Involving young people in vaccine decisions:

An engagement pilot by Black Country Integrated Care Board and Co-create

Insights report

By Co-create, May 2025

Executive summary

Black Country Integrated Care Board (BCICB) commissioned Co-create to run a pilot study to understand and influence decision-making around vaccines through workshops with Year 12, Year 13, and T-level Health and Social Care students.

This pilot is grounded in the belief that young people are experts in their own lives, and therefore can offer valuable insights into how health services can be more effectively designed and communicated. This report aims to represent their perspectives, experiences and ideas in order to inform improvements in how vaccination services are designed, communicated and delivered for young people.

This report highlights the voices of the young people who took part in our workshops to explore our guiding question - *How can we create meaningful conversations that help young people and professionals work together to understand decisions about vaccines and design solutions to build on things that work and address challenges?*

The findings will support future strategies to improve vaccination processes and increase uptake amongst 16 - 19 year olds. It is accompanied by a concise, illustrated toolkit outlining the practical steps young people proposed for improving vaccine engagement and delivery.

The pilot engaged 259 Health and Social Care students across four colleges. Workshops guided young people through a process of reflection, peer research, and solution design. These sessions revealed a strong appetite for more inclusive, informed, and person-centred vaccination experiences.

Six key areas that influence vaccination experience and decision-making emerged from the project:

1. Information and misinformation

Students did not feel they had access to clear, engaging, and trustworthy information about vaccines. Many relied on what they could find on social media or simply followed their parents' lead. They would appreciate easier access to appropriate information including opportunities for discussion.

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2. Fear, anxiety and phobias

Fear and anxiety around vaccinations were a significant factor for many young people, regarding both the process and potential side effects. They would benefit from more private vaccination spaces and access to personalised support if needed.

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3. Social and cultural influences

Young people's decisions often reflected the views of their parents, wider families and peers. They were aware that these influences may not reflect current guidance or evidence. They would like more space to build their own views independently of these influences and support to engage constructively with families, peers and healthcare staff.

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4. Personal health concerns and person-centred care

Students often felt that the process didn't reflect their personal health needs or align with the "person-centred care" they're taught. They would like more flexible processes for support with individual concerns such as how a vaccine might interact with a specific long-term health condition, and for individual support before or after vaccinations where required.

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5. Safe and supportive environment

The school settings in which young people had received vaccinations often felt too public and rushed for an important personal health decision. They would like alternative options for those for whom this setting doesn't work well and personalised support for those who felt unwell or distressed afterwards.

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6. Consent and informed decision-making

Many young people felt their consent around vaccinations wasn't actively sought, with decisions often made by their parents. Most didn't feel informed or supported enough to meaningfully participate in the decision making process. They would like education around vaccinations and consent to start earlier, and to have more fora for learning and exploring vaccine information.

These insights show the value of involving young people meaningfully in healthcare decisions. The accompanying toolkit offers further detail and practical tools for applying these ideas.

The report concludes with longer-term recommendations and suggestions for next steps. The recommendations developed through this pilot can support more inclusive and effective vaccination strategies—and build trust with the next generation of healthcare users and professionals.

We would like to thank the young people who took part in this project and the colleges and schools who facilitated or organised the sessions.

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Introduction

This report documents the voices of young people aged 16–19 who participated in the Black Country Integrated Care Board (BCICB) Vaccination Young Health Champions pilot. The report aims to represent their perspectives, experiences and ideas in order to inform improvements in how vaccination services are designed, communicated and delivered for young people. It is accompanied by a toolkit which offers an accessible and concise overview of the improvements created by the young people we worked with.

Black Country Integrated Care Board (BCICB) is a statutory NHS organisation responsible for planning and commissioning healthcare services for 1.34 million people across the Black Country. As part of a broader strategy to improve vaccination uptake and reduce inequalities, BCICB commissioned Co-create to deliver a pilot project with the goal of embedding young people's voices in vaccine-related service improvement.

The project had the following aims:

- To contribute to improved vaccine uptake and immunisation via the active involvement of young people;
- To raise vaccine awareness among participating student groups;
- To reduce health inequalities through tailored engagement and co-produced approaches;
- To tackle vaccine hesitancy by encouraging meaningful conversations and shared understanding between young people and professionals.

The guiding question developed for the pilot was:

> "How can we create meaningful conversations that help young people and professionals work together to understand decisions about vaccines and design solutions to build on what works and address challenges?"

This report shows how collaborative working between young people and their ICB can contribute to increased awareness, reduced vaccine hesitancy, and greater involvement of young people in shaping their own health services.

Background

Black Country Integrated Care Board (BCICB) commissioned Co-create to work with Year 12, Year 13, and T-level Health and Social Care students at six schools and colleges across the Black Country. Co-create are a co-production and involvement consultancy, founded in 2016 with funding from the Department of Health. Their mission is to shape fairer and more effective public services by supporting organisations to work in partnership with the people they serve and support.

To inform this work, Co-create:

- Conducted consultations with public health professionals, college lecturers, and vaccine delivery leads across the Black Country.
- Undertook desk research into current vaccination delivery models within schools and colleges.
- Designed and delivered a series of 15 workshops in collaboration with four key college partners: Dudley College of Technology, Sandwell College, Walsall College, and City of Wolverhampton College.

This pilot is grounded in the belief that young people are experts in their own lives, and therefore can offer valuable insights into how health services can be more effectively designed and communicated. Involving them meaningfully in these decisions fosters trust and creates opportunities for innovation.

Engaging young people

Who was involved

In total, our pilot engaged 259 young people across four schools and colleges. We requested demographic information from colleges to help us understand how gender and ethnicity might have influenced the perspectives shared, ensuring that we are clear who our findings and recommendations are able to represent.

This table shows the number of students engaged alongside their gender and ethnicity:

College	Total	Gender		Ethnicity				
		Male	Female	Asian	Black	Mixed	White	Other
Dudley College of Technology	19	3	16	1	8	0	10	0
Sandwell College	80	2	78	26	32	8	10	4
City of Wolverhampton College	80	6	74	10	21	13	32	4
Walsall College[1]	80	-	-	-	-	-	-	-
Total	**259**	11	168	37	61	21	52	8

It should be noted that the demographic information available didn't include a category for non-binary students, so we cannot confidently comment on the relevance of our findings for non-binary students. The demographic data also uses very broad categories for ethnicity. The ethnic diversity of the group gives us confidence that our learning and recommendations will be culturally appropriate for

[1] Due to a particularly busy period, Walsall College was unable to provide demographic data for the students who participated in the workshops.

a diverse range of young people, but due to the broader categories used we can't be certain that the learning is fully inclusive of those whose ethnic identities aren't well represented by these broader categories.

The majority of participants were young women, which was largely determined by the focus on Health and Social Care students. However, we did not observe any notable differences in the experiences shared by male and female students during the consultations. The solutions and themes highlighted in the 'What we learned from young people' section were consistent across genders, suggesting that our findings are broadly relevant despite the gender imbalance in our sample.

Engaging young people in schools and colleges

Effective engagement of young people requires thoughtful planning and attention to key principles such as transparency, informed choice, and the creation of safe and accessible spaces. The following practical steps supported engagement in this environment:

- We worked with course leads and lecturers to schedule workshops during regular college hours, avoiding clashes with core lectures. This helped maximise attendance and improved accessibility by ensuring that students did not need to travel outside their usual routines.
- At the start of each workshop, we introduced Co-create's 'ways of working' to the students. These included principles such as respecting each other's contributions and encouraging participants to ask questions at any time during the session. Before starting the workshop, students were invited to suggest any additional 'ways of working' they would like to include. These ground rules emphasised mutual respect and clarified our role as facilitators rather than teachers, which helped to create a collaborative atmosphere.

- We considered the physical environment, arranging tables in groups to encourage interaction and engagement during group exercises.
- Following the advice of college staff, workshops were kept to a maximum of 2 hours, with a 10–15 minute break to support focus and comfort.
- Lecturers attended sessions based on availability, with flexible involvement tailored to each group. Their support ranged from assisting with setup and stepping out for the session to explaining the workshop's purpose to students and linking it to the students' other studies such as Biology or PSHE (Personal, Social, Health and Economic education).

Reflections and learning

There is always more to be learned when involving people and communities. Our learning from delivering workshops in these settings included:

- Engaging young people in conversations about vaccinations was more challenging than we had anticipated as for many it wasn't a topic they felt particularly passionate about or had spent much time considering. The most common experience we heard was that vaccinations were simply something that happened to them without much explanation, discussion, or a sense of personal choice. To address this challenge, we supported young people to reflect on previous experience of vaccination, and their feelings on their involvement in their own health more broadly. Through this process, they began to explore their perspectives, and shared important insights about decision-making, consent, and the kind of conversations they would like to have had.

  "*I loved the fact that my opinions were heard and valued*" - Student

  "*Everyone got involved working with groups and friends*" - Student

- Institutional norms within colleges can strongly influence how young people engage in collaborative workshops, even when co-developed workshop agreements are in place. For example, formal expectations—such as how students are expected to address staff and facilitators—can reinforce power dynamics that discourage open participation.
- Scheduling poses significant challenges for coordinating the sessions, as workshop times have to fit around academic timetables, exams, and assessments.

The support and flexibility shown by college staff were instrumental in the success of the sessions. We are grateful to the staff who made considerable efforts to accommodate our workshops and contributed to their delivery.

The workshops

This section outlines the engagement approaches we used to gently guide students through a reflective and creative process on the topic of vaccinations. The following process was designed so that different colleges could participate flexibly due to their availability and needs:



Each college identified a key point of contact to support participating students, and workshops were delivered during school hours to ensure inclusivity. Facilitators from Co-create highlighted their neutral role - positioned outside formal healthcare structures - to build trust and openness among students.

Exploring experience

By carefully adapting well-established methods such as World Café, TRIZ, and the 1-2-4-All exercise, we created a structured yet flexible initial workshop that encouraged participation and critical thinking. Over the course of 1.5 to 2 hours, students were supported to explore their experiences, consider different perspectives, and develop their own insights.

The room setup was adapted to suit the physical space and class size (ranging from 15 to 40 students). Desks were arranged to comfortably accommodate five to eight students, allowing everyone the opportunity to participate and be heard.

In our initial sessions, we used experiential techniques from sociodrama that involve physical movement and symbolic representation to explore thoughts, feelings, and social roles to explore how important students felt it was to be involved in decisions about their own health. Nearly all students positioned themselves at 'very important' when asked about being involved in their health decisions, with only a few selecting 'important sometimes'. All agreed they wanted to be part of the decision-making process, even if they didn't make the final decision themselves. Through engagement activities, young people highlighted just how much their involvement matters and the impact it has on their experiences

Peer research skills

Students at Sandwell College took part in Co-create's adapted Peer Research training, you can access the video here. This training equipped students to gather insights through exploring the experiences, views, and opinions of their peers on the project topic.

Students then went on to complete projects individually, with the focus drawn from thematic analysis of the initial workshops. Two key areas arose from our analysis: the role of key influencers in vaccination decisions, and the information sources young people turn to. Students were divided into two groups, with each asked to engage with 2-3 people (such as friends, family members, professionals, or peers) to gather insights based on the following questions:

1. Who are the key people that influence your decisions about vaccinations, and what challenges do they face in supporting you?
2. What are the main sources of information that young people rely on when making decisions about health, especially vaccinations?

Additionally, students in both groups were asked to :

- Research additional factors that shape decision-making around vaccinations.

- Reflect on their findings to identify common themes, challenges, and opportunities for improving engagement and understanding.

Designing solutions

The Solutions workshops supported young people to design improvements to address the challenges that had come up in the initial workshops and, in the case of Sandwell College, their peer research. These final sessions supported students to create solutions to service challenges and further engage with their own decision-making by exploring how they would like services to function. They also ensure that the recommendations presented in this report genuinely reflect the voices of students consulted throughout the project, rather than the view of facilitators or health services. Students from Sandwell College and City of Wolverhampton College participated in this phase.

Throughout the workshops, young people wrote their thoughts directly onto sticky notes and flipcharts, ensuring that we were capturing what was important in their words. The flipcharts were uploaded onto a digital whiteboard. We conducted a thematic analysis of all the students' outputs, grouping them into key themes to identify common patterns, insights, and priorities across the workshops. To complement our analysis, we also used AI tools such as ChatGPT to support theme generation and validate our interpretations. This approach enabled us to efficiently process large volumes of qualitative data and ensure all voices were included, while summarising our learning into actionable key themes. We ran this process for the initial ‘exploring experience’ workshops, the ‘solutions’ workshops, and also the individual projects undertaken by Sandwell students.

What we learned from young people

This section brings to life the voices of the young people we engaged. It captures what they shared about their experiences of vaccinations—what it was like, how it felt, and what it meant to them. Through all three parts of the project, strong themes emerged around what mattered most to students, what shaped their decisions, and what could help make the experience better in the future. The ideas and improvements presented here come directly from young people and we found their suggestions to be creative, thoughtful and relevant.

In addition to the exploring experience and solutions workshops, students at Sandwell College carried out a peer engagement project as part of their coursework. Building on what they had learned through the initial sessions, they independently reached out to three other young people, outside of their course, to gather additional views and experiences around vaccinations. Their findings closely aligned with what we learned from the Health and Social Care students we worked with, suggesting that our themes are also applicable to younger people outside of the group we worked with. As the themes between the two groups were closely aligned, the insights from this peer-led research have been integrated into the overall findings shared in this report.

Young people across colleges in all of the classes we worked with shared common experiences and concerns about vaccinations. Building on these recurring themes, they designed practical ways to improve the vaccination experience, ensuring that future decisions feel more informed, supported, and centred around their needs.

The themes below reflect the key areas they identified as essential for feeling truly included in the decision-making process, along with their ideas for how to improve the process. The current school-based vaccination programme is a well-established and cost-effective method of reaching large numbers of young people efficiently. The ideas shared here are not intended to replace this model, but rather to offer

thoughtful, realistic ways to improve how it feels for young people going through it. These small changes—focused on communication, comfort, and inclusion—could help address many of the challenges identified while still working within the existing system.

1. Information and misinformation

"*I rely on TikTok and Instagram for health information most of the time... sometimes I see posts that make me confused.*" - Student

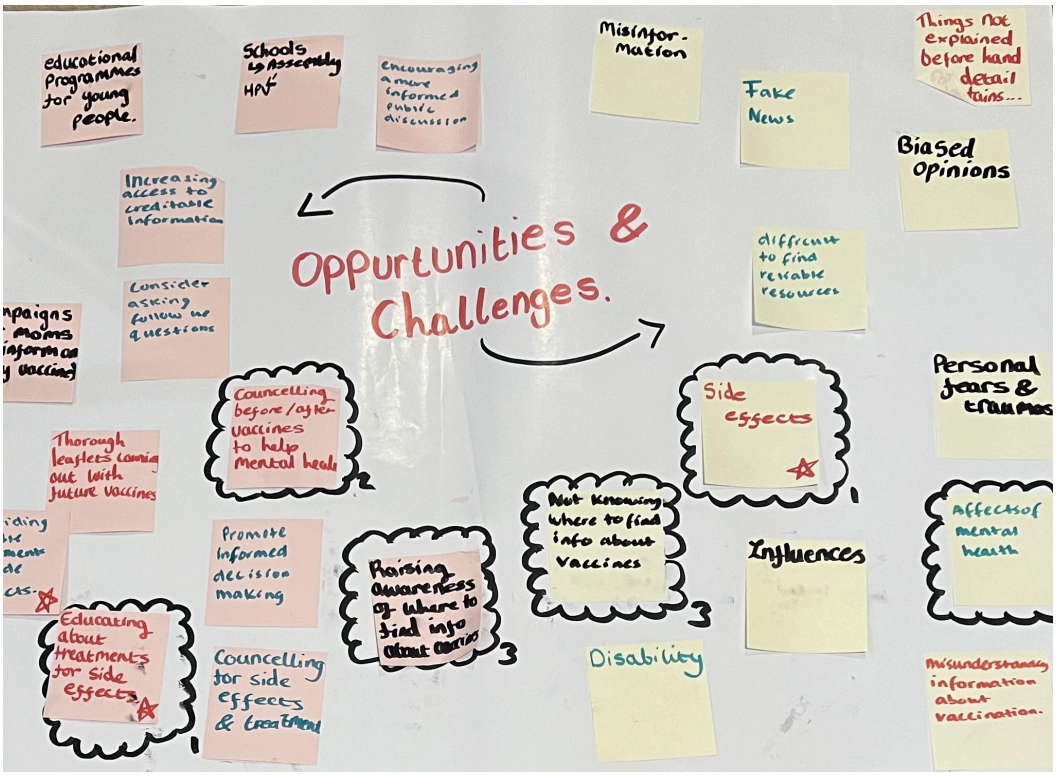
"*In my family, they don't really talk about health topics openly.*" - Student

This was the first issue that many young people thought about when reflecting on their experiences. It became clear that the lack of accessible, engaging, and clearly presented information had a significant impact on their ability to make informed decisions. Young people discussed where and how information is available, and although they acknowledged that resources like the NHS website or NHS App were options, they expressed a strong preference for written information to be available in places they use regularly. Many students felt unsure about why certain vaccinations were offered, the benefits they provide, and the potential risks or side effects. In some cases, they were completely unaware of what a vaccination was for—for example, the HPV vaccination.

Students also highlighted information on social media but were unsure what was trustworthy. This was especially relevant to misinformation about vaccination ingredients and safety.

Students talked about the lack of opportunities for discussions before the vaccinations were given in schools or at the time the vaccinations were given. Students stated that it felt like a 'conveyor belt' when the vaccinations were given, with no time to ask questions to the person giving the vaccinations.

Young people did not often have opportunities to explore differing views about vaccinations, which meant that many young people simply adopted their parents' perspectives, as they ultimately gave consent. In the researchers' view, this lack of active involvement could limit the development of independent decision-making skills, potentially affecting how confidently and critically these young people make health-related choices in adulthood, including decisions they may make as future parents.



Ideas for improvement

- **Provide information in multiple formats** – A single approach won't work for everyone, so multiple formats should be used. Suggestions for these were guest speakers in school assemblies before vaccinations, and QR codes linking to trusted information about the different vaccinations placed in locations young people regularly visit, such as schools, bus stops, and public transport.
- **Integrate school communications with links to reliable vaccine information** – When schools send text messages to parents about upcoming vaccinations,

they could include direct links to reliable information sources, ensuring both parents and students have easy access to the relevant information on the specific vaccination.

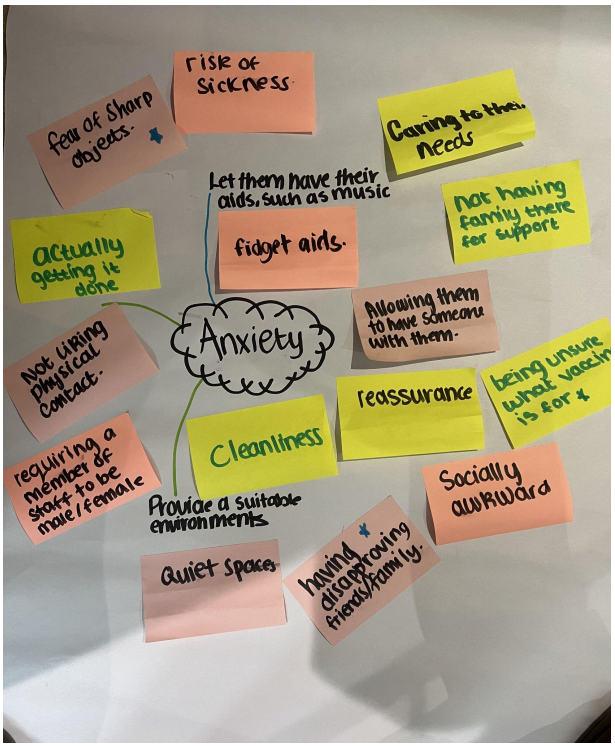
- **Provide on-site information in waiting areas** – Posters and leaflets in vaccination areas would allow students to read important details while waiting, helping them feel more informed and reassured.
- **Deliver information through social media platforms TikTok and Instagram** – TikTok and Instagram were identified as the most used platforms, where young people searched for information. These could be used to share short, engaging videos which could be delivered by health professionals and young people (their peers) with clear, youth-friendly vaccine information.
- **Offer post-vaccination support with a link to a trusted source** – Providing a small information card after vaccination would give students a trusted source to refer to if they feel unwell or need support.
- **Include peer-led conversations in discussions about vaccinations** – Involving young people in discussions and sharing real-life experiences about vaccinations, particularly from those with anxiety or long-term health conditions, would help others feel more confident and reassured in their decision-making.

2. Fear, anxiety, and phobias

"I had a bad reaction to a vaccination before, and this wasn't taken seriously at the time, leading me to feel anxious about any other vaccinations." - Student

Fear and anxiety emerged as significant concerns among young people, relating both to the vaccination process itself and potential side effects. A substantial number expressed a fear of needles, sometimes stemming from past negative experiences, which aligns with global research suggesting that between 20% and 50% of

adolescents are affected by needle fear (McLenon & Rogers, 2019). Anxiety was often heightened by the way vaccinations were delivered: long queues in public spaces, lack of privacy, and the visibility of who was or wasn't receiving the vaccine contributed to feelings of exposure and judgment. In addition, concerns about side effects and uncertainty around how their bodies might react added to the emotional strain. For some, witnessing peers in distress further intensified their own anxiety.



Ideas for improvement

- **Create safe opportunities for students to talk about anxiety.** Young people should be offered proactive opportunities to share any anxieties they may have about vaccinations, rather than relying on them to voice concerns unprompted. Taking these steps helps ensure that no young person feels rushed, overlooked, or alone in the process. These could include:
    - Routine check-ins with the school nurse to identify worries in advance
    - Dedicated time in PSHE or tutor sessions to explore fears in a safe and supportive setting.

  - Peer-led discussions, where students who have already been vaccinated share what helped them manage their anxiety.
  - Clear communication in letters, assemblies, and vaccine information materials letting students know they can speak to someone in advance if they feel nervous.
  - Inviting parents or carers to note any known anxieties when giving consent.
  - With healthcare professionals: pre-vaccination information sessions that give space for questions and conversation, drop-in Q&A sessions to build understanding and reduce fear.

- **Provide access to a fully qualified health professional if individuals are exhibiting distress about vaccinations** – A dedicated professional should be available to help young people work through anxiety and phobias related to vaccination. This should be offered proactively rather than assuming that young people know who to go to or feel comfortable doing so. Schools and healthcare providers should offer ongoing support for those with needle phobias, ensuring these anxieties don't become a barrier to future vaccinations.
- **Create private discussion spaces before and after the vaccinations** – Providing a quiet, private area before and after vaccination would allow students to ask questions and process their emotions without the pressure of onlookers.
- **Include an option for parental support on the day of vaccinations** – Young people should have the option to have a parent present at school during their vaccination for reassurance.
- **Consider providing practical strategies for managing anxiety** – Providing clear guidance on coping techniques (such as breathing exercises or distraction methods) could help students manage their fear and feel more in control.

- **Ensure a compassionate approach from vaccinators** – It's important for those administering vaccines to recognise and validate young people's anxiety, offering reassurance and support to create a more positive experience.

3. Social and cultural influences

"*Health decisions are strongly influenced by my family, as they prefer traditional remedies and question modern medicine.*" - Student

For most of the young people we spoke to, the decision to get vaccinated largely depended on whether their parents gave consent. Students explained that their parents' views were often shaped by the information they had access to, which wasn't always clear, balanced, or up to date. Like many of us, parents' decisions were often informed by a mix of knowledge from diverse sources, personal values and beliefs and past experiences resulting in views and decisions which may not always reflect current guidance or evidence.

Without opportunities for open and honest discussions, access to clear and accurate information, and dedicated spaces to ask questions and explore personal concerns, young people are more likely to mirror the decisions of those who influence them most, whether that's parents, peers, or their wider social circles. As adult vaccination rates continue to decline, there is a strong possibility that young people will follow the same pattern, reinforcing the need for more meaningful engagement and accessible, youth-friendly information.

Ideas for improvement

- Support families with clear, accessible information - Ensure that parents receive balanced, evidence-based information in multiple formats to help them make informed decisions. Provide resources that address common misconceptions and cultural concerns around vaccinations.

- Encourage open conversations between young people and their families - Create opportunities for discussions about vaccinations in schools and community settings that involve both young people and their families. Offer workshops or online Q&A sessions where families can explore concerns with healthcare professionals.
- Empower young people to make their own informed choices - Ensure that young people understand their rights, including the concept of Gillick competence, so they feel confident in making their own decisions. Provide platforms where young people can discuss social and cultural influences without fear of judgment.
- Reduce judgment and peer pressure around vaccination choices - Avoid public vaccination settings where young people feel exposed to scrutiny from their peers.
- Ensure young people feel supported in their decisions by healthcare professionals, whether they choose to have the vaccination or not. This would ensure that healthcare professionals were leading by example around any stigma attached to decisions.
- Acknowledge and respect cultural and religious perspectives - Work with community and faith leaders to provide culturally sensitive information about vaccinations. Offer personalised support for young people navigating cultural expectations while making their own health decisions.
- Use peer advocacy to share diverse experiences - Encourage young people who have had vaccinations to share their experiences in ways that feel authentic such as through social media, school discussions, or short video testimonials. Support young people from different cultural backgrounds to speak about how they navigated family expectations and personal choice.

4. Personal health concerns and person-centred care

"*It doesn't feel like a particularly caring process, that gives time to listen and explain.*" - Student

Students frequently referred to the concept of 'person-centred care', a key principle in their Health and Social Care courses. As we went through our engagement exercises, the students began to relate this concept to the discussions around vaccinations, as they felt the current process often did not align with what they were being taught. They expressed that the system is not tailored to individual needs, leaving little space for personal circumstances to be considered. Their main concerns included how vaccinations might impact long-term health conditions, allergies, or past reactions, as well as the general discomfort of not knowing exactly what was going into their body.

Ideas for improvement

- **Offer pre-vaccination consultation opportunities** – Young people should have the chance to discuss how vaccinations might affect their long-term conditions, allergies, or past reactions. Providing pre-vaccination consultation opportunities would help them make informed choices and alleviate fears associated with this.
- **Provide personalised support and adjustments** – The vaccination process should be flexible to accommodate individual needs. This could include quiet spaces for those worried about a reaction or longer appointment times for those needing extra reassurance.
- **Get young people more involved in their own healthcare decisions** – Instead of decisions being made for them, young people should be given space to ask questions, express concerns, and actively participate in their healthcare

choices, with professionals offering guidance rather than directives, even if the ultimate decision rests with the parent.

- **Offer follow-up support after vaccination** – Young people should receive ongoing information and support post-vaccination, such as a helpline or access to further advice in case of side effects or concerns.

5. Safe and supportive environment

"*I felt dizzy after the vaccination, and I just had to sit in the seat in front of others, waiting to go for the vaccination; it wasn't private at all.*" - student.

Almost all the young people we spoke to had received vaccinations in a school setting, and many shared concerns about the process. They described long queues, a lack of privacy to ask questions, and limited support for those who felt unwell or distressed afterward. Because vaccinations were given in a highly visible way, students felt that their decision, whether to have the vaccine or not, was open to judgment from peers. Seeing others anxious or upset about the vaccination also heightened their own feelings.

The physical environment played a significant role in their experience, with some students recalling that vaccinations were given in areas they considered inappropriate spaces for a medical procedure. For example, some students shared that having vaccinations in the school dining room made the process feel uncomfortable.

Ideas for improvement

- **Provide private and calm vaccination spaces** – Vaccinations should be offered in discreet and relaxing environments, rather than busy public areas like dining rooms. This would help reduce anxiety and allow for a more personal, supportive experience. Students suggested not having so many people queuing up at once, which would support the use of smaller areas.

- **Provide dedicated quiet areas before and after vaccinations** – Providing separate spaces for young people to ask questions before or recover privately after their vaccination would help those who feel nervous or unwell.
- **Offer flexible appointment options** – Schools and healthcare settings should allow alternative times or locations for those who need a more supportive setting, such as smaller group vaccinations or clinic-based options instead of school.
- **Staff should be trained to offer emotional support** – Those administering vaccines should be trained to recognise anxiety, offer reassurance, and create a calm, pressure-free environment where young people feel respected and understood.
- **Design the process to reduce visibility and judgment from others** – The process should be designed to minimise social pressure, ensuring young people do not feel judged for their choice. This could include private consent discussions and less visible queuing systems.
- **Develop peer and mentor support programmes** – Schools could introduce peer support programs, where trained young people help reassure others, share experiences, and create a more encouraging atmosphere around vaccinations.

6. Consent and informed decision making

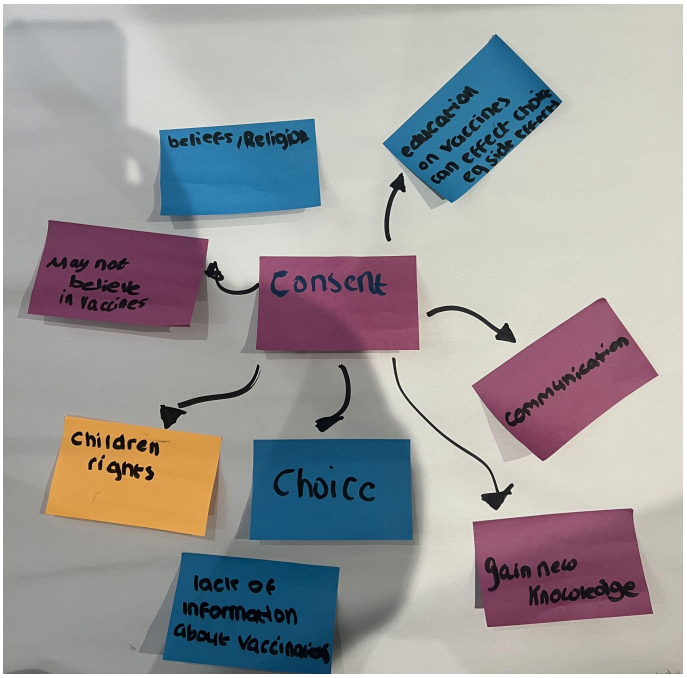
"*We should be able to consent about what goes on with our own bodies, but nobody really asks us.*" - Student

This final theme is closely connected to all the others, as each contributes in some way to a young person's ability to make an informed choice. Challenges such as limited access to information, fear and anxiety, cultural and social influences, and a lack of person-centred care all shape how involved young people feel in the

decision-making process. Unlike other medical procedures, many young people felt their consent around vaccinations wasn't actively sought, with decisions often made by their parents. While they understood that they technically had the right to refuse, most didn't feel informed or supported enough to meaningfully participate in the process.

Discussions across several groups highlighted the importance of having a say over what happens to their bodies. Young people noted that consent is strongly emphasised in areas such as sex, drugs, and alcohol; yet decisions around vaccinations often lack the same focus.

In one exercise, students were asked to stand in a line based on the age they felt they should be able to give consent, ranging from primary school age to 18. A large majority positioned themselves between 12 and 14 years old, acknowledging that while they might not yet be ready to make the final decision, they wanted access to more information and involvement to help them understand and form their views.



Ideas for improvement

- **Develop and implement earlier and ongoing education on health consent** - Introduce discussions about medical consent, including vaccinations, as part of the school curriculum. Link consent in healthcare to consent in other areas young people learn about such as sex education and drug and alcohol use to create a broader understanding of personal autonomy.
- **Provide clear and accessible information for young people** - Provide age-appropriate materials explaining what vaccinations are, their benefits and risks, to support the decision-making process. Ensure information is delivered in multiple formats, such as videos, infographics, and discussions, to cater to different learning styles. These should be delivered at different times, not just at the point before a vaccination session.
- **Provide opportunities for discussion and questions** - Create safe spaces where young people can ask questions and discuss concerns with trusted professionals before vaccinations take place. Offer sessions led by healthcare professionals or trained educators where students can explore their rights around medical consent. Consider where conversations already take place, such as science classes, PHSE classes, assembly, school nurses, and proactively offer and include the topic of vaccinations and how all these opportunities link together to inform young people's decision-making.
- **Develop a more inclusive consent process** - Ensure young people are actively involved in discussions about their vaccinations, rather than relying solely on parental consent. Consider supporting young people to indicate their level of understanding and involvement in dec**ision-making, even if parental consent is still required.**
- **Provide more private and supported consent processes** - Avoid public vaccination settings that make young people feel pressured or judged for their choices. Ensure they have the opportunity to discuss their decision privately with a healthcare professional before the vaccination if they choose to.

Recommendations for longer-term improvements

It is important to consider how young people's previous experiences of vaccinations - such as how informed, supported, or comfortable they felt - could influence their willingness to engage with future vaccination programmes. Improving the experience now may positively influence how young people approach vaccinations in adulthood, including when they make decisions for their children.

Each of the themes in the previous section includes practical steps, developed by young people, to enhance the vaccination experience. The more immediate improvements that could sit within the current system are presented in our toolkit, while the recommendations that follow look at broader, long-term opportunities for change.

1. Develop opportunities for early involvement

- Involving young people in healthcare decisions should start early and develop gradually, rather than beginning only when a decision needs to be made.
- Young people benefit from earlier opportunities to explore health topics, ask questions, and build their understanding over time.
- Introducing conversations about health, consent, and decision-making early in secondary school, both in schools and during healthcare interactions, can better prepare them to make informed choices as they get older.

2. Build vaccine education into the broader curriculum

- Better integration of vaccine knowledge into the school curriculum covering informed consent, personal autonomy, and public health implications.

Strengthen spaces where they are already talking, such as PHSE, science classes.

- Provide training for teachers and school staff to facilitate balanced, non-judgmental discussions about vaccinations.

3. Support feedback mechanisms for young people

- Introduce structured live and relevant feedback mechanisms into the vaccination process to support young people to share their experiences and suggest improvements.

4. Expand engagement with key stakeholders

- Consider establishing a youth advisory panel within the Integrated Care Board (ICB), or identify and utilise panels which already exist, to directly influence health policies affecting young people.
- Strengthen collaboration with youth organisations, social workers, and mental health professionals to address emotional aspects of medical decision-making.
- Leverage social media platforms and influencers to engage young people in meaningful conversations about consent and health choices.

5. Develop more specific and inclusive categories for collecting demographic information in colleges

- Expand current demographic categories to include a non-binary option for gender and more specific categories for ethnicity. This would help identify who may be underrepresented in engagement and ensure that a broader range of voices, including those that are often most marginalised, are heard and understood.
- Ideally, this would be standardised across Black Country colleges to allow for comparison. This could be carried out collaboratively with the young people

that the data will relate to, or drawn from external sources such as the ethnic group codes in the School Census.

Next Steps

This study focused on Health and Social Care students aged 16–19 in college settings. While the group was diverse in terms of ethnicity, participants were mostly female and of a similar age. The consistency of themes across all participating colleges suggests that this specific group of young people was well-engaged in this research.

However, there is clear value in the ICB continuing to work with colleges to extend the conversation to future cohorts. As new students join Health and Social Care courses, many of whom may go on to become the next generation of health professionals, they will play an important role in shaping and sharing public health messages with younger generations. Ongoing engagement through colleges also reinforces the vital role education settings can play in supporting young people's voices in service development and delivery.

To broaden this study and ensure inclusivity, we recommend further engagement with the following groups:

Young people studying courses not related to healthcare. Health and Social Care students have a specific relationship with healthcare discussions and it would be helpful to understand how those who are less engaged with the field experience the process.

Young People not in Education, Employment or Training (NEET). Black Country Annual Economic Review 2024 reported 1,206 16-17 year olds who meet this criteria. Engaging this group and other ages who are NEET would offer valuable insight into whether their views and experiences around vaccinations differ from those of peers in formal education settings.

Younger school-age children who have recently experienced vaccinations. Hearing directly from this age group would provide a valuable, up-to-date perspective on how the school-based vaccination process is experienced in real time. Their insights

could highlight what is working well and where improvements could be made from the viewpoint of those most recently involved.

Community and faith leaders often hold trusted positions within local communities and can play a vital role in shaping the attitudes and behaviours of young people, particularly in areas where trust in healthcare systems may be lower. For many young people, cultural and religious beliefs within their families and communities strongly influence how they view vaccinations. Co-designing approaches with community and faith leaders can help ensure that information is respectful, relatable, and responsive to those beliefs. This helps to build trust, address concerns, and reduce confusion caused by misinformation or mixed messages. Involving young people in these conversations alongside trusted leaders can also create a more open space for questions and informed decision-making.

Conclusion

At the outset, it became clear that young people's involvement in the vaccination process had historically been limited, with few opportunities for their views to be heard or considered. This presented an initial challenge for the research: without prior experience of being actively included, many young people had not meaningfully reflected on their role in vaccination decisions. As a result, we recognised the need to gently support participants through a process of reflection and dialogue to uncover insights that were not readily available at the start. This initial lack of engagement not only shaped how we approached the sessions, but also highlighted the importance of creating space for young people's voices in future health conversations.

The process of involving young people in this project was valuable not only for what it revealed, but for what it offered the participants themselves. Many students shared that they had never been asked for their views on vaccinations before, and the opportunity to reflect, question, and be heard helped build their confidence and sense of ownership over their own health decisions. For some, it was the first time they had thought critically about the consent process and their right to be involved. From a learning perspective, their openness, insight, and creativity challenged our initial assumptions and deepened our understanding of how vaccination experiences are not just shaped by systems but by relationships, environments, and young people's sense of agency. The project reminded us that when we create space for young people's voices, the learning is mutual, and the outcomes are richer and more relevant for everyone involved.

The insights gathered from young people highlight the importance of strengthening how vaccination consent is approached, with greater emphasis on ensuring their voices are meaningfully included. While legal frameworks are in place to support young people's rights, the project revealed that practical challenges such as limited access to clear information and a lack of opportunities to be involved can make it harder for them to fully engage in the decision-making process. Addressing these

areas offers a valuable opportunity to build greater trust, confidence, and autonomy for young people in their healthcare experiences.

By adopting these recommendations; healthcare providers, educators, and policymakers can create a more inclusive and supportive vaccination process. Over time, this will foster trust among not only young people but those that they come into contact with in their personal and professional lives. The recommendations in this report and connected toolkit can be reasonably expected to raise vaccine awareness, reduce vaccine hesitancy, improve vaccine uptake, and reduce health inequalities. Continued engagement with young people will be essential in developing and sustaining any improvements.



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