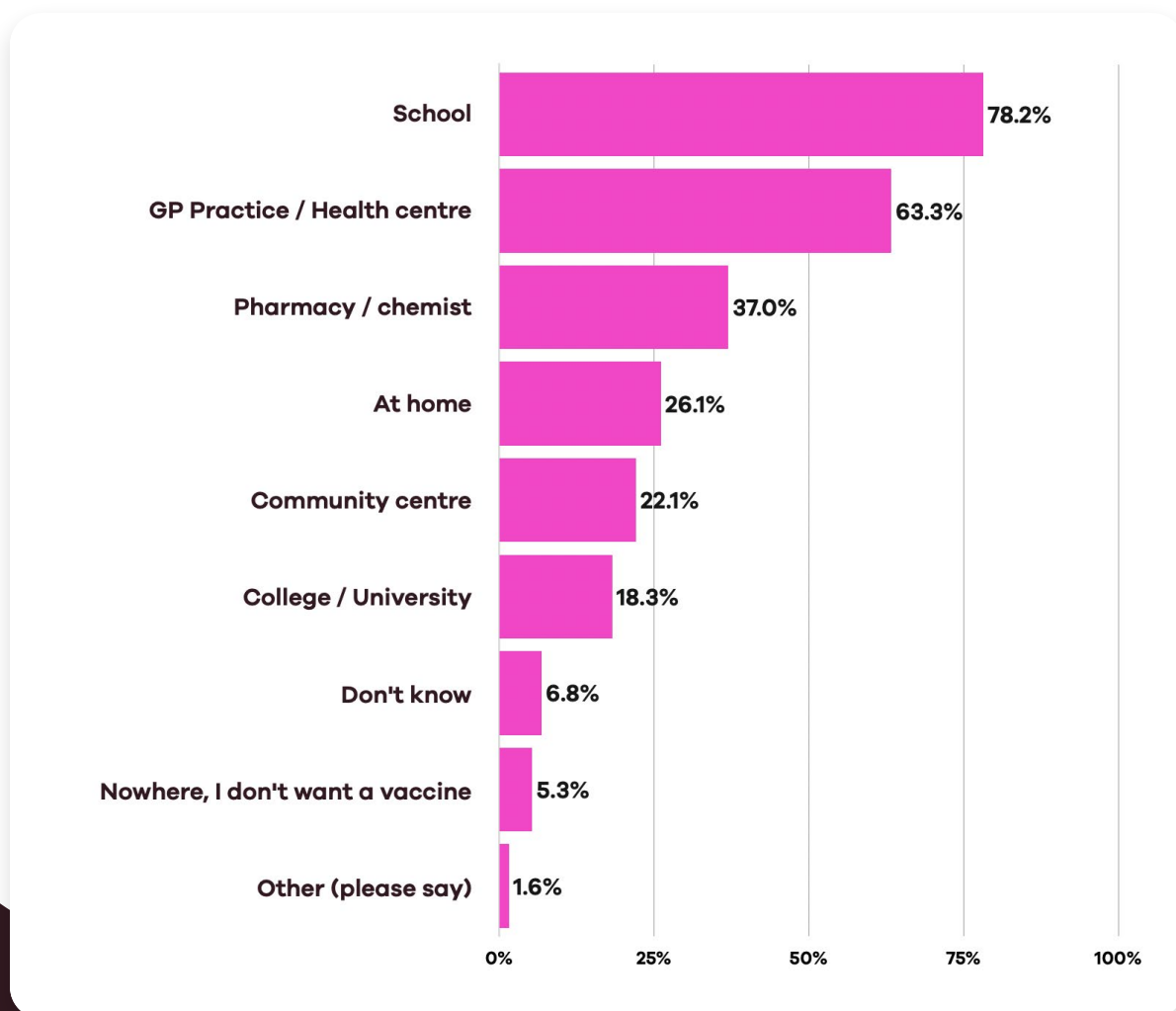
## 5. Final thoughts and end

- Anything they feel we've not covered that they want to add?
- Bring discussion to a close, thank young people and remind them that they will be anonymous in any reports.
- Any questions about the research?



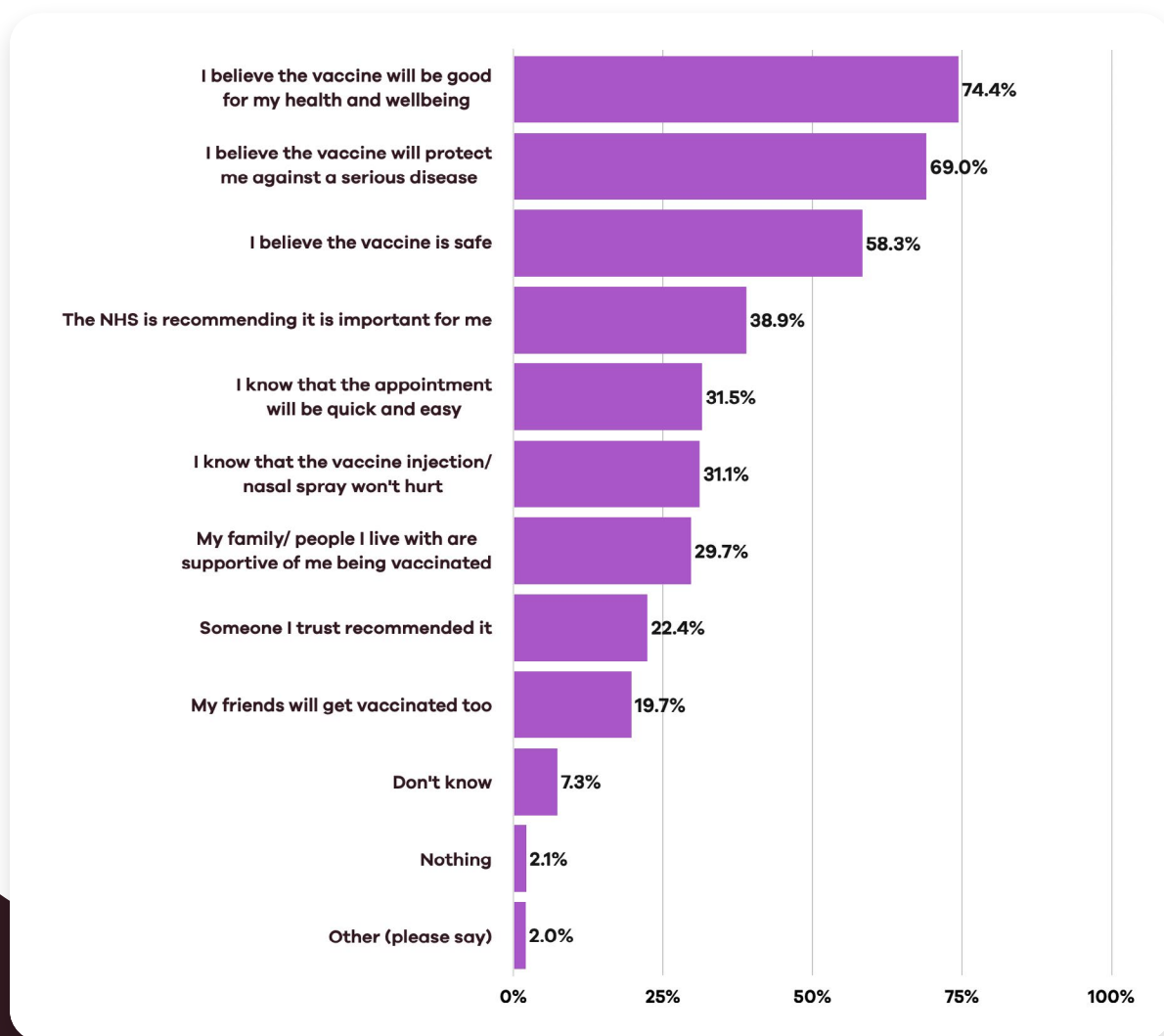
## Appendix 5: Survey responses to question 'which locations would you be happy to have a vaccine?'

### Q9 Which locations would you be happy to have a vaccine? (n=754)



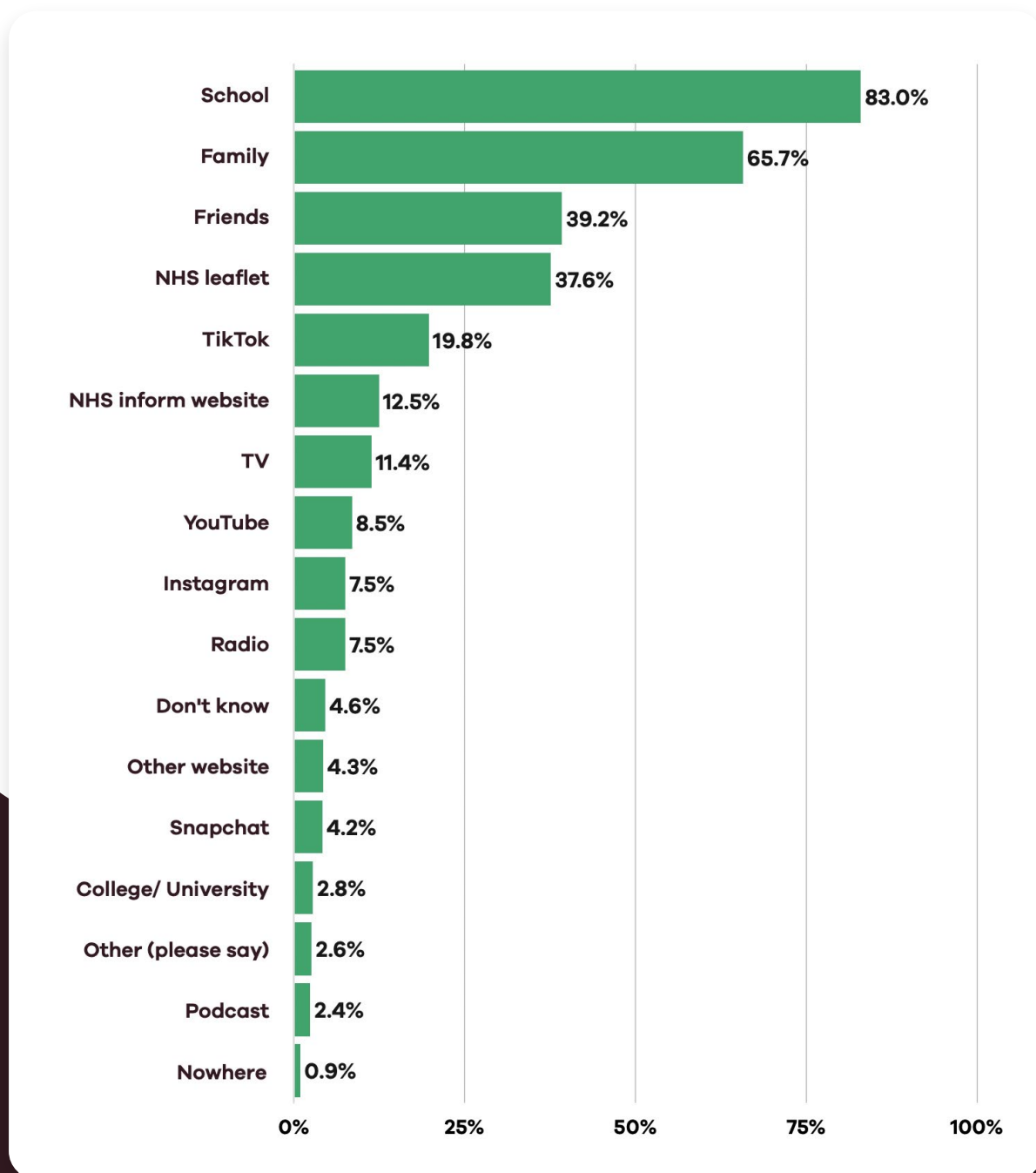
## Appendix 6: Survey responses to question 'what is important to you when deciding whether to get a vaccine?'

### Q7 What is important to you when deciding whether to get a vaccine? (n=755)



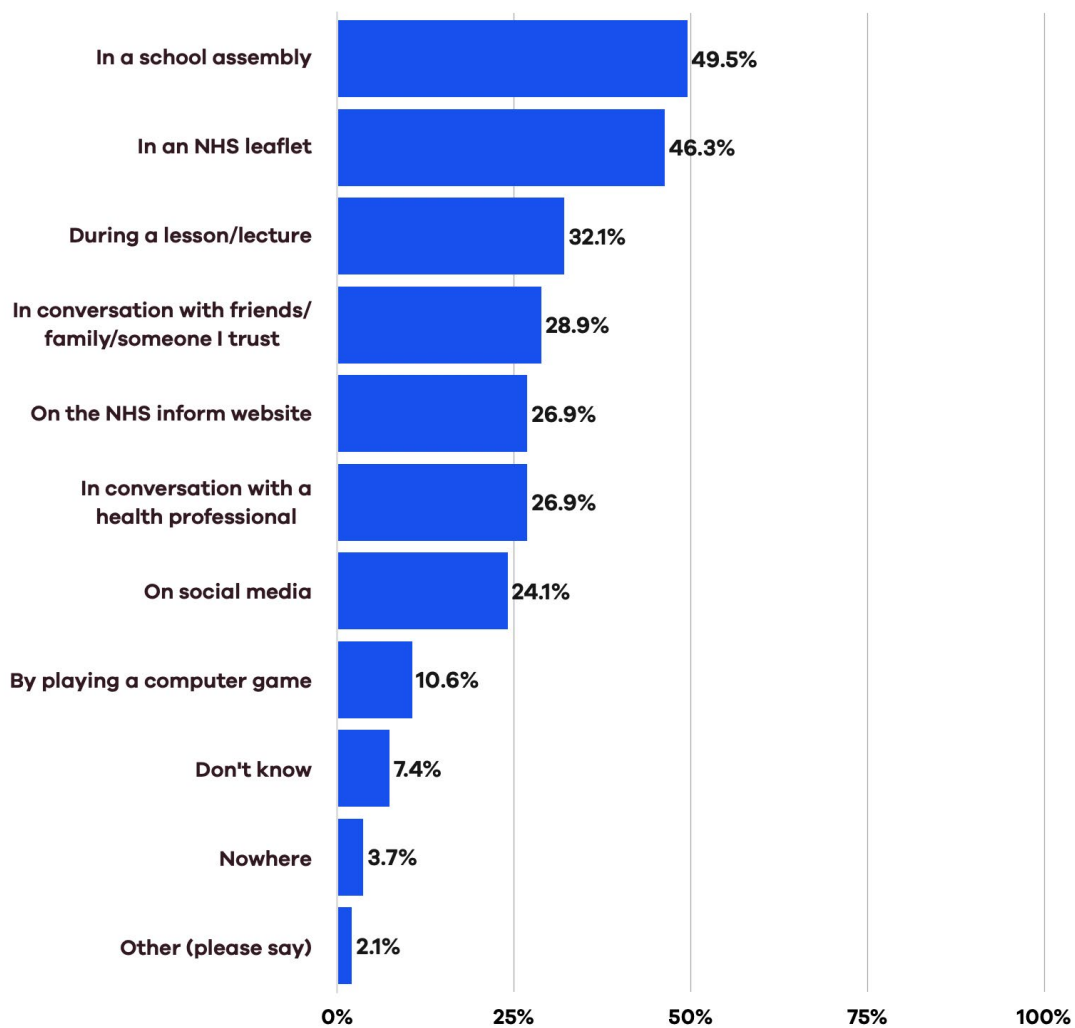
## Appendix 7: Survey responses to question 'where have you seen/ heard information about vaccines?'

### Q3 Where have you seen/ heard information about vaccines? (n=761)



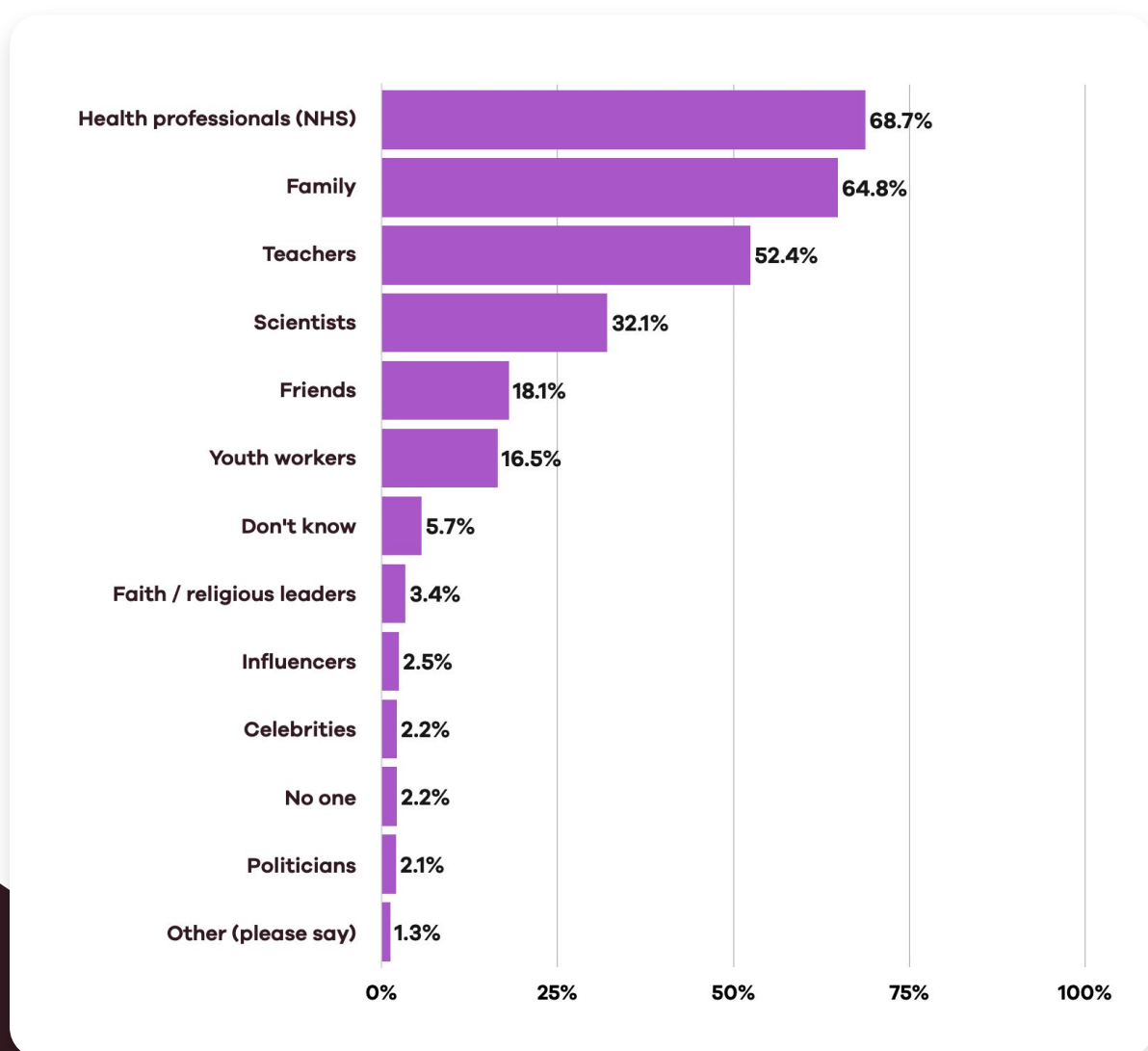
## Appendix 8: Survey responses to question 'where would you like to receive that information?'

### Q6 Where would you like to receive that information? (n=754)



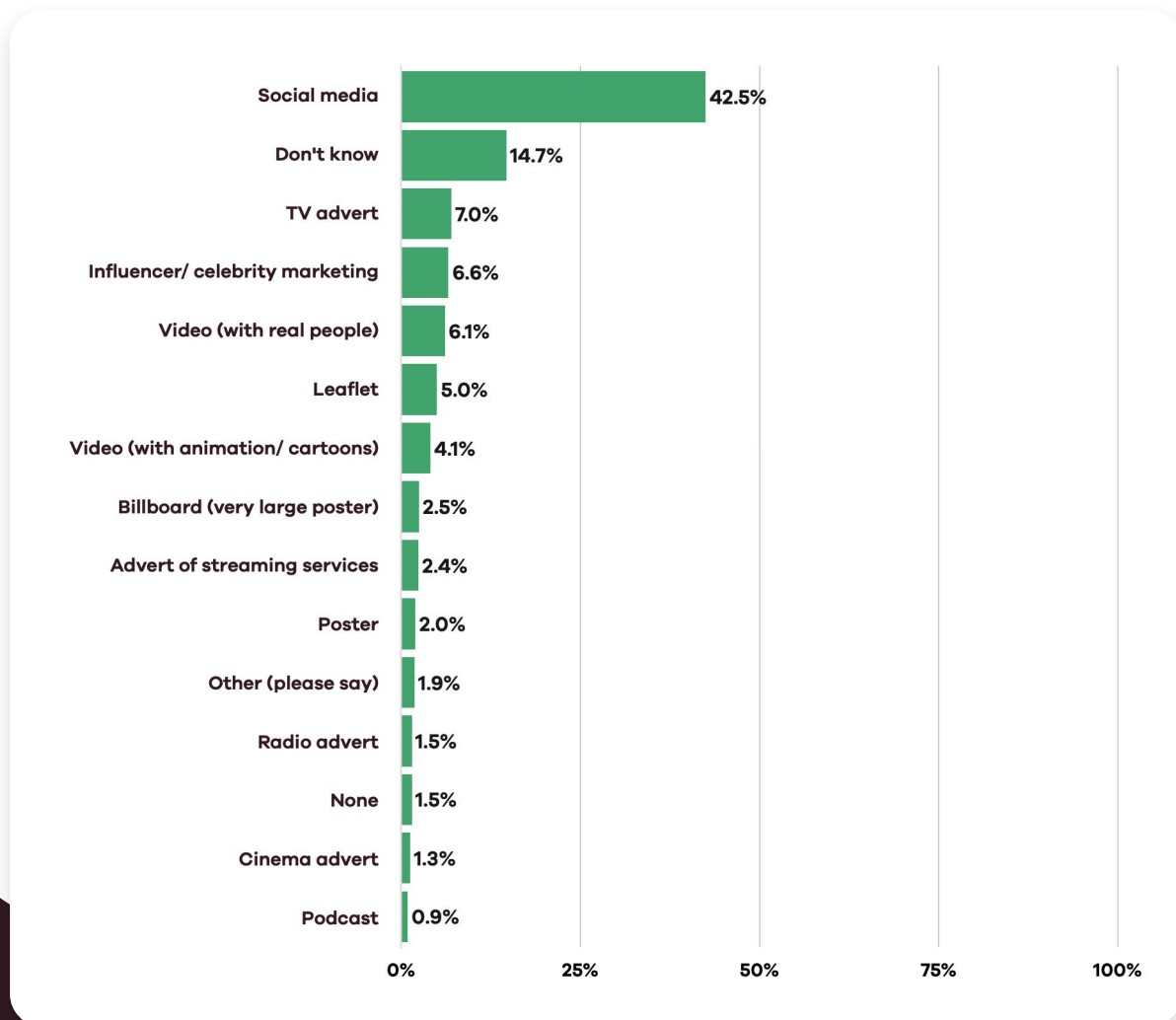
## Appendix 9: Survey responses to question 'who do you trust to give you information about vaccines?'

### Q10 Who do you trust to give you information about vaccines? (n=756)



# Appendix 10: Survey responses to question 'what type of campaign do you think would be most effective?'

## Q12 What type of campaign do you think would be most effective? (n=755)





[#InvestInYouthWork](#)

**Thank you to all the young people  
who took part in the research**

**YouthLink Scotland**

Caledonian Exchange, 19A Canning St. Edinburgh, EH3 8EG

0131 202 8050

[info@youthlink.scot](mailto:info@youthlink.scot)

[www.youthlink.scot](http://www.youthlink.scot)

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