

Community Health Champions

'Barriers to young people receiving the HPV vaccine'



Introduction

Community Health Champions are passionate about people. They share important and easy to understand health messages with their friends and family, people they work and volunteer with, and people in their communities.

As part of this work our project team has supported communities to engage with a range of vaccination programmes including brokering vaccination clinics within targeted communities and feeding back community insight on communication approaches.

We were interested in the opportunity to explore the reasons behind the low uptake of the HPV vaccine in Stoke-on-Trent and we secured some research funding to explore this.

Our approach

We met with partners to discuss ideas and the decision was made to work with our friends and long-term Community Health Champions at The Community Cast and Nicola Gratton Consulting, bringing their expertise around ethical community engagement, inclusivity and genuine representation.

The appeal of this project was that this impacted all Stoke-on-Trent communities rather than specific cohorts and we recognised there were two distinct groups we wanted to reach.

Working with The Community Cast, we set out to reach the parents and carers of high school age children who would be approached to give consent for their children to receive the vaccine and a second cohort of young people who can access the vaccine up to the age of 25.



Community Health Champions HPV report – October 2025



HPV and the local context

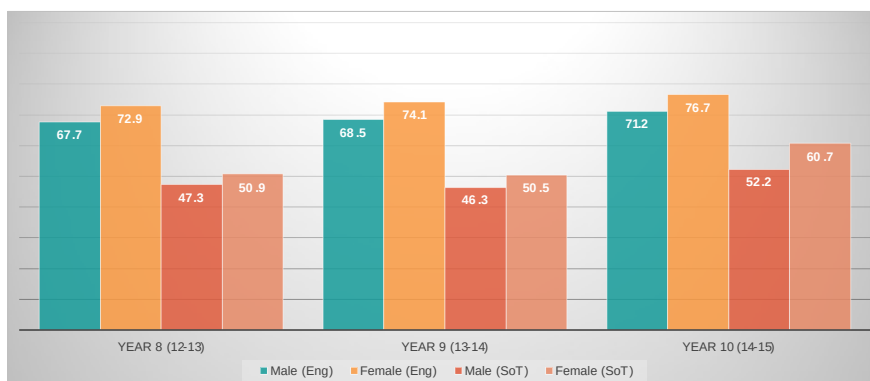
The human papillomavirus infection, also referred to as HPV, is the name of a very common group of viruses which affect the skin. While they do not cause any problems in most people, some types can cause genital warts or cancer.

The HPV vaccine helps protect against human papillomavirus (HPV). It's recommended for children aged 12 to 13 years old and people at higher risk from HPV. It reduces the risk of contracting HPV and therefore the chances of getting certain forms of cancer are reduced (cervical, mouth, anal, penial, penial, vulva and vaginal). If a young person has not had the vaccine at school age, they can get the catch-up injection up until the age of 25.

In 2019 prior to the COVID-19 pandemic the uptake of the HPV vaccine amongst young people in Stoke-on-Trent was on par with the national average (approx. 70%). This engagement dropped significantly during the coronavirus outbreak due to lockdowns and misinformation narratives around the safety of vaccines.

This saw the uptake of the HPV vaccines in the city drop to around 20% below the national average.

2023 -24 : Annual HPV vaccination coverage in England v Stoke-on-Trent (Gov.uk)



The four years leading up to 2023-24 has shown that this 'drop off' in young people in the Stoke-on-Trent area having the HPV vaccine has consolidated, with boys on average across the age spectrum 20.7% lower than the national average, and girls 20.8% lower.

Community conversations



The Community Cast and Nicola Gratton Consulting were commissioned to deliver four Community Conversation sessions and these were supported by the team at VAST's Community Health Champions project and Diane Hughes, Clinical and Operational Lead for Targeted Vaccination Programme at the Midlands Partnership University NHS Foundation Trust.

From July to October 2025, The Community Cast, in collaboration with Nicola Gratton Consulting, carried out four separate community conversations, using creative engagement tools. Two were held with parents of young people (Fegg Hayes Hubb, Pavilion in Bentilee) and two were held with young people (YMCA North Staffordshire, City of Stoke-on-Trent Sixth Form College).

The focus was to hear what participants thought and felt the benefits and barriers were to getting vaccines in general and then focusing more specifically on a discussion around HPV.

Community Health Champions

HPV report – October 2025



Three of the sessions were facilitated through the Community Health Champions and their local contacts and The Community Cast arranged a session to engage young people from the YMCA via their established contacts.



In the process of organising the sessions and speaking with Champions, we gained some useful feedback on HPV and the vaccine from adults who were unable to attend the sessions in person.

Preliminary findings

Parents told us that the letter sent by schools was too cumbersome and website information was not clear when it comes to giving consent. This was also compounded by the lack of translation into other languages for some Champion's communities.

Once the letters from children have been missed and the vaccination sessions passed, there are no instructions on how to catch up via GP's or waiting for the next academic year.



Community Health Champions

HPV report – October 2025

The Community Conversation sessions were designed by The Community Cast and consisted of the following:

- **Welcome and introductions**
- **Toolkit exercise One:** How are you feeling about being here today? Using 'Dixit' cards, workshop leads opened the conversation about how each person felt about being at the session – important due to the sensitive and potentially divisive topic being discussed.
- **What are the things that make it more/ less likely people will have vaccines?** Using a tool called 'on the one hand/ on the other hand', participants were encouraged to draw around each of their own hands, then on the one hand write down their thoughts on why people have vaccines, while on the other hand write down why they thought people chose not to have vaccines. This was followed by a discussion.



- **What is HPV and the HPV vaccine?** This section took time to explain what the Human Papillomavirus infection is, how the vaccine works and can prevent illnesses such as certain types of cancers, and some of the national and local statistics supporting this.
- **What type of information / messaging would you want to see in raising awareness of HPV and the vaccine?** People were asked to write their thoughts on a speech bubble. One of the facilitators read out the bubbles.

Community Health Champions

HPV report – October 2025

- **Specific barriers and benefits to the HPV vaccine.** This exercise entailed participants writing their thoughts on the benefits and /or barriers to getting the HPV vaccine and placing them either on a large smiley face poster (benefits) or large sad face poster (barriers).
- **Agree or disagree with statements?** Having placed the Benefits and Barriers onto a table, participants were asked to place coloured sticky dots against statements they agree with. This provided an overview of the group's collective priorities.
- **Easy Read document consultation:** Participants were asked to look through the Easy Read NHS document on HPV and consider whether it is easy to read and how it could be improved.
- **Session evaluation:** For each session, participants are asked to feedback their thoughts on the session itself; What you'd take away from the session; what you'd leave behind; what you liked most and what made you think.
- **Next steps:** At the end of each Community Conversation we finished by informing the group of what will happen with the session information they have provided.



Community Health Champions

HPV report – October 2025



Session One (Parents): The Hubb @ST6, Fegg Hayes

Group size: 5

Five parents of young people attended this session and the structure of the session was adapted to meet the needs of the participants. We employed a round table discussion for this Community Conversation.

Session Two (YP): YMCA North Staffordshire, Shelton

Group size: 6

Six young people attended and we were able to utilise the original intended session structure although aspects of the session swayed toward a round table discussion.

Session Three (YP): City of Stoke-on-Trent Sixth Form College, Stoke

Group size: 24

By far the largest group, this Community Conversation was attended by 24 young people from the T-Level Health & Social Care course who engaged in the full session resources and exercises.

Session Four (Parents) : The Pavillion (Youth and Community Centre), Bentilee. Group size: 1

Despite thorough and widespread promotion in-person including attendance at the local Community Lounge, posters at GP surgeries and community facilities, and social media promotion, only the local ward Councillor Sarah Jane Colclough attended. However, this provided useful information and data reflecting on engagement and uptake of the HPV vaccine in communities.

Themes and findings

With both parents and young people, we discussed the wider context of vaccines before discussing HPV, the vaccine and the specific barriers to this.

Several themes emerged from the consultation. While themes were relevant across all groups, it was clear that the way young people and parents experienced each of the themes was different.

Misinformation and 'anti-vax' sentiment

Young people and parents were aware that some people were generally reluctant to have vaccinations due to rumours and misinformation about the risks associated with them. Both groups felt that this had increased since Covid with young people saying that people have become scared of vaccines since Covid.



Parents noted how misinformation connecting the Covid vaccine with 5G caused similar damage to vaccination uptake as the now disproved link between MMR vaccine and autism. They felt that the current political landscape had resulted in people deliberately trying to discredit vaccination programmes.

Young people referred less specifically to misinformation being the cause of vaccine reluctance. However, they talked about rumours and concerns about side effects preventing people from getting vaccines. A few young people did refer specifically to misinformation. One young person said that 'people don't believe in vaccines' and 'people believe everything online and don't get it'. Another referred to influencers being a reason people do not want to be vaccinated. Some young people had examples of family members who were reluctant to have vaccines. One student commented, "My aunty won't get her Covid vaccinations because she thinks she's going to get ill." Another stated that her parents would not agree to the HPV vaccine because they "don't trust it because it's a new vaccine", indicating that parents need reassurance about the vaccine's safety before consenting.

Awareness of HPV and vaccine benefits – parents

Parents we spoke to were all aware of the HPV vaccine being made available to their children but there was a lengthy discussion about how the information about HPV and the vaccine is shared with them. The first information they received about HPV was from their children's school alongside a consent form when the vaccination was due. Most parents felt that they were unable to keep abreast of all the information shared through school, and experienced high levels of information overload. The HPV information was therefore sometimes overlooked or not fully digested.

Some parents admitted to consenting to their child having the vaccination without fully understanding what the vaccine was for. While information about HPV was provided, parents felt it was too complex, filled with 'jargon' or too medicalised to confidently provide informed consent. They pointed to the average reading age in Stoke-on-Trent being 7 and questioned how much of the information was therefore being understood. They argued that "we need to worry about people not understanding, rather than worrying about patronising people who do understand." One parent said that they had not fully understood what the vaccine was for and therefore looked online which was "the worst thing I could have done" due to misinformation, anti-vax sentiments and fear-mongering causing further concern.

Parents felt that they would benefit from being able to speak to someone directly about HPV and the benefits and potential risks of the vaccine, but worried that it was too difficult to get an appointment with GPs and felt other people had lost trust in the NHS since Covid. They also recognised that pride, concerns about time wasting, and a 'doctor knows best' attitude can prevent people asking questions. Their social circles were not always safe spaces to ask questions, as it was not always easy to know who approved of vaccinations and who did not.



Community Health Champions

HPV report – October 2025



Awareness of HPV and vaccine benefits – young people

Most young people were not clear of what HPV was at the start of our consultation sessions. Most young people were not aware that HPV can affect both males and females and were not aware that the vaccine was available to both sexes in schools. There was a better awareness of the role of the HPV vaccine in preventing cervical cancer than other cancers. One student asked, "Is that the cervical one?" and another commented, "I thought it was only for girls". Young people felt strongly that alternative ways of communicating was needed to raise awareness amongst their peers.

Once we had discussed HPV, young people were able to articulate the benefits of getting the HPV vaccine. They recognised the role of the vaccine in protecting themselves and others, and how it could help to reduce the numbers of HPV related cancers. Young people recognised that they were heavily influenced by others when it comes to having the HPV vaccine and that many young people get it because their friends do. The role of parents was also significant in young people receiving or not receiving the vaccine. Since information for young people about HPV is limited, many are unaware of what it is or how to protect themselves from getting it. Additionally, some young people are not aware of the vaccines because their parents are unaware of the vaccines. One young person said a barrier was "parents not believing in vaccines."

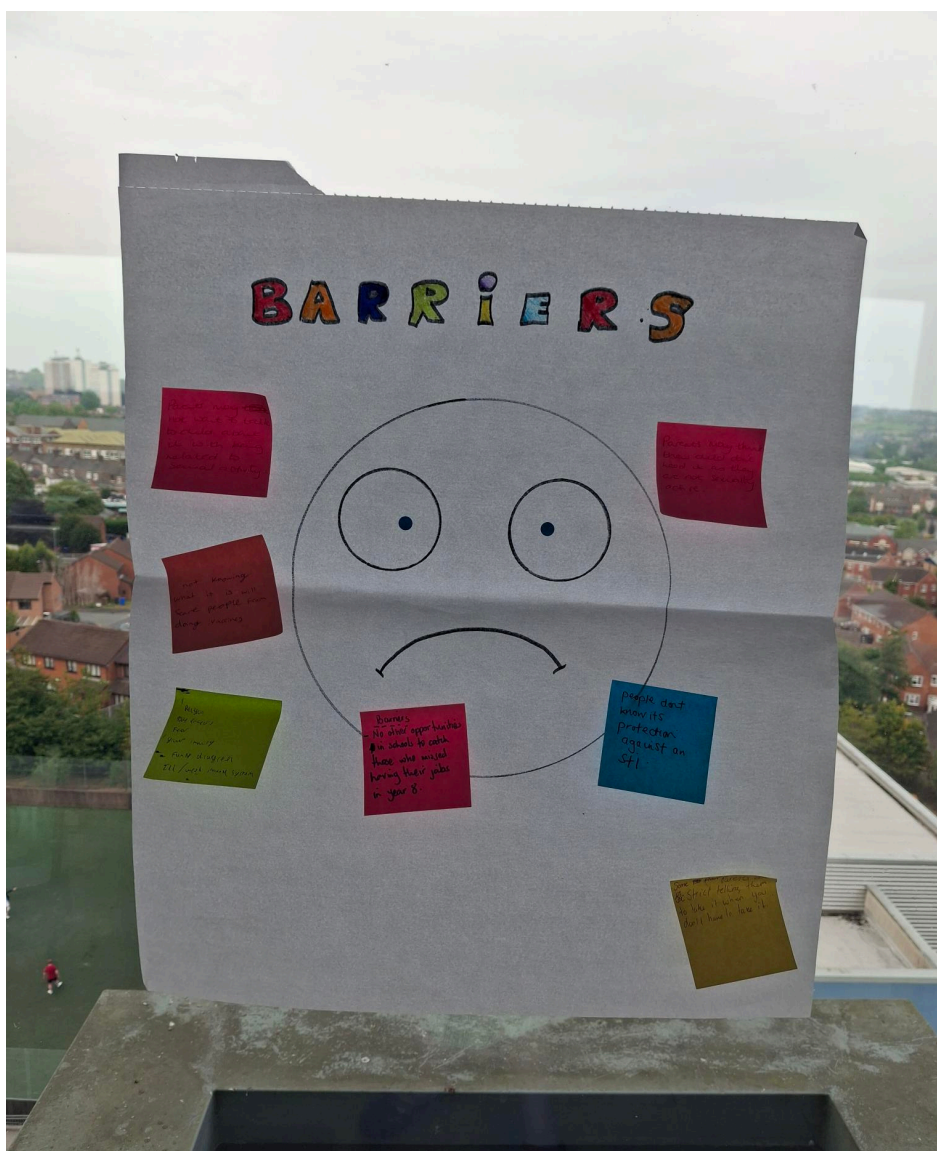
In addition, most young people and parents were unaware that young people can give consent to receive the vaccine if they are deemed "Gillick competent". This lack of awareness, combined with a general lack of understanding in relation to HPV and the protections that the vaccine can bring, mean that no young person we spoke to had considered that they could give their own consent if their wishes were different to those of their parents.



Other barriers

These included:

- Fear of needles: Several young people in both sessions stated fear of needles as something that would deter young people from having the vaccine.
- Fear and anxiety: young people said fear was a barrier, and some also referred to anxiety around vaccines. This could be because of previous bad experiences of vaccines and rumours, and misinformation.
- Access to vaccines: Young people in both groups felt that it would be difficult for young people to get to places outside the school setting where they could have the vaccine - a possible reflection of public transport in the city and the fact that many young people do not have access to their own transport.





Communications about HPV

During the consultation we asked young people and parents how they thought awareness of HPV could be raised. Parents highlighted the need for culturally sensitive videos to raise awareness. They felt these should feature people from those communities helping to resonate and build trust in the messages being presented.

Young people felt that the information available to them was not effective. They suggested greater use of social media to share facts and information about HPV utilising platforms such as Roblox, arguing that gamifying HPV information could help young people to engage with it. They also discussed TikTok, SnapChat and Instagram, with some calling for better use of AI.

A number of young people also felt that if a popular TV programme highlighted HPV that could be a helpful way of raising awareness and also mentioned the use of news and adverts.

Some young people said that they would appreciate a posted letter addressed to them, with clear and accessible information. Many stated they do not receive post as young people and all HPV letters from school are addressed to their parents. The novelty of a posted letter would grab their attention. Others stated that talks in schools or community settings, peer education and posters would be good ways of raising awareness of HPV.

We shared the Easy Read pamphlet about HPV with all groups. All groups felt although it gave clearer information, it was still too detailed and long. One parent used an example from his home country, stating that some medical settings only used pictures. Young people felt that the pictures were helpful. They liked the diversity of people represented and the accessible layout. However, one young person commented that it seemed to be aimed at people who were already having sex.

Reflections

The sample size for this study was small and we found it particularly difficult to engage parents on the topic of HPV, despite lengthy engagement with community groups, through Community Health Champions and across community settings prior to the sessions.

This lack of engagement from parents is disappointing but highlights the challenges faced in raising awareness of HPV and the vaccine. It may have been as a result of a lack of understanding and fear of not wanting to expose their lack of knowledge on the subject. If some parents did have questions, given the current vaccine hesitancy and the comment about social circles no longer feeling like safe spaces, it is perhaps unsurprising that people felt unable to attend. **A longer-term approach, which takes time to build relationships with groups who are less likely to consent to their children having the HPV vaccine, might help to build trust, allowing an honest conversation to develop.**

All the people we spoke to felt that the current communication about HPV for both parents and young people was not effective. **The creation of simple and engaging communications materials using different formats and coproduced with people from the community could help to overcome these communication challenges in particular addressing some of the cultural and religious barriers to HPV vaccine take up.**

Parents were often overwhelmed with information from school and the information provided is too complex. **Providing this feedback and working with schools teams to consider the timing and emphasis of their communications may help messages to land with parents more effectively.**

Equally, parents are unaware of the vaccinations available for their children. **A clear and easy to access list of their children's current and pending vaccinations may help parents be more aware of and in control of their children's vaccination schedule.**

Reflections

The young people we spoke to had very little knowledge of HPV before we held our consultation sessions. There is inadequate factual messaging directed at young people themselves and the information is dry, medicalised and unengaging. This can result in them seeking information online, opening them up to misinformation. Young people have identified better use of social media and gamification to help them take control of the route to information, the use of more traditional media and direct engagement through schools and community settings as good ways to raise awareness.

Given the current global political landscape bringing increased anti-vaccination sentiment, Public Health national and local campaigns need to counteract this with trusted sources of information; engaging, fun but accurate information, that young people can rely on. Young people are experts in their own lived experiences and as such should be part of any future conversations about how HPV information is best communicated.

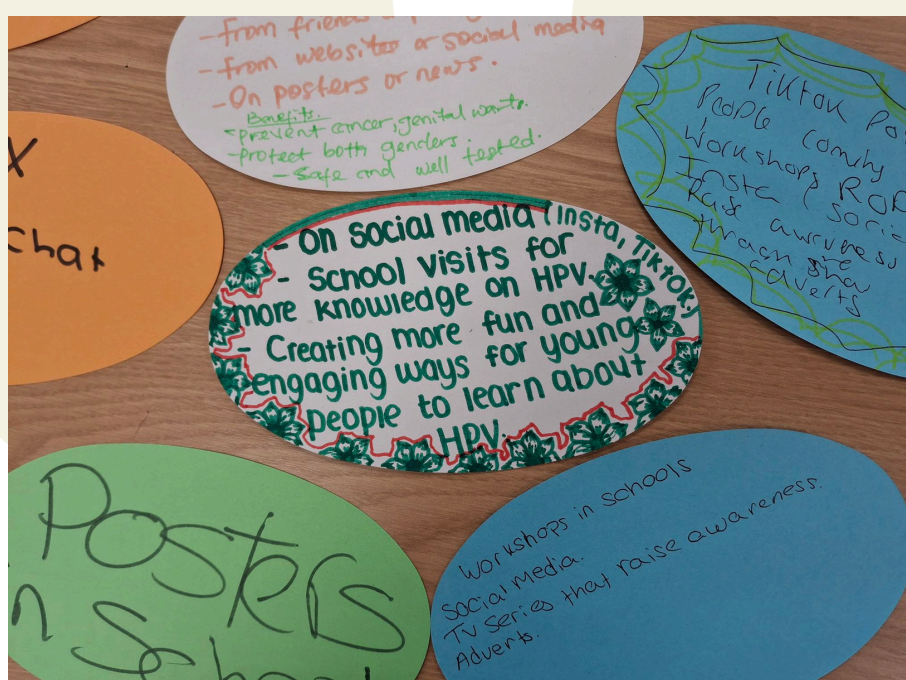
The people in this study would benefit from clear and easy to access information about HPV and the vaccine that includes:

- **What HPV is and the risks associated with it**
- **What the vaccine does and how it can help to reduce the risk of a range of cancers**
- **Who the vaccine is for**
- **The ingredients of the vaccine and whether it includes animal products, including porcine (for people observing faith based dietary requirements, vegetarians and vegans)**
- **How long the vaccine has been safely administered (to alleviate concerns of people who are worried about it being a new vaccine).**

Reflections

Young people welcomed the interactive consultation sessions. It provided an opportunity to discuss HPV; a topic they had not had the opportunity to discuss before. Many realised during the session that their peers had similar views to them and that they and their peers were uninformed about HPV before the session. They felt they had learnt more about HPV and the vaccine and they enjoyed the activities saying the session had been “fun, interesting, interactive and enjoyable”.

This illustrates the potential for the use of more creative approaches when delivering future sessions. Given that young people and parents have both made clear that information about HPV should be less formal and complex, more interactive sessions that get people engaging directly with the topic and, importantly, their own feelings and attitudes towards it, can not only help people open up about reasons why they may be hesitant to have the vaccine, but also provide an opportunity to informally educate them about HPV.



Reflections

In the run up to this report, the World Health Organisation ran their own social media campaign, re-enforcing the importance of the HPV vaccine for girls.

The vaccines have been offered to boys in the UK since 2019 – 11 years after they were introduced for girls – but promotions like the one below perpetuates the thinking that this is only an issue for women.

The fact is that HPV is usually sexually transmitted, but it can also be transmitted by any skin-to-skin contact between people of any sexes.



Community Health Champions

HPV report – October 2025



Recommendations

- Creation of a series of 'myth busting' HPV videos, presented by people from a broad range of communities, which directly address their concerns
- Adopt a longer-term approach to HPV and vaccine education which takes time to build relationships with groups who are less likely to consent to their children having the HPV vaccine, to build trust and allow an honest conversation to develop.
- Target groups where HPV vaccine engagement is known to be lower, creating connections through existing groups such as lads and dads' groups, coffee mornings, and schools.
- Create an easy to access platform through the NHS App for people to check their child's vaccinations status.
- Review messaging for young people and adopt more inclusive and engaging approaches. Make more use of social media, mainstream media, direct individualised approaches, such as letters, and increased visibility and availability of 'health champions' in schools and community settings.
- Create a way of systematically involving young people in decisions about how HPV and vaccine information is shared with young people.
- Provide space and opportunities for people to ask questions about vaccinations.
- Partner with the SoT Youth Collective to enable better access to engage with young people across the city. Explore the opportunity to add information about HPV to the Uth City App, administered by Ruff and Ruby.
- Harness the influence of the City's football teams (mens, ladies and youth teams) to share important public health messaging.

Community Health Champions

HPV report – October 2025

Our CHC commitment

- The Community Health Champions will share the published themes and findings arising from this research with its network of Community Health Champions
- We will work with the Public Health team to broker conversations with communities where HPV vaccine take up is lower.
- We will build on relationships with Stoke-on-Trent 6th form college to promote greater knowledge of the HPV vaccine among students. We will also continue to work with the Targeted Vaccination Team at MPFT to address concerns about students on the Health and Social Care course missing vaccinations. This is important as students are unable to get placements in healthcare settings without these vaccinations.
- We will initiate conversations with Stoke-on-Trent Youth Collective about engaging young people in important health messaging. We want to encourage younger membership of the Community Health Champions project and involve them in discussions around the most appropriate channels for sharing health messaging.
- We will speak to local football clubs about promoting health messaging to it's fanbase and using youth team players as influencers to do so.

