

# Wirral Borough Council

## COVID Community Champions: Public and Champions insight

### Research Report



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## Background

Wirral Borough Council commissioned Hitch Marketing to deliver a trial/insight programme focused on understanding and evaluating the use of Community Champions as a behavioural insights intervention to improve people's knowledge and adherence to local protective measures during the COVID 19 pandemic. The project was jointly funded by Wirral Borough Council and the Local Government Association as part of their Behavioural Insights programme.

The development of a Community Champions initiative was a key element of the engagement strategy for Wirral in response to the pandemic, recruiting residents to volunteer to be Community Champions, distributing key preventive and behavioural messages through their own networks and key communication channels to extend the reach of council communications.

The aim of the programme was to work with residents, via Community Champions, to help build the capacity of Wirral's communities to take responsibility for their own behaviours and adherence to protective measures in place during the pandemic. By April 2021, 584 local people had signed up to be a Community Champion, including elected members and senior local authority leaders.

This report draws together the findings from two strands of the project: work with the Community Champions and work with the public across the project timeframe.

## Methodology

The original methodology for this project is presented below, followed by the final approach that was used.

### Original approach

#### *Scoping*

The programme began with a short scoping period, with the aim of establishing that the full programme is feasible. The findings from the scoping period are summarised in this report, as well as the following:

- Background to the programme;
- What has been achieved so far;
- An outline trial design, we have suggested a Randomised Control Trial (RCT); and
- The behaviour change theory which underpins the programme.

The outcome of the scoping exercise was as follows:



One of the most important interventions in responding to a public health crisis is proactive communication. Communities play a significant role in prevention and control, and reaching marginalised groups effectively is even more important.

Pre-COVID, Wirral had an established community engagement programme and a strong, asset-based community development approach. This included a grassroots community group and a community connector programme to identify key issues and disseminate key council information.

Since the pandemic, this work has been built on to include the following:

### **Humanitarian Cell**

Over 100 local third sector and community groups/organisations were part of the Humanitarian Cell, a group established to oversee the humanitarian response to the COVID-19 pandemic. The group worked together in partnership to gather insight and ensure consistent messaging.

### **Community Champions**

At the time of writing the scoping report, 584 local residents were signed-up to be Community Champions and amplify COVID-19 information through their existing networks. The Council communicated with the Champions via weekly newsletters and the Director of Public Health (DPH) weekly blog. The programme included 44 paid 'Community Connector' roles, which allowed insight to be gathered from local communities and, therefore, lead the COVID-19 communications response.

Thematic Sub-groups were also established, including a Black Asian and Minority Ethnic (BAME)/Faith Sector Leaders group and food subgroup.

### **Wirral Infobank**

Wirral Infobank is an online repository of community support services, health and care services and up-to-date advice and information about COVID-19. Wirral Infobank was developed as part of the humanitarian response to COVID-19. It was developed to ensure that residents were able to easily search for any help or support they needed such as food deliveries, benefits advice, or access to supermarkets.

Wirral Infobank is managed and updated by the Community Connectors. They have the knowledge and skills of what is available in local areas to ensure that the database is relevant and accurate. Wirral Infobank has developed wider than COVID-19 and will be an online directory for all local help and support for residents in the future.



## Community Connectors

Pre-COVID, Wirral had an established community connector programme. The programme was established in 2016 and focused on the East of the borough. A team of 14 community connectors were recruited through Involve North West, with the aim of engaging the disengaged through door knocking to tackle the issue of social isolation and promote active inclusion and, thereby, to improve and provide mental health/wellbeing benefits. The Community Connectors provide outreach and 1:1 support to individuals within the community to encourage greater access to social groups and activities within the community and existing mainstream services.

The programme was expanded in January 2020 to provide full coverage of the borough. The COVID-19 pandemic highlighted how integral the connectors were in the humanitarian response, responding to community needs at pace to provide support with food deliveries, prescription pick-ups, fuel vouchers and dog walking. They have also supported the local contact tracing system and are responsible for the development and upkeep of Wirral Infobank. Given their input, the community connector programme has been expanded to 44 paid connectors.

The humanitarian cell also established a BAME sub-group which submitted a bid to the Ministry of Housing, Communities and Local Government for connectors to work across the local BAME communities; again, engaging people in their own communities and addressing vaccine hesitancy amongst in these communities. Wirral is currently recruiting 9 BAME connectors to work across local services and in local communities.

An original trial design centred on a Randomised Control Trial (RCT) with the key objectives to:

- Bring a fresh perspective on some of the challenges already known, by exploring what the protective measures really mean to people and behaviours that support adherence;
- Uncover opportunities to solve those challenges through the Community Champions programme;
- To understand the impact of the Community Champions programme based on where people live on their behaviours;
- To understand how the Community Champions have motivated people to change their behaviour and adhere to guidance;
- Produce insightful stories based on the lives of real people, to inform strategic discussions and debate as well as to inspire community engagement and positive change towards protective measures;
- Gain an understanding as to what support people need to change their behaviour; and
- To ensure the Community Champions programme is fully representative of the Wirral population and is able to engage all residents of all ages and demographics.



The research was to begin a desk review of the available evidence from the Community Champions programme, as well as conversations with Community Connectors, to inform the design of the trial and research materials and gather their insight on the programme. This was to be followed by the circulation of a survey to all Community Champions in order to gather insight to inform the evaluation, establish a baseline and determine a measure for the RCT.

### **Final approach**

As the national government response to Covid-19 changed through the ensuing months, ultimately resulting in the removal of all social constraints, the project needed to pivot to reflect and respond to these changes by formulating a new project design in an attempt to measure and understand the value of Community/Covid Champions.

With this in mind, the overall final approach included the following:

- Desk research / telephone interviews with Community Champions
- Online survey with Community Champions
- Follow-up survey with Community Champions focusing on the future
- Baseline survey with Wirral public to understand their Covid-19 related behaviour and awareness of the Champions programme
- Follow-up survey with the Wirral public to measure Covid-19 related behaviour later in the pandemic as well as their awareness of a specifically designed communications message delivered by Community Champions



## Results

### Covid Champions

The original baseline survey examined the views of those who had signed up to be a Champion, of their role, the impact of their role and steps for improving the service (a copy of the survey can be found in Appendix 1).

### Future planning

With an eye on the future, and the developing roles of Community Champions, a short survey was designed to measure perceived impacts of the programme and interest in remaining a Community Champion.

The survey included questions relating to what Community Champions believed the impact of the programme had been on behaviours, how they motivated people to change their behaviour and open-ended questions to gather insightful stories.

To ensure that data were collected from participants who were currently or had been Community Champions, the survey opened with a screening question (*'Are/were you a Community Champion?'*): A total of 141 qualifying respondents completed the survey in full or in part. Respondents were then asked to state how long, approximately, they had been a Community Champion (Fig.1).

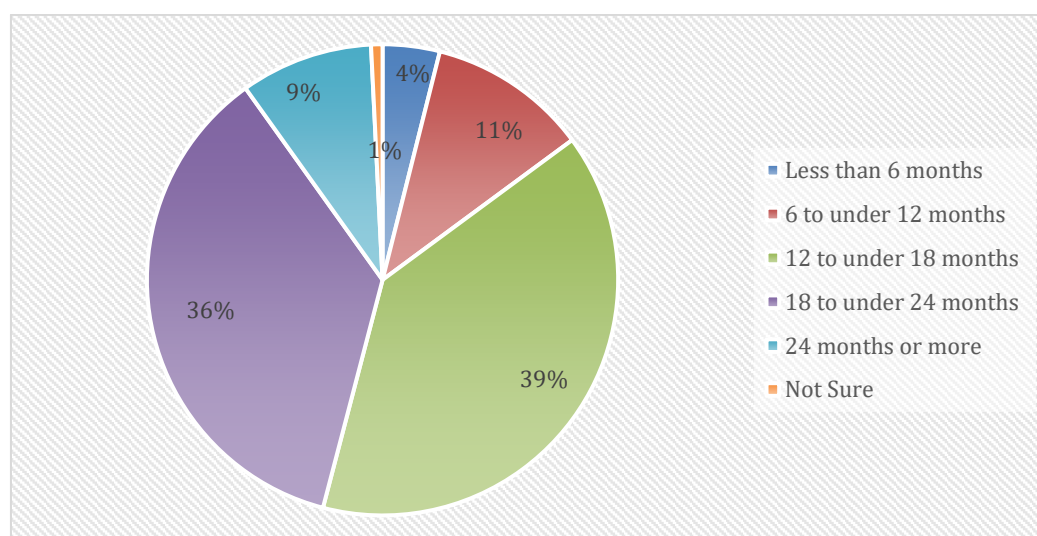


Figure 1: Length of service as Community Champion (N = 129)

84% of respondents stated that they had been Community Champions for a minimum of 12 months with a core group (45%) having been a champion for over 18-months – demonstrating a



real commitment. As expected, this is an increase on the baseline survey from some months earlier where the average time as a Champion had been 9-months.

### **Involvement in the programme**

Respondents were then asked to think back and tell us about why they decided to become a Community Champion. This was an optional, free text question (N = 102). The following main themes emerged from responses as to the reasons for becoming a Community Champion and these were broadly reflective of the baseline survey:

- to receive and share authoritative information about Covid-19
- to combat misinformation
- to help hard-to-reach groups with no digital access or poor English (the elderly, BAME communities)
- it was a natural extension of another role within the community
- it helped support businesses/workplace ops

*To be able to share reliable accurate information about covid and also relevant information to our local area. There was too much misinformation out there.*

*As vicar of local church, I have opportunity to share helpful information with people.*

*I work as a nurse in primary care and wanted to give same message to people outside of work*

*As a teacher and parent it was important that I communicate accurate information and help others with answering questions etc.*

*To update family, friends and the community. I work in local radio also, so that was a good platform for spreading information in the early days.*

*There is a mainly elderly population in my neighbourhood who don't have access to the internet*

*I work for a charity and we provide services for the BAME community*

*It also helped to support my business in that I had up to date knowledge of outbreaks / support and signposting etc.*

*I am the Health and Safety Manager for a large company in Birkenhead. ..I was able to keep abreast of Covid updates and relay these to the company.*



Respondents were then asked how they most regularly circulated information about Covid in their role as a Community Champion (Fig.2).

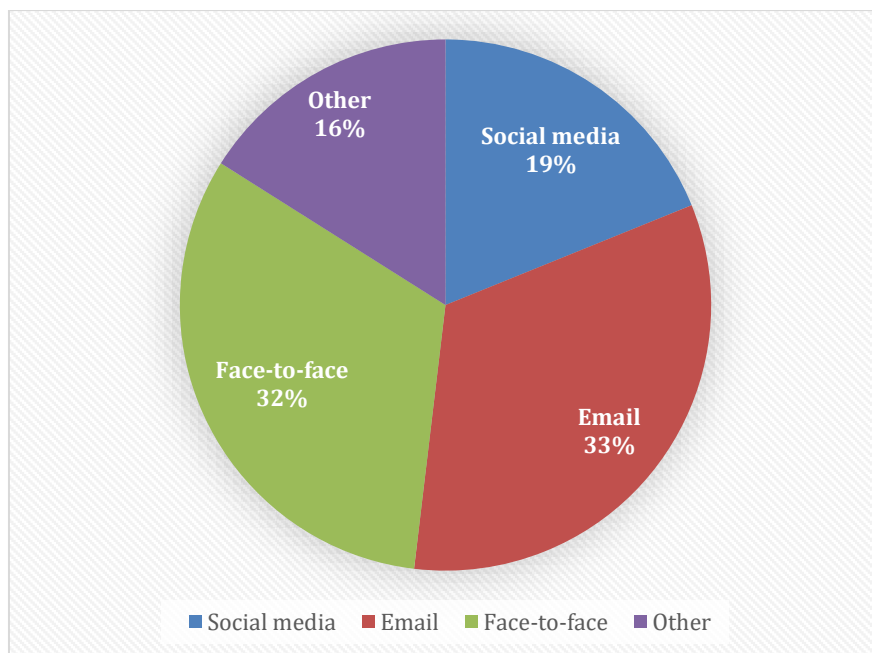


Figure 2: Means of circulating information as Community Champion (N = 106)

Email (33%) and face-to-face (32%) communications were used by respondents as the most regular means of circulating information.

Responses under 'Other' included the telephone, memos, TEAMS, translated letters and video messages or comments to the effect that respondents had used all or a mixture of means equally and were unable to choose a single response.

### COVID-19 behaviours

Respondents were then asked to what extent, in their experience, their role in the programme motivated their community to change the following behaviours (Fig. 3).

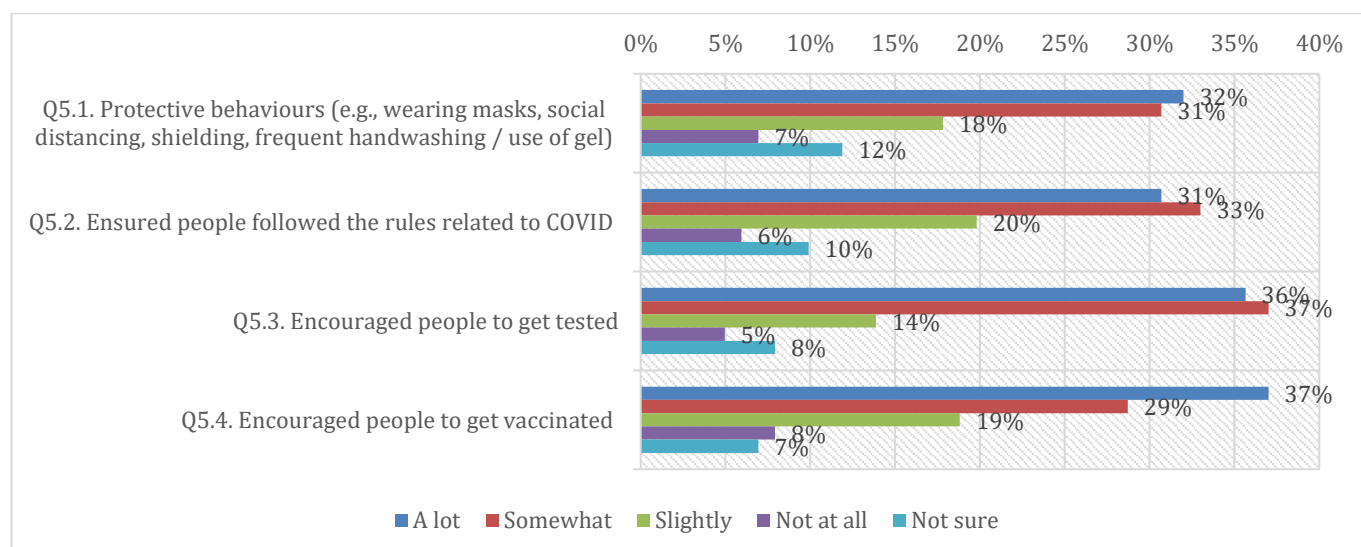


Figure 3: How Champion's role in the programme motivated their community to change behaviours (N = 101)

Against all behavioural outcomes, respondents were more likely to report that their role in the programme motivated their community to change their behaviour *a lot or somewhat* than *slightly or not at all*.

Respondents were also asked if they had any comments (N = 28). Several respondents pointed out that it was difficult for them to evaluate the impact of their work as Community Champions in the absence of baseline measures, for example: People could have strong, pre-existing attitudes - positive or negative - towards compliance. Community Champions may have been more effective in reassuring and motivating those 'sitting on the fence'. Some Community Champions helped with booking vaccination appointments or distributing home testing kits through other channels/community organisations they were associated with.

*It can be difficult to prove direct correlation but we were able to use different ways to communicate with our target communities*

*People always had their own views and listened to friends and family and it was sometimes hard to break across the myths that were out there.*

*It is very hard to tell, generally when I posted on social media namely Facebook via What's on Wirral there was a good response.*

*Residents were pleased to receive up to date information, which I presume they actioned, although it's hard for me to actually prove.*

*There were of course some people who did not wish to be vaccinated regardless of information provided*

*I do think those that were sensible were always going to be but hopefully it gave information to anyone who was sitting in the fence.*

In the baseline survey, respondents were asked whether they felt their role was important to the community. 55.7% of respondents agreed that it was.

In the most recent follow-up survey, respondents were then asked to think back, as a Community Champion, and tell us to what extent they agreed or disagreed with the following statements (Fig. 4).

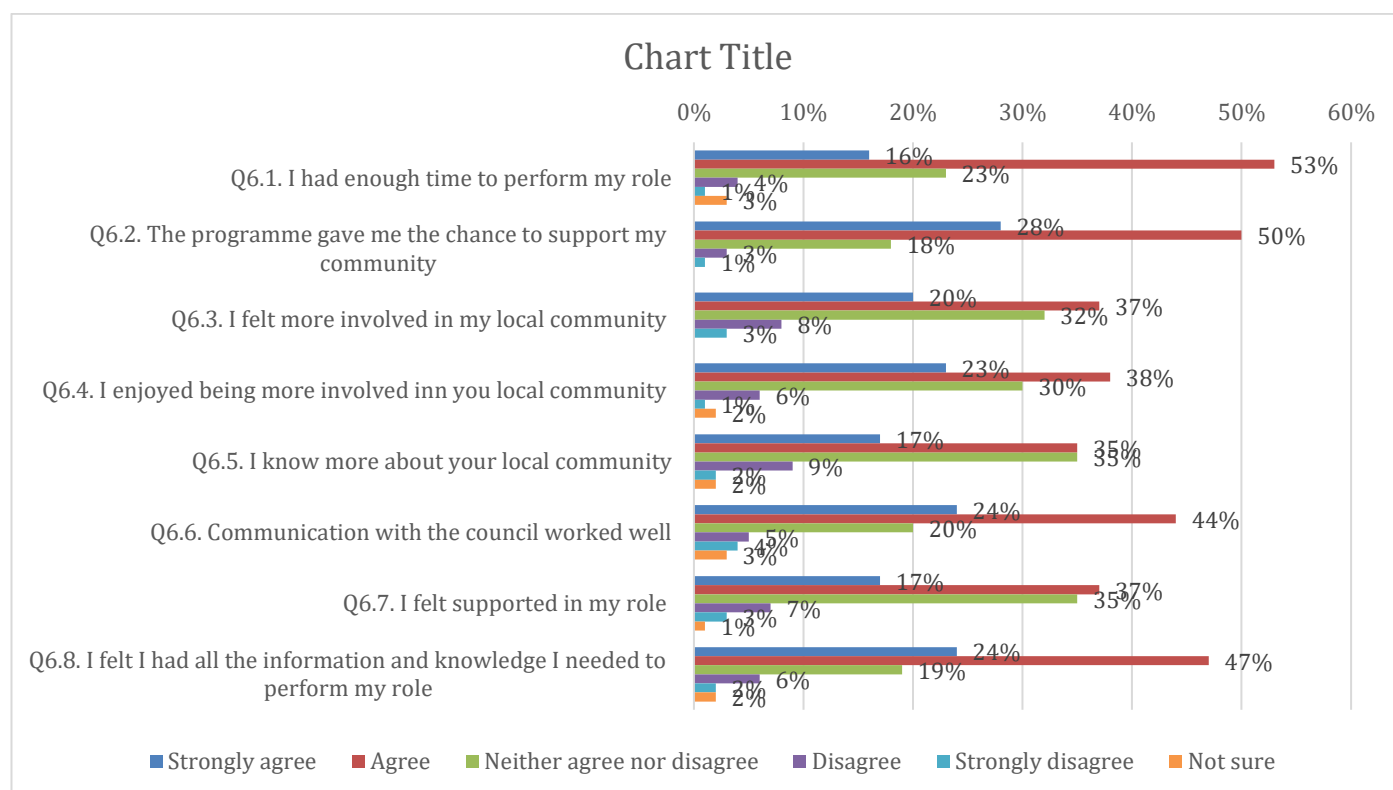


Figure 4: Champion's perceptions of their role in the programme (N = 100)

For all statements of positive outcomes, respondents were more likely to report that they *agreed* or *strongly agreed* than that they *disagreed* or *strongly disagreed*. Respondents were more likely to have no view, i.e. state that they *neither agree nor disagree* with statements about feeling supported in their role (35%), increased knowledge of the local community (35%) or feeling more involved in the local community (32%).

In terms of having enough time to perform their role, 69% agree or strongly agreed that they did. This compares to 79% in the baseline. This may reflect that the initial baseline was conducted when lockdowns were more prevalent with, possibly, fewer drains on time.

Respondents were then asked how successful overall they felt the Community Champions programme has been in changing the behaviours of the population of Wirral (Fig. 5).

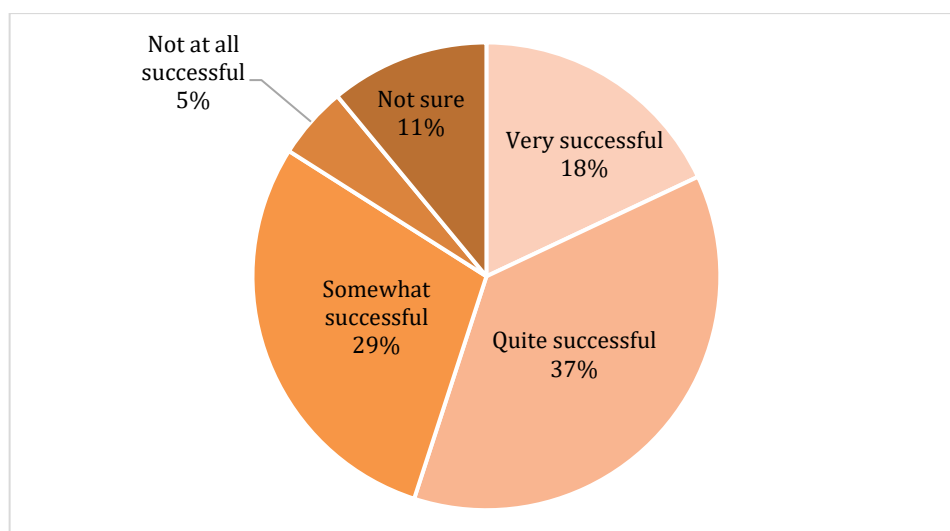


Figure 5: Champions' perception of programme success in changing behaviours (N = 100)

55% of respondents stated that the Community Champions programme had been *very or quite successful* (compared to 45% in baseline) in changing the behaviours of the population of Wirral, while about a third of respondents (34%) stated that it had been *somewhat or not at all successful* and 11% were not sure how successful the programme had been.

Respondents were also asked why they answered in the way they did and were invited to provide a free-text explanation. Respondents who stated that the Community Champions programme had been *very or quite successful* in changing the behaviours of the population of Wirral focused on the success of the programme in keeping the Champions themselves well informed, in the first instance, and assessments of positive influence in the community, in principle, whilst acknowledging limitations:

*Worked really well, communication was regular and easy to read and understand.*

*As I say some people are never going to change their ways and will continue to not wear masks, social distance, get vaccinated and that is their own personal preference. I would like to think it has helped those close to me though to adhere to rules and not be stupid.*

*I think the information shared is also more trusted and accepted when it comes from a family member or friend*

*although change and influence was made, the public will equivalently do whatever they want to do & i feel the spread of information just wasn't enough.*

*Respondents who stated that the Community Champions programme had been somewhat or not at all successful focused on problems with programme evaluation in the absence of data, noted the competition with informal sources of information or misinformation or evaluated the flow of information to Community Champions themselves:*

*I feel it was important to get factual and local info out but consider many people were still influenced by social media and opinion rather than fact*

*I think us receiving weekly stats would have been more useful*

*It's impossible to gauge the impact as there is no information available.*

*Very hard to gauge. Directives from Public Health at Wirral were clear and my role with CC was to echo this.*

*In the beginning I received regular information via email and then this petered out considerably.*

Respondents in the baseline survey indicated that impacts on behaviour were based on feelings of 'hope' that the programme had been successful. They also felt there was a lack of feedback. In the follow-up survey this was repeated with respondents stating they were not sure how successful the programme had been also cited a lack of data or outcome measures, insufficient opportunities for networking with other Community Champions so as to compare notes or share best practice, or not having participated in the programme long enough:

*didn't see any outcome measures*

*No way of assessing*

*I did not have any contact with other community champions to review our work in each location.*

*ie what worked and didn't work etc*

Respondents were then asked what improvements they felt were needed to the Community Champions programme, as the programme develops in the future. In the baseline survey the main elements highlighted were:

- Training (a formal welcome or suggest how to effectively disseminate the information provided, best use of media) (n =10)
- A clear remit for the role (clear expectations for the Champions role, set goals) (n = 9)
- Feedback (case studies, baseline, local stats) – how have Champions helped (n = 9)



- Champion network (e.g., regular meetings, a forum for Champions to share ideas and experiences of their role) (n = 6)
- Carry on the Champion programme long term (e.g., for other local issues/topics/planning, reward system or financial) (n = 5)
- Clear point of contacts/better communication between the council representatives/programme organisers and volunteers (Champions) (n = 6)
- A higher profile for the role amongst the public (media coverage, lists in local venues) (n = 6)

In the follow-up survey this was an optional, free text question (N = 59). While some respondents queried whether the Community Champions programme would/should continue or thought the programme had been somehow put on hold the previous year, a majority thought that there was scope for the programme to evolve so as to stay relevant and continue to meet local needs, and for achievements to be recognised. The following main themes emerged:

- regular updates and meetings, face-to-face and online
- consultation with champions on programme development
- coordination with other community development programmes across the Wirral/wider remit
- more training and networking opportunities
- advertising/celebration of positive outcomes/public launch/recruitment
- best practice sharing
- public survey for evaluation

*This would entirely depend on what we are championing in the future, as the key messages are still in place about keeping safe & well, Living with Covid is also being highlighted in many areas.*

*we need to have positive results and evidence of action to disseminate to the public to build confidence back up*

*Enable polls to be completed during activities to measure the impact of programme*

*Consistent regular information*

*A more structured regular schedule of meetings/events*

*Translations / interpretations are available for non English speakers*

*I would like more information on charity / volunteer work available with a website / APP where everyone has access to.*

*More advertising and better information for champions to use and send out. Online training would be beneficial*





*Training opportunities for champions to ensure role continues to be effective and relevant*  
*a more active approach to explaining what Champions can help with*

*It would be helpful to host an event to see how the last 12-18 months have been and the impact the community champions have had on the community and all of the positive outcomes from doing this programme.*

*Business to be able to share best practices or improvements forum or something similar maybe?*

*Community champions forum and live meetings at town hall with councillors.*

*Networks in localities such as Wallasey, Birkenhead, West Wirral, South Wirral etc.*

Respondents were then asked if they would like to remain a Community Champion going forward (Fig. 6).

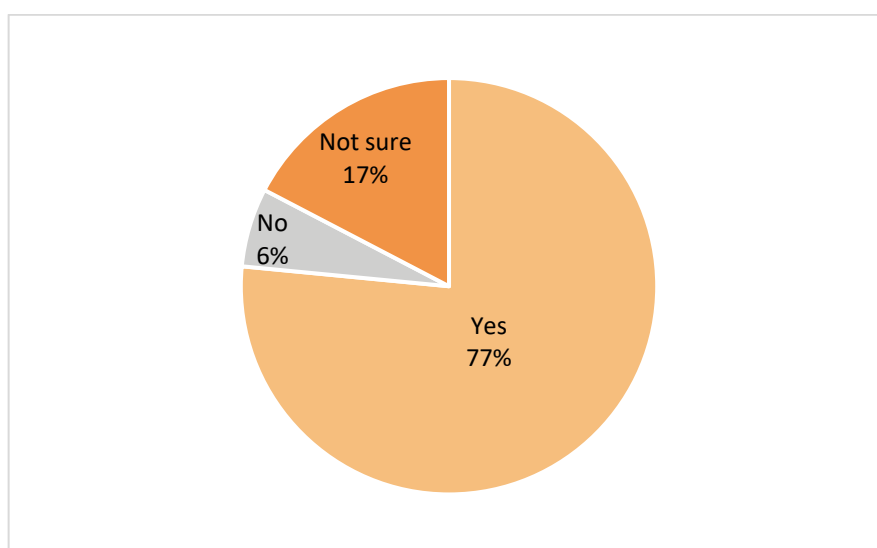


Figure 6: Intention of remaining a Community Champion (N = 98)

Respondents who stated that they would not like to remain a Community Champion (N = 6) were asked to provide their contact details and were screened out of the survey.

### **The future**

Respondents who stated that they would like to remain a Community Champion or were not sure (N = 92) were then told that moving forward there was a desire to develop the Community Champions programme and were asked to tell us which, if any, of the following they would like to be involved in as a Community Champion (Fig. 7).



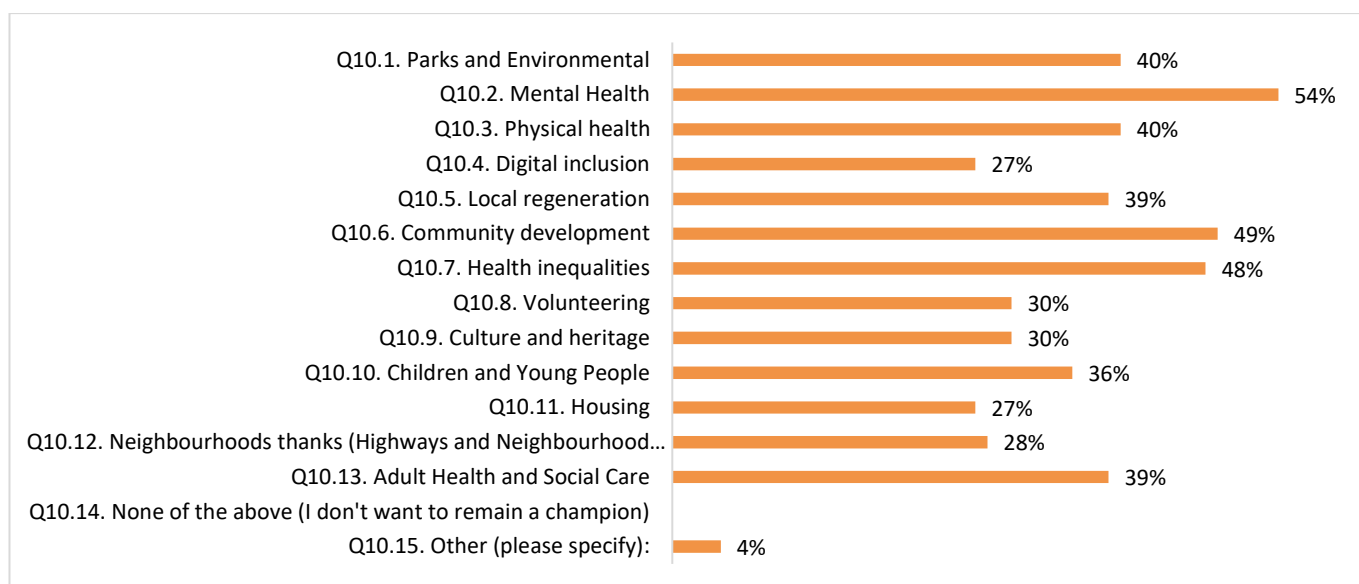


Figure 7: Area of anticipated involvement as a Community Champion (N = 92)

The most prevalent response was Mental Health (54%), followed by Community development (49%) and Health inequalities (48%) as areas Community Champions would like to be involved in in future.

Under 'Other', supporting refugees, libraries, information sharing and collaboration across the whole of the Wirral, more and less deprived areas, were mentioned:

*Community surveys and all areas working together, including the most deprived areas and the most affluent*

Respondents were then asked how they would like to be involved as a Community Champion (Fig. 8).

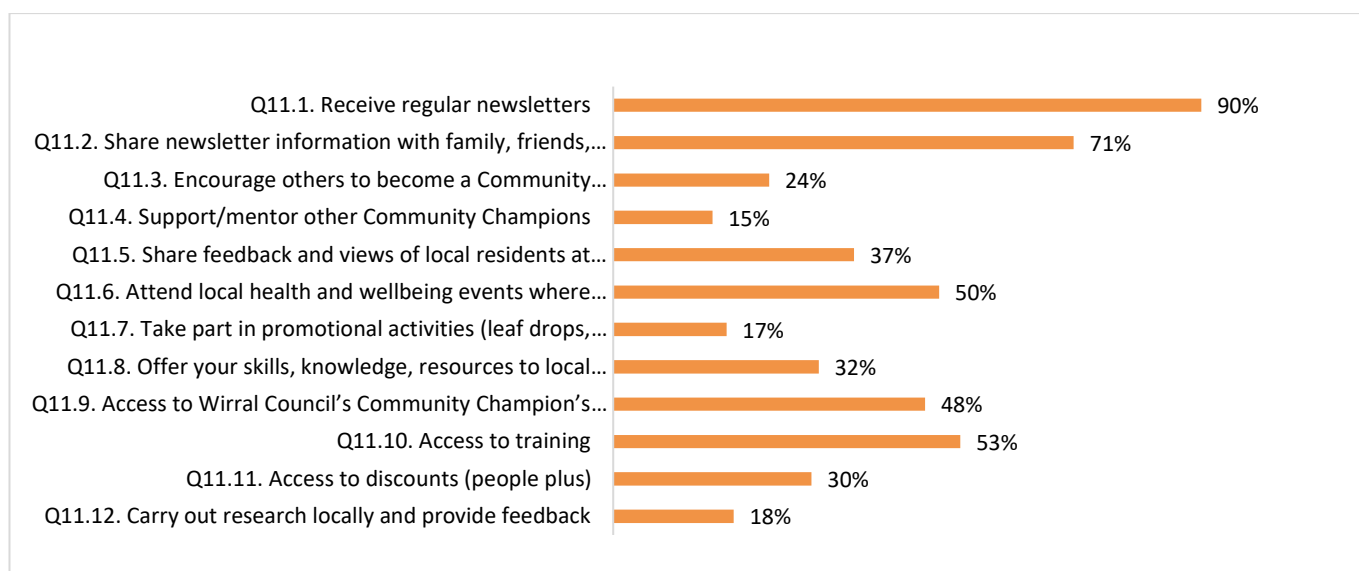


Figure 8: How respondents would like to be involved as a Community Champion (N = 92)

The most prevalent responses were receiving (91%) and sharing (71%) newsletters, followed by accessing training (53%).

Respondents were then asked, as a Community Champion, if there was any broad training they would like to access (Fig. 9).



Figure 9: Training preferences as a Community Champion (N = 92)

While 45% of respondents stated that they did not wish to access any training, those who would like to access training would prefer Brief intervention training (24%), Communication skills (21%) and social media (20%) training.

Under 'Other', training in Mental Health first aid was mentioned.

Respondents were then asked if there was any training they would like in specific subject areas (Fig. 10).

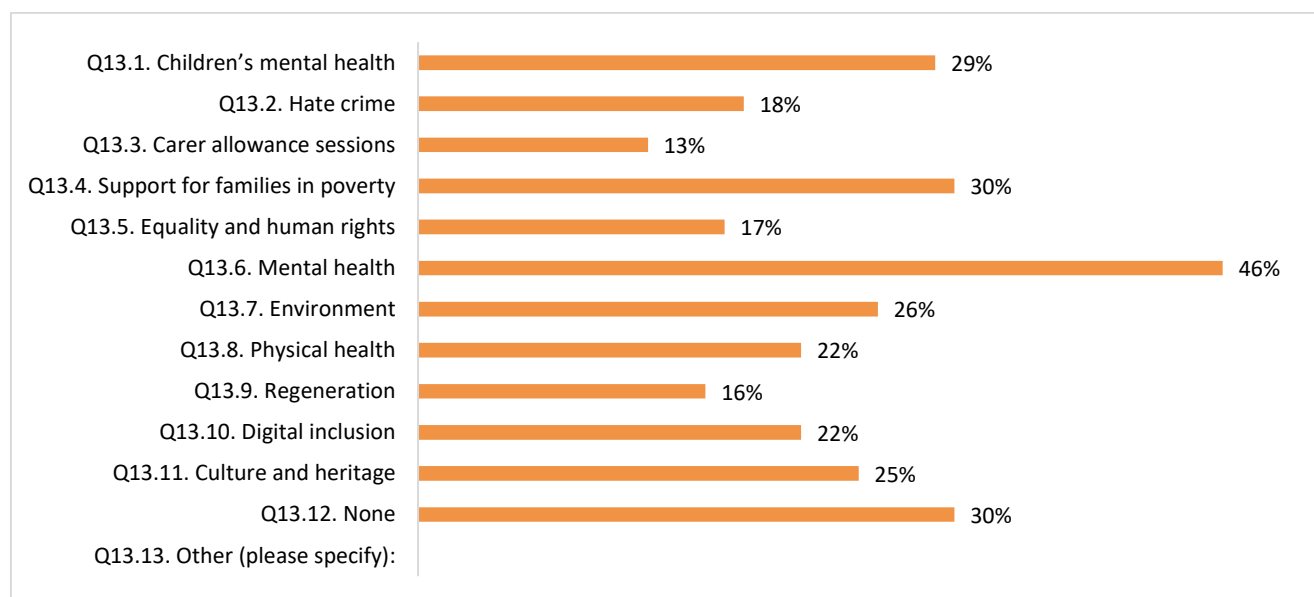


Figure 10: Subject areas for training as a Community Champion (N = 92)

While 30% of respondents did not wish to receive any specific training, the most prevalent specific subject areas chosen by respondents who did were Mental Health (46%), Support for families in poverty (30%) and Children's mental health (29%).

Respondents were then told that we would like to understand how they would like to attend meetings in the future and were asked which of the following they would prefer (Fig. 11).

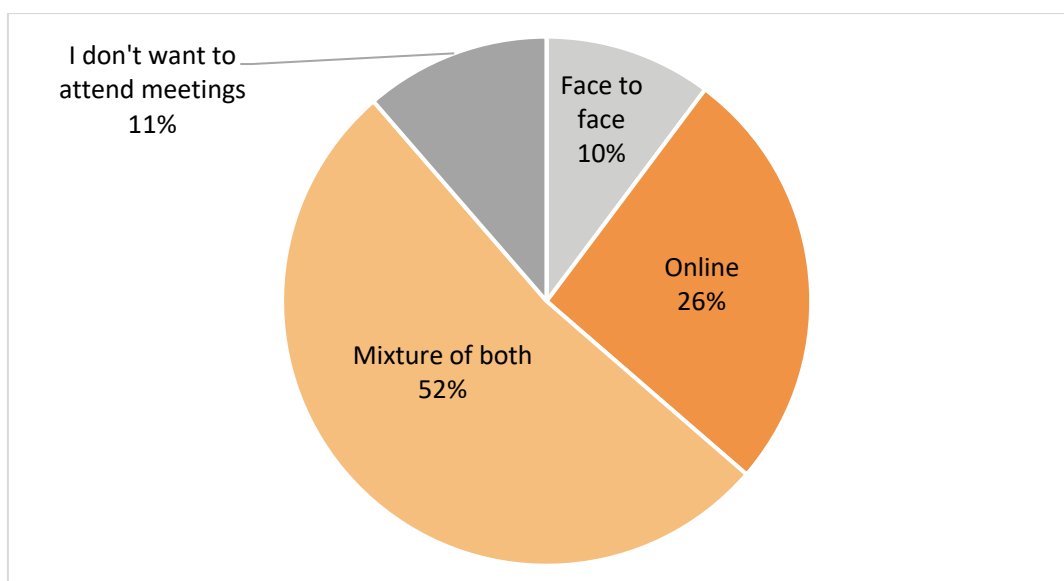


Figure 11: Preferred means of attending meetings in future as a Community Champion (N = 88)

While there was a preference for online meetings (26%) compared to face-to-face meetings (10%), the most prevalent response was a 'mixture of both' online and face-to-face (52%), with 11% of respondents stating that they did not wish to attend any meetings.

Respondents were then asked how they would like us to communicate with them (Fig. 12).

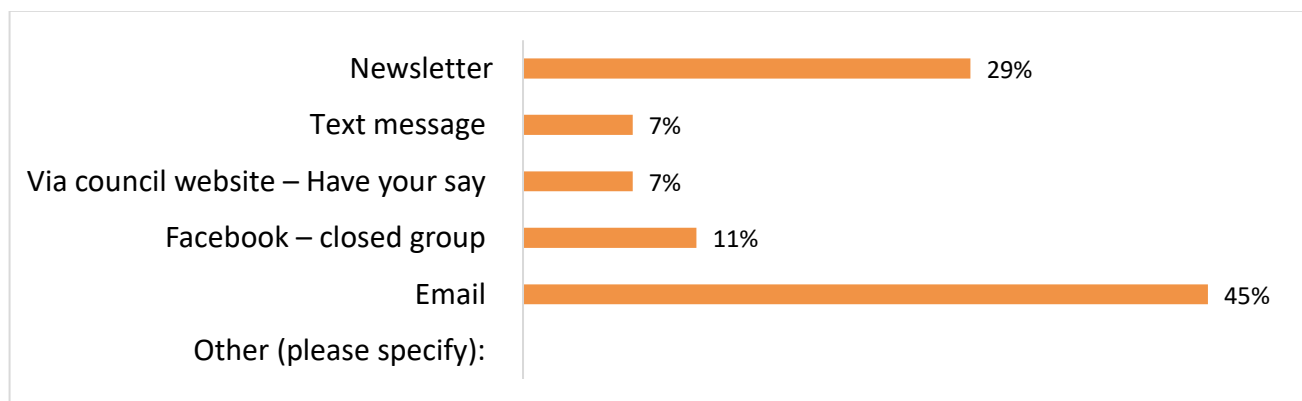


Figure 12: Preferred means/medium of communication (N = 88)

45% of respondents stated that they would prefer communication via email, 29% via Newsletter and 11% via Facebook (closed group).

Respondents were then asked if there was any additional information they would like to add (N = 9). Responses included suggestions to expand the Community Champions programme,

reward long-serving Community Champions with discount vouchers and include Rock Ferry in the areas listed in the next question.

## Demographics

Respondents were then asked which area of Wirral they lived in (Fig. 13).

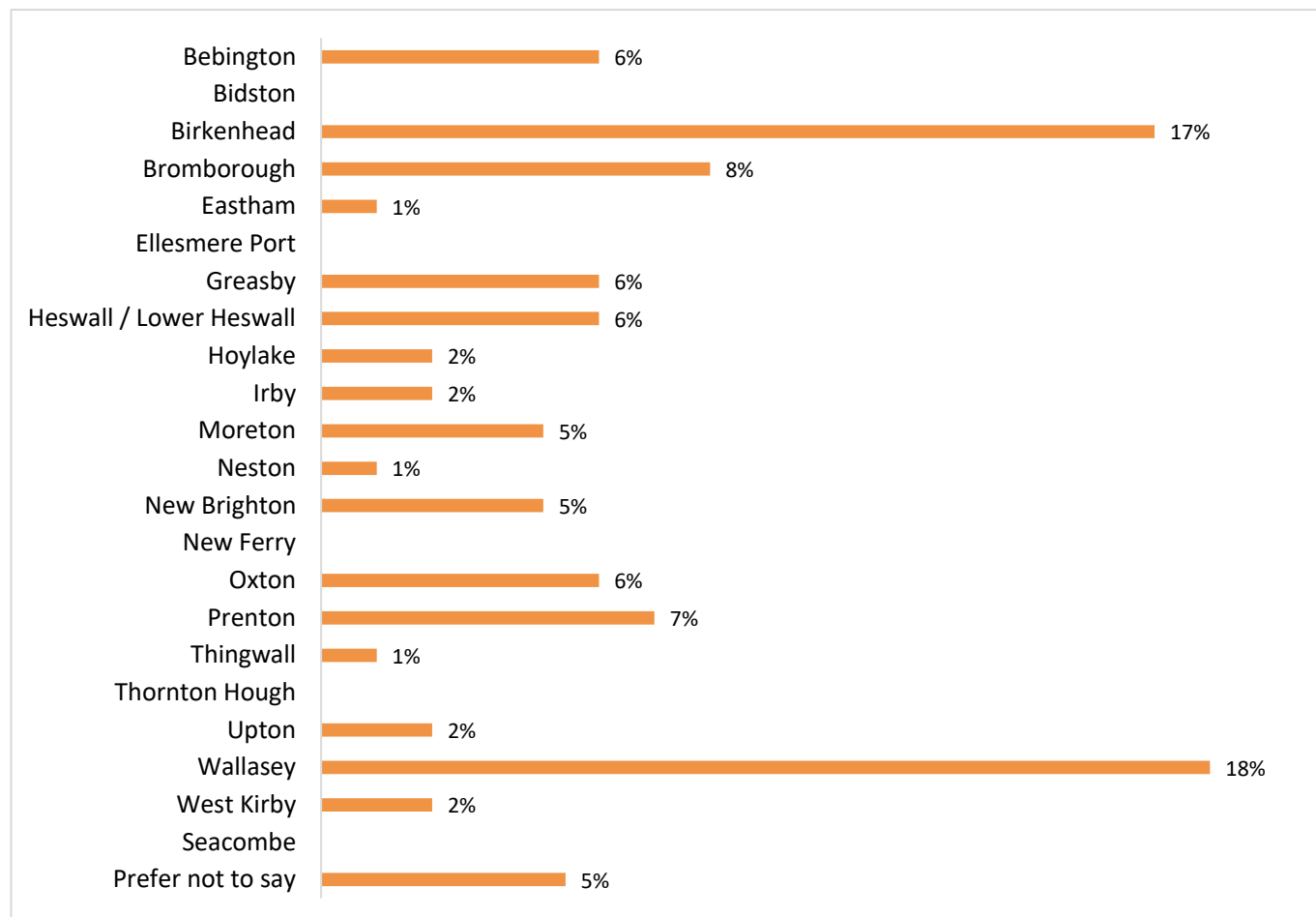


Figure 13: Community Champion Area of residence (N = 88)

35% of respondents were residents of either Wallasey (18%) or Birkenhead (17%), while 8% lived in Bromborough and 7% in Prenton. There was, generally, a good spread of geographical location with few gaps.

Respondents were then asked what their age was (Fig. 14).

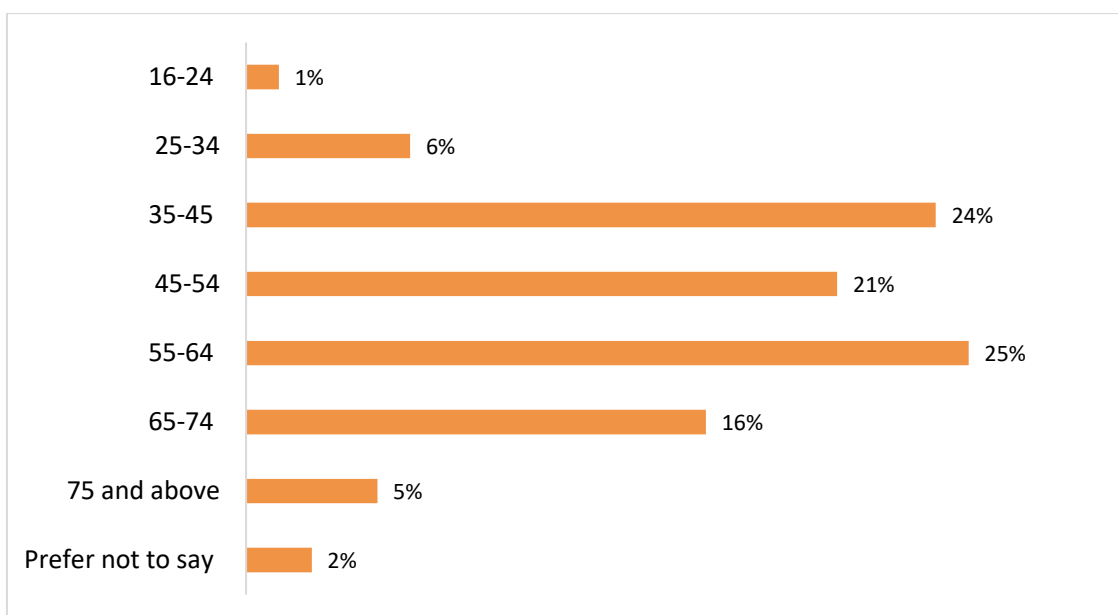


Figure 14: Community Champion Age distribution (N = 87)

While 52% of respondents were aged < 55, 46% of respondents were aged > 55, including 5% aged > 75. In mid-2019, the median age for the Wirral was 44.4 years. There is, it could be argued, somewhat of a gap in the younger 25–34-year-old audience.

Respondents were then asked how they would describe their gender (Fig. 15).

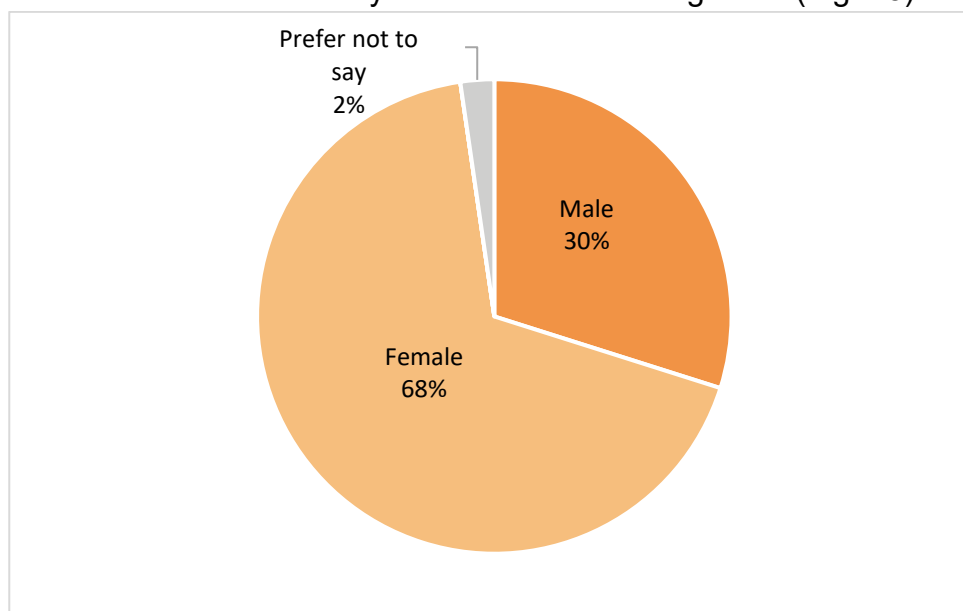


Figure 15: Community Champion Gender distribution (N = 87)

Respondents were then invited to choose one option that best described their ethnic group or background (Fig. 16).

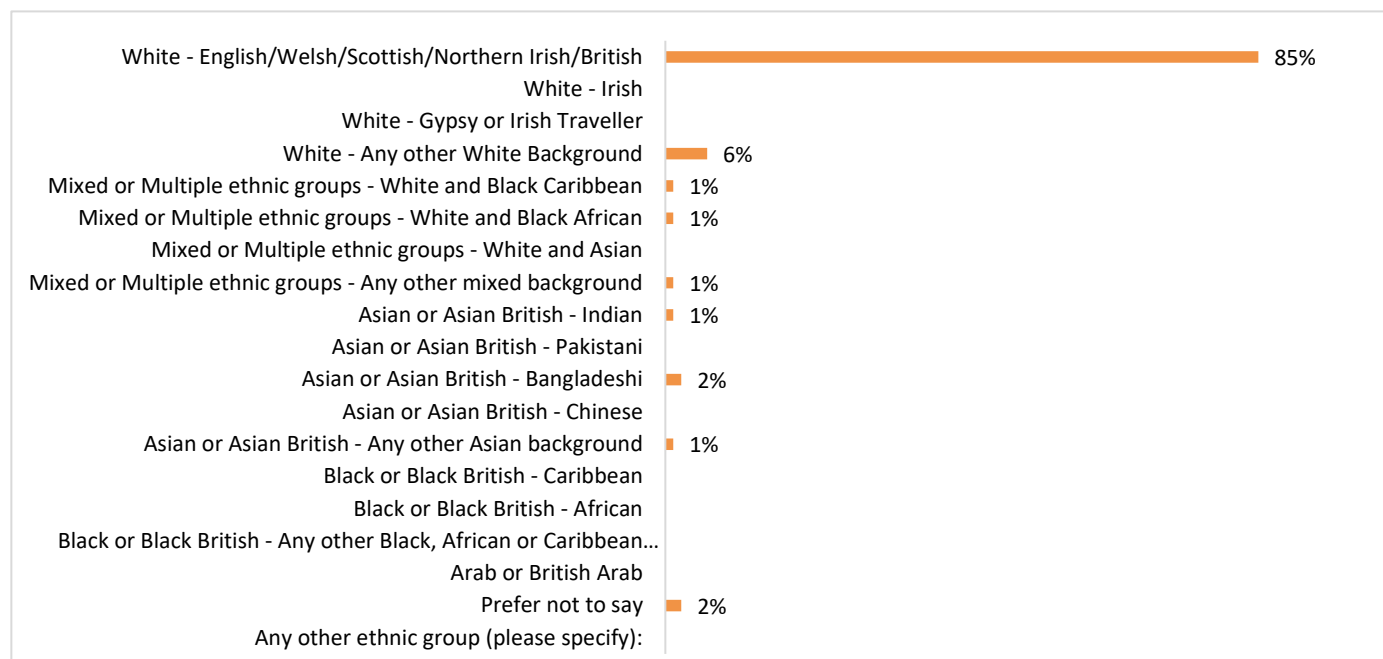


Figure 16: Community Champion Ethnic background (N = 87)

While in the 2011 census 97% of Wirral residents were estimated to have a white background, 91% of survey respondents had a white background, reflecting good ethnic inclusivity.

Respondents were then asked which of the following employment options applied to them (Fig. 17).

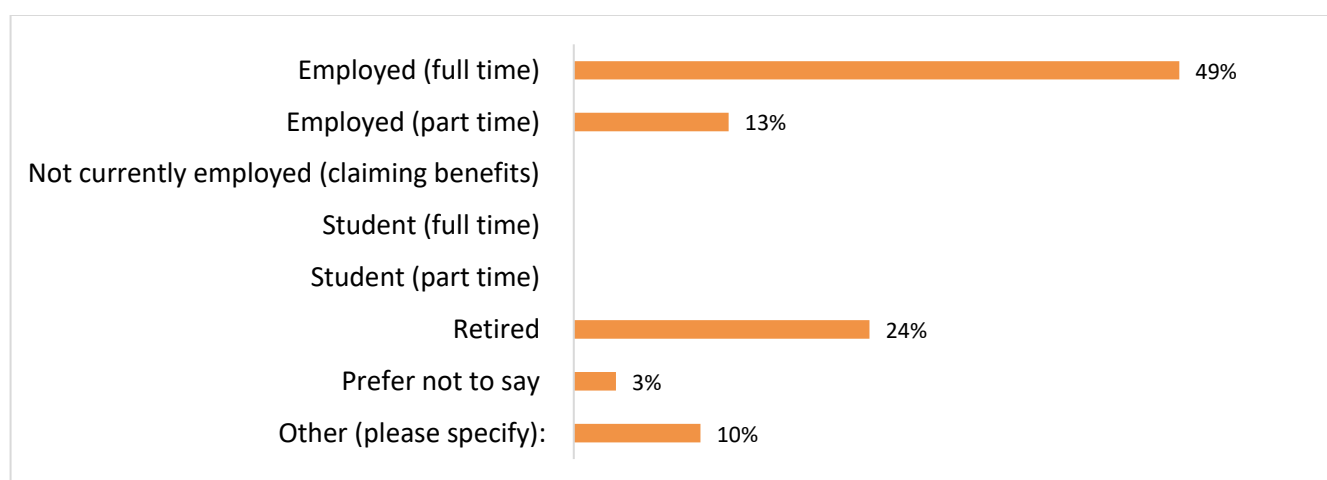


Figure 17: Community Champion Employment status (N = 87)

62% of respondent stated that they were employed full-time or part-time while 24% were retirees. None were students or unemployed. Building student representatives may be worthy of consideration perhaps via building relationships with colleges. Under 'Other', respondents stated that they were carers, carers and volunteers, homemakers or disabled; they were all females aged 35–64.





## Public survey baseline

A baseline survey of Wirral residents was carried out in August/September 2021.

The survey was developed using the Smart Survey development platform and distributed by Covid Champions and via online paid social media advertising (Instagram, Facebook, Snapchat, etc.)

The following chapter details the results from the baseline survey answered by Wirral residents in August/September 2021. Survey answers from respondents who stated that they had received two doses of the COVID-19 vaccine are presented.

## Sample characteristics

A total of 603 people responded to the survey. 507 respondents (84.1% of all respondents) had received two doses of a COVID-19 vaccine, as seen in Figure 18.

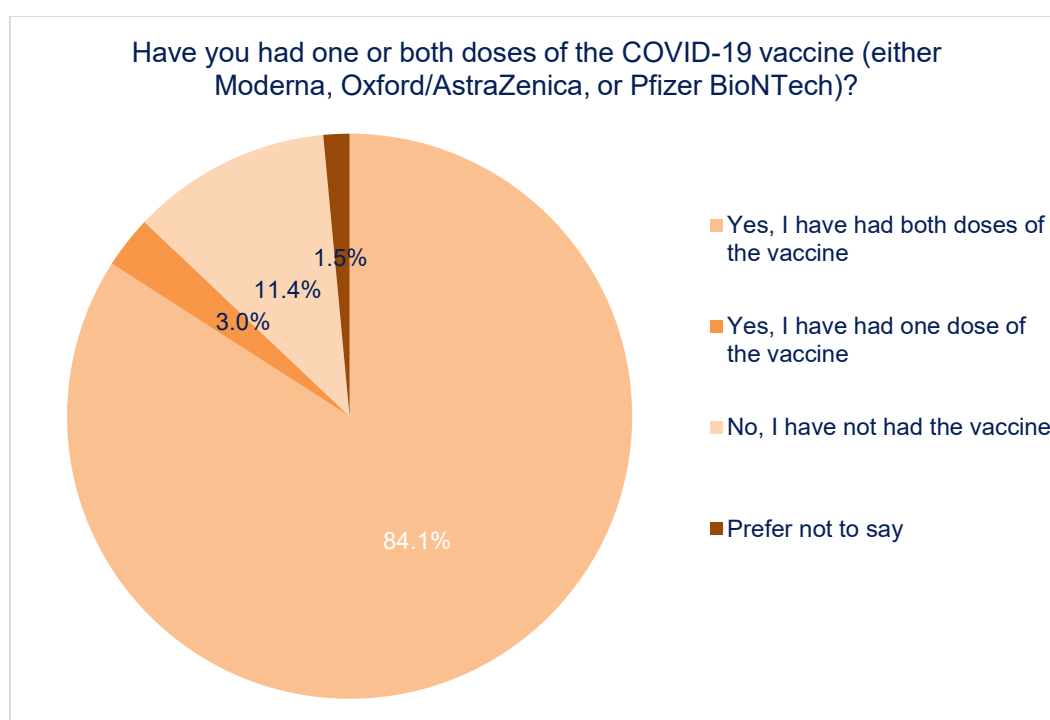
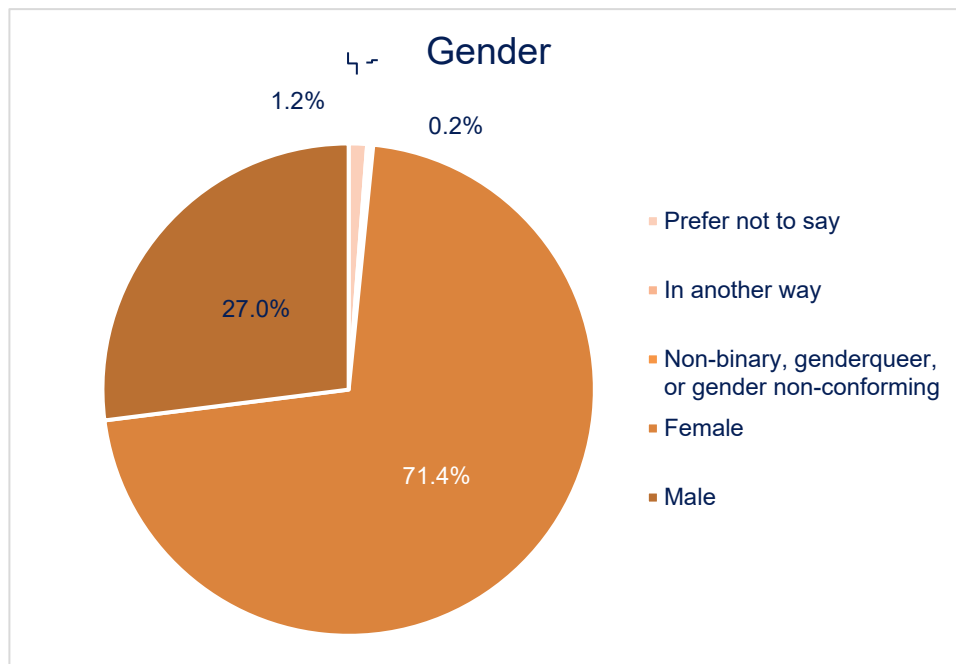


Figure 18: Number of COVID-19 vaccine doses amongst respondents

The survey included questions regarding demographics, including gender, age group, ethnicity, employment, deprivation, mental health condition, and disability. However, respondents could choose to select '*prefer not to say*' if they did not wish to respond to the question. The demographics results are summarised below.

71.4% of respondents stated that their gender was female, 27.0% male, and 0.2% non-binary, genderqueer, or gender non-conforming, with 0.2% identifying in another way and 1.2% preferring not to state their gender.

Figure 19: Gender of respondents



Respondents age group profile is illustrated in Figure 3. The most common age groups were 55 – 64 years (24.7%) and 45 – 54 years (22.1%).

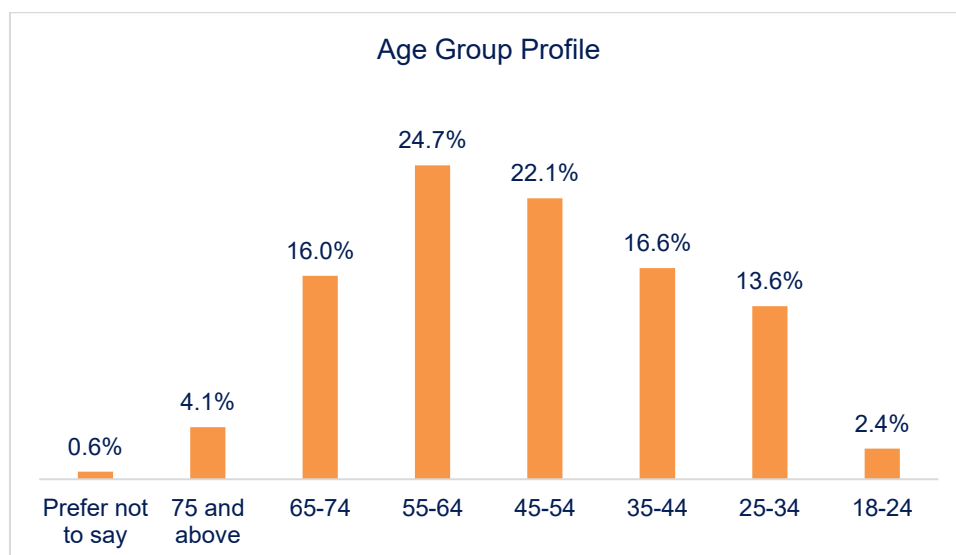


Figure 20: Age group of respondents

94.9% of respondents were White - English/Welsh/Scottish/Northern Irish/British. Only 7 (1.4%) respondents were of non-white or mixed ethnicity (Figure 4). This broadly reflects the general Wirral population.

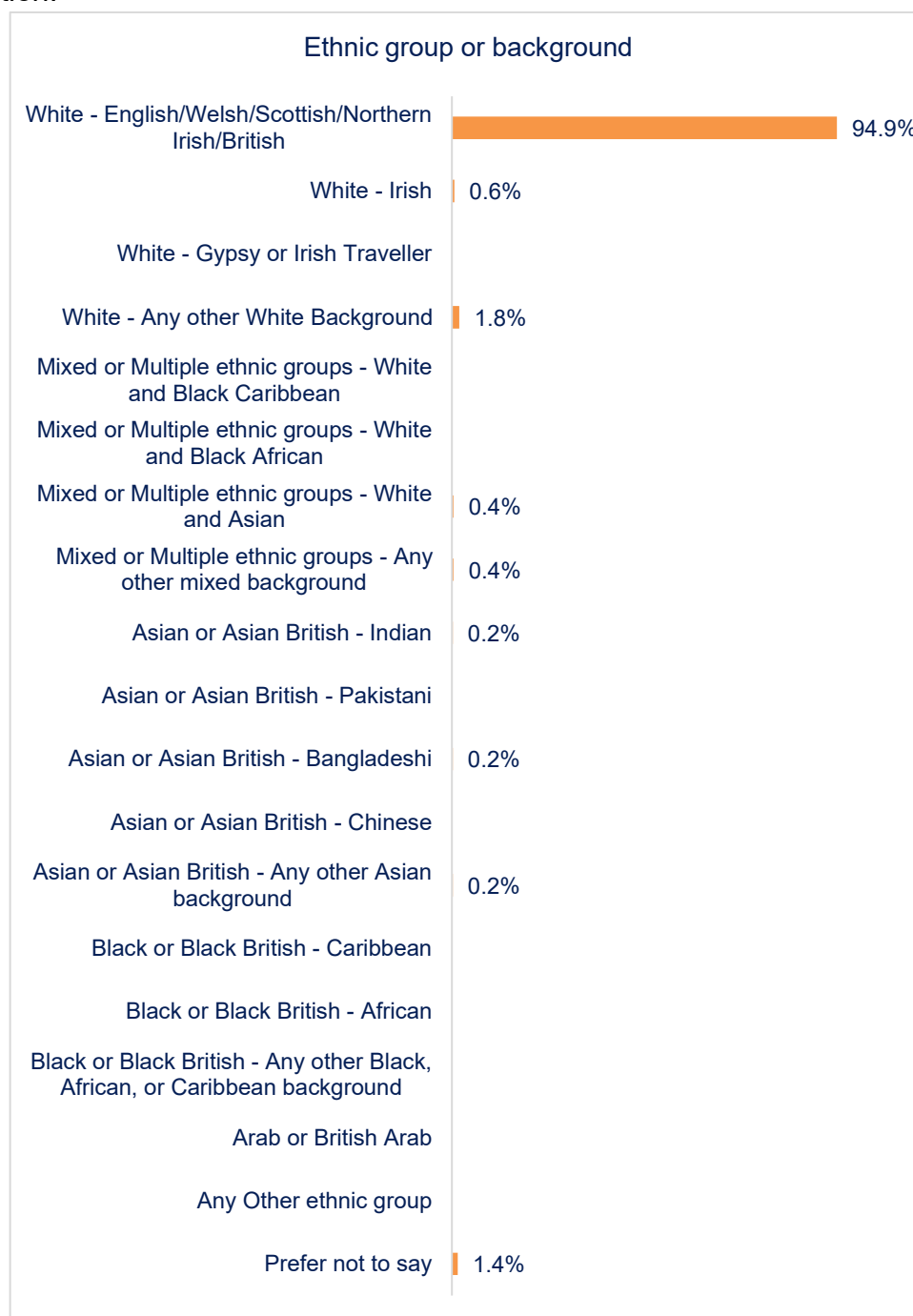


Figure 21: Respondents ethnic group or background

A half of the respondents (50.5%) were in full-time employment, 14.6% were employed part-time, 23.1% were retired, and 2.0% were not currently employed and claiming benefits. 1.0% of

respondents were students, 1.8% were self-employed, 1.0% were volunteer workers, and 0.8% were carers.

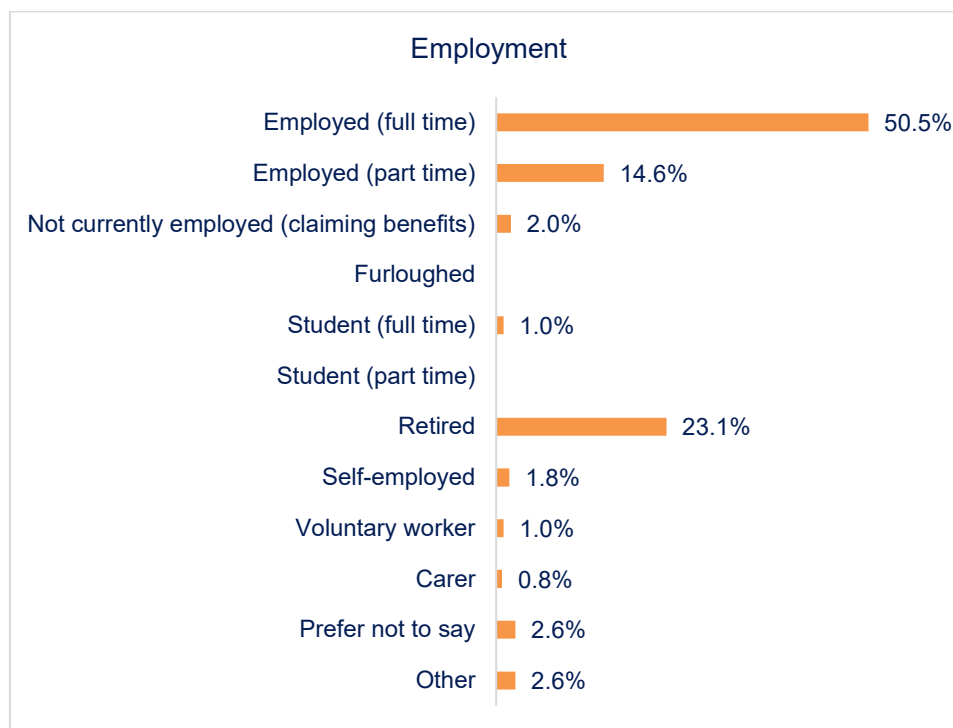


Figure 22: Respondent's employment profile

15.4% of respondents were health professionals. 15.4% of respondents had been diagnosed with a mental health problem and 14.8% had a disability.

6.7% of respondents were considered extremely clinically vulnerable and 14.0% were in an at-risk group for COVID-19 (Figure 23).

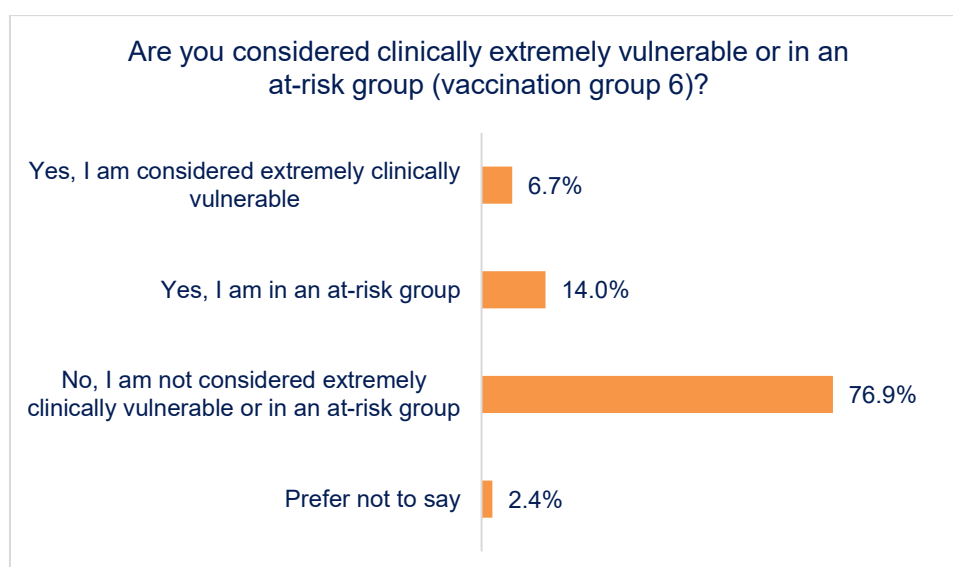


Figure 23: Whether respondents were in an at-risk group or clinically extremely vulnerable to COVID-19

Out of those respondents that were at-risk or considered extremely clinically vulnerable, 12.0% were currently choosing to isolate, 85.5% were not, and 2.6% preferred not to say.

As seen in Figure 24, 21.7% of respondents lived with someone who was considered extremely clinically vulnerable (10.1%) or in an at-risk group (11.6%).

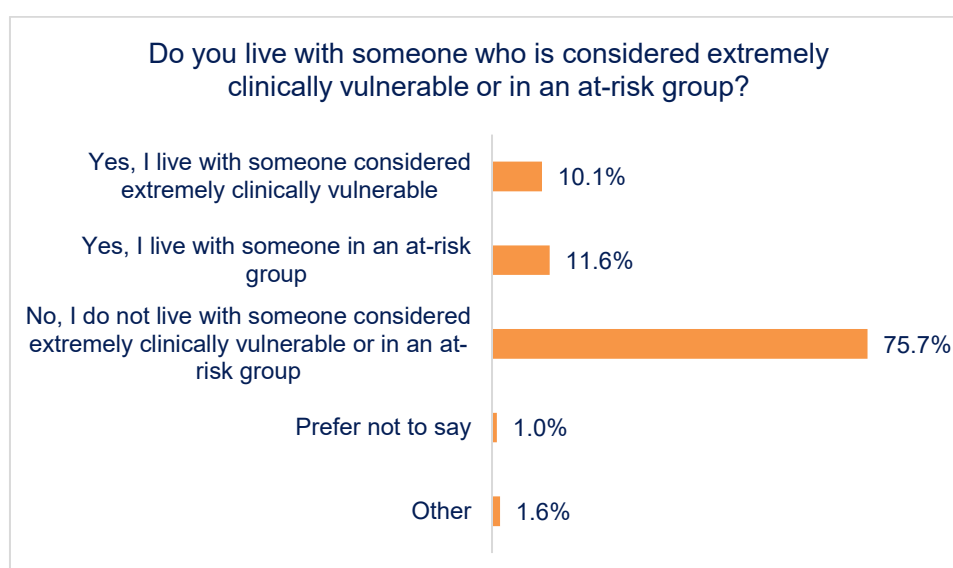


Figure 24: Whether respondents lived with someone that was in an at-risk group or considered clinically extremely vulnerable to COVID-19

Respondents were also asked to give their postcode to understand more about where they lived. 401 postcodes were received, which were analysed against the Office for National

Statistics (ONS) Indices of Multiple Deprivation (IMD) 2019 data. IMD deciles range from 1 (being the most deprived areas in Wirral) and 10 (being the least deprived in Wirral).

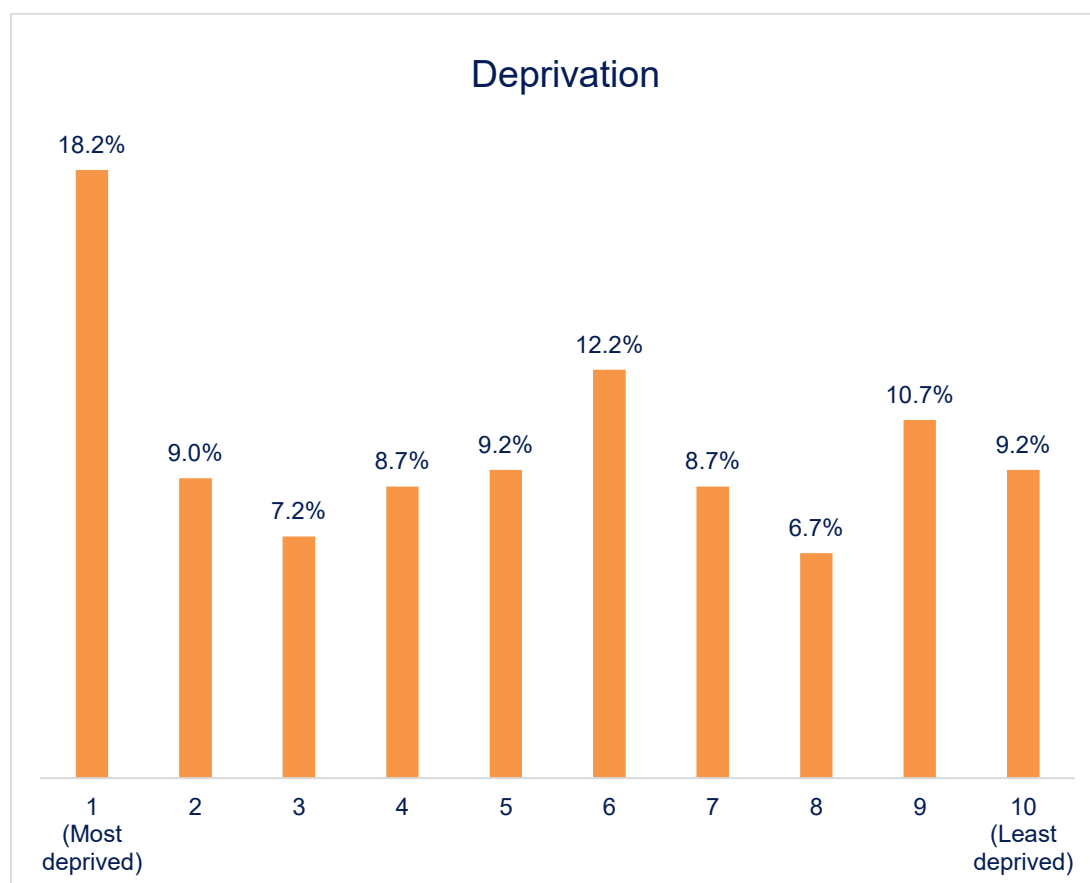


Figure 25: Percentage of respondents by IMD (2019) decile (1 being the most deprived and 10 being the least)

As shown in Figure 8, 27.2% of respondents lived in the two most deprived areas of Wirral, with 19.9% living in the two least deprived areas.

### **Vaccination**

Respondents were asked why they decided to have the vaccine for COVID-19. Respondents were provided with a list of options and asked to select all that applied to them. The results are shown in Figure 26.

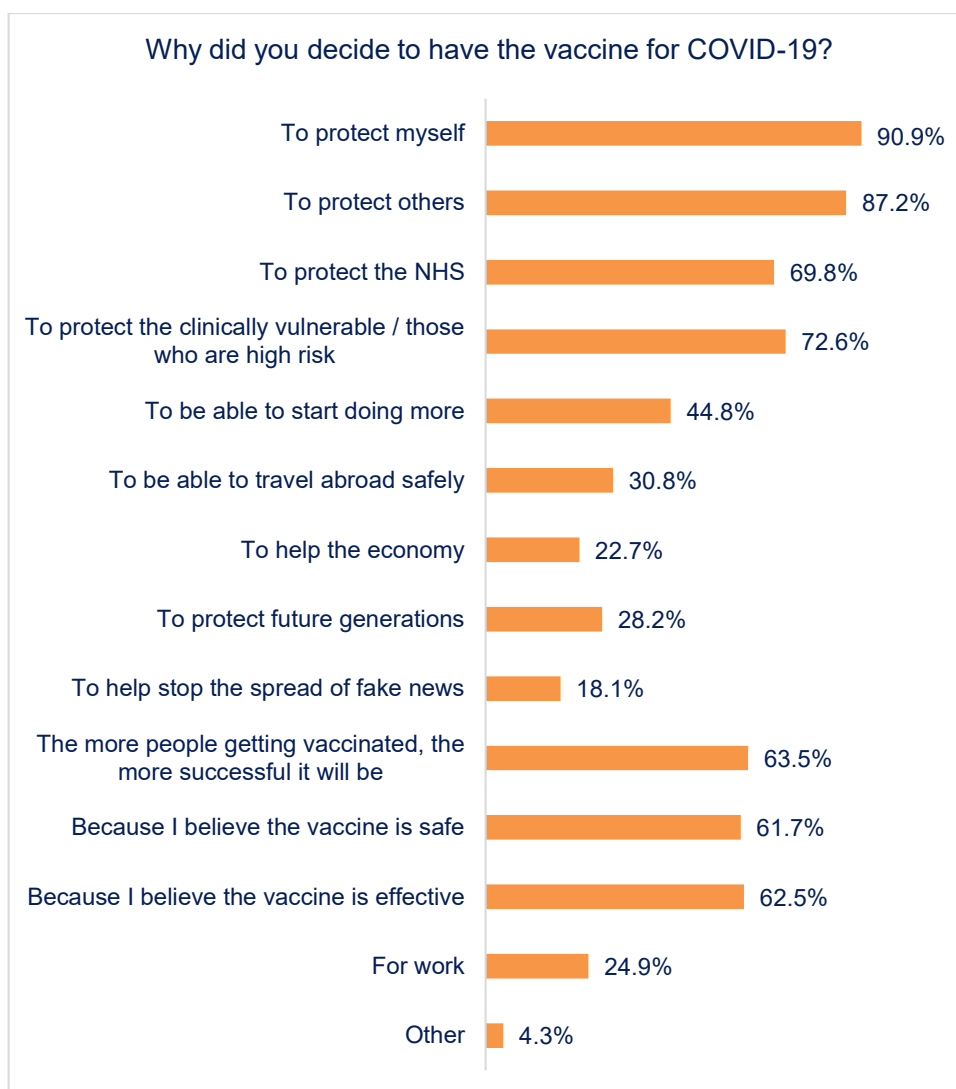


Figure 26: Why respondents had the vaccine for COVID-19

The most common reasons for having the COVID-19 vaccine were:

1. To protect myself (90.9%)
2. To protect others (87.2%)
3. To protect the clinically vulnerable / those who are high risk (72.6%); and
4. To protect the NHS (69.8%).

Other responses included:

- To protect others (e.g., unborn baby, vulnerable family members)
- Feeling coerced
- To protect people at work or because of work
- The right thing to do or a great opportunity; and

- To deal with the virus.

Respondents were asked if they thought the COVID-19 vaccine should be compulsory / mandatory for the public. The results are shown in Figure 27.

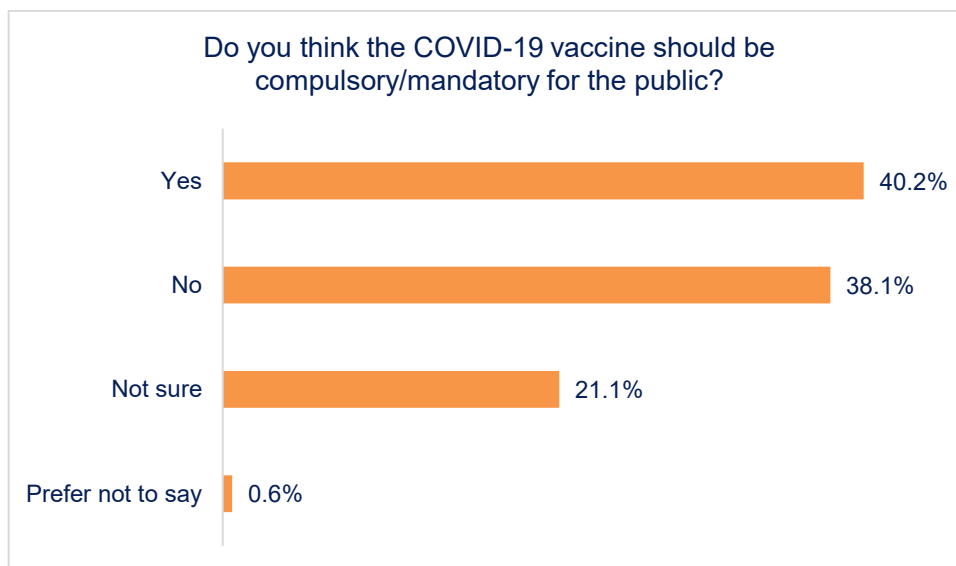


Figure 27: Whether respondents thought the COVID-19 vaccine should be compulsory/mandatory for the public

As seen in Figure 27, a slightly larger proportion thought that the COVID-19 vaccine should be compulsory/mandatory for the public (40.2%) than those that thought it shouldn't be compulsory/mandatory (38.1%). 21.1% of respondents were not sure whether the COVID-19 vaccine should be compulsory/mandatory for the public and 0.6% preferred not to say.

Comments included:

- Personal choice
- Should be compulsory for some jobs
- Everyone should have the vaccine (apart from those who can't)
- Have a responsibility to your community to have the vaccine
- Would be difficult to implement
- Not having the vaccine has consequences for others
- Undecided; and
- Absolutely not.

### Testing

Respondents were asked to indicate how much they agreed or disagreed with three statements that related to testing for COVID-19. The results are shown in Figure 11.



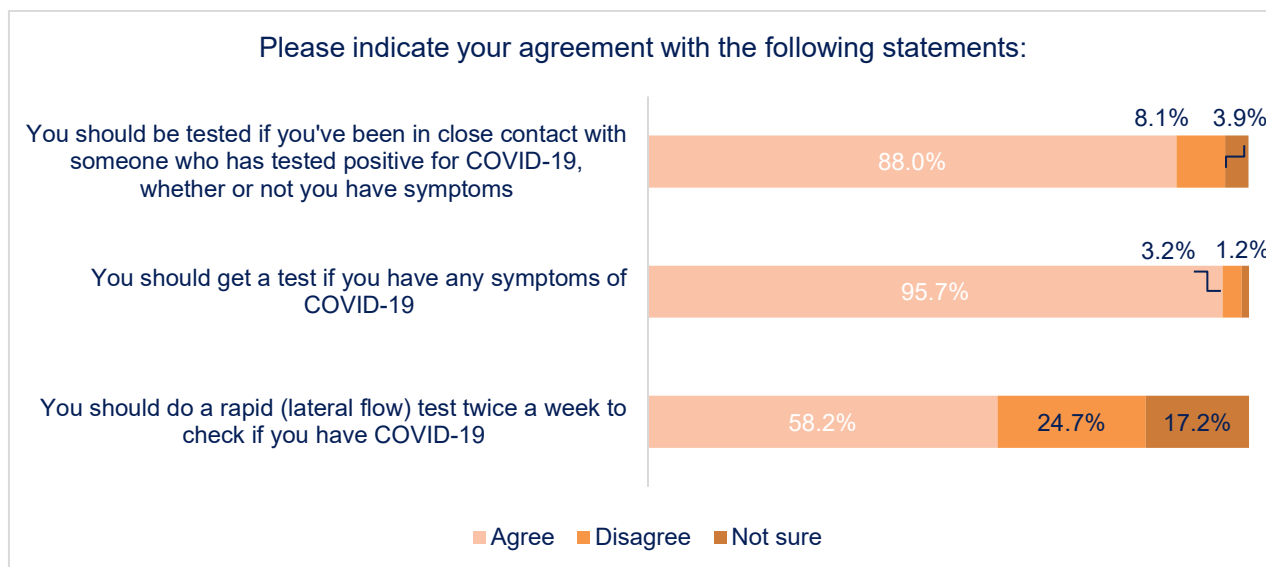


Figure 28: Respondents agreement with statements about testing for COVID-19

As seen in Figure 28, most respondents, or 95.7%, agree that one should get tested if they have symptoms of COVID-19, 3.2% disagreed and 1.2% were unsure.

Slightly less, or 88.0%, of respondents agreed that one should get tested after close contact with someone who has tested positive for COVID-19, regardless of their symptoms, 8.1% disagreed and 3.9% were unsure.

More than a half of respondents (58.2%) agreed that one should do a rapid (lateral flow) test twice a week to screen for COVID-19, a quarter disagreed (24.7%) and 17.2% were unsure.

Respondents were asked for what reasons they would get tested for COVID-19. Respondents were given a list of reasons and asked to select all that applied to them. The results are shown in Figure 29.

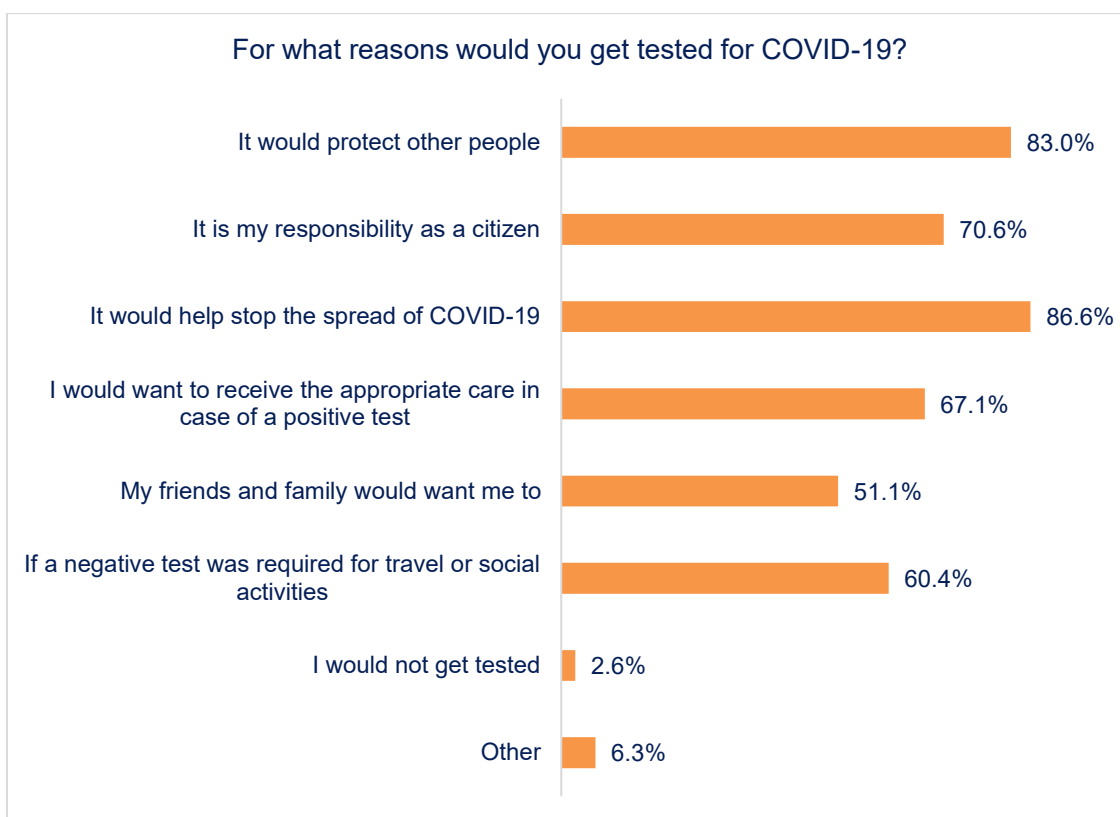


Figure 29: Why respondents would get tested for COVID-19

As seen in Figure 29, the most common reasons respondents would get tested for COVID-19 were:

1. To help stop the spread of COVID-19 (86.6%);
2. To protect other people (83.0%); and
3. A civic responsibility (70.6%).

Additionally, more than a half of the respondents indicated they would get tested for COVID-19 because they would want to receive the appropriate care in case of a positive result (67.1%), if it was required for travel or social activities (60.4%), and because their friends and family would want them to (51.1%). A small proportion (2.6%) indicated that they would not get tested for COVID-19 and 6.3% indicated 'other'.

Other responses included:

- For work
- Peace of mind
- Before surgery
- Because they are vulnerable/have vulnerable family members

- To protect the spread of COVID-19 to others
- To be treated by the hospital
- If symptomatic or in close contact with someone symptomatic

Respondents were asked for what reasons they wouldn't get tested for COVID-19. Respondents were presented with a list of reasons and asked to select all that applied to them. Only 238 respondents answered the question. However, the percentages presented in Figure 30 were calculated from the total sample (n= 507). This was because there was no option stating, '*none of the above*' or '*not applicable*' and, therefore, people skipped the question instead of choosing something that wasn't relevant to them.

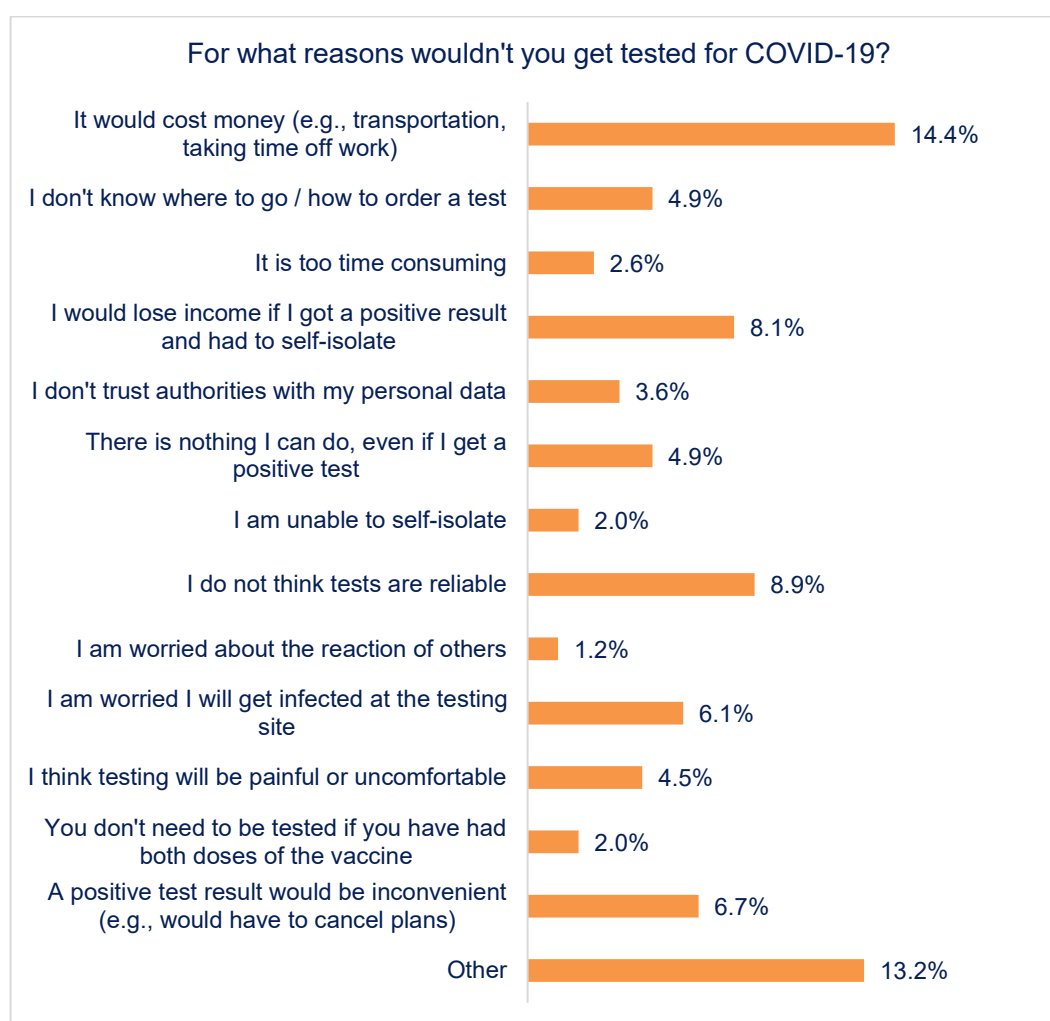


Figure 30: Why respondents wouldn't get tested for COVID-19

As seen in Figure 30, the most common reasons respondents wouldn't get tested for COVID-19 were:

1. It costs money, e.g., transportation, taking time off work (14.4%)

2. Finding the tests unreliable (8.9%); and
3. Loss of income in case of a positive result due to self-isolation (8.1%).

13.2% of respondents stated other reasons:

- That they would get tested
- Don't want to risk spreading the virus to others
- Only if symptomatic
- Economic impact of self-isolation
- Have had the vaccine; and
- If hadn't been in close contact with others.

### ***Protective behaviours***

Respondents were presented with common preventative measures for the spread of COVID-19 (e.g., regular hand washing or using gel) and asked how frequently they had participated in the last 7 days. The results are shown in Figure 31.



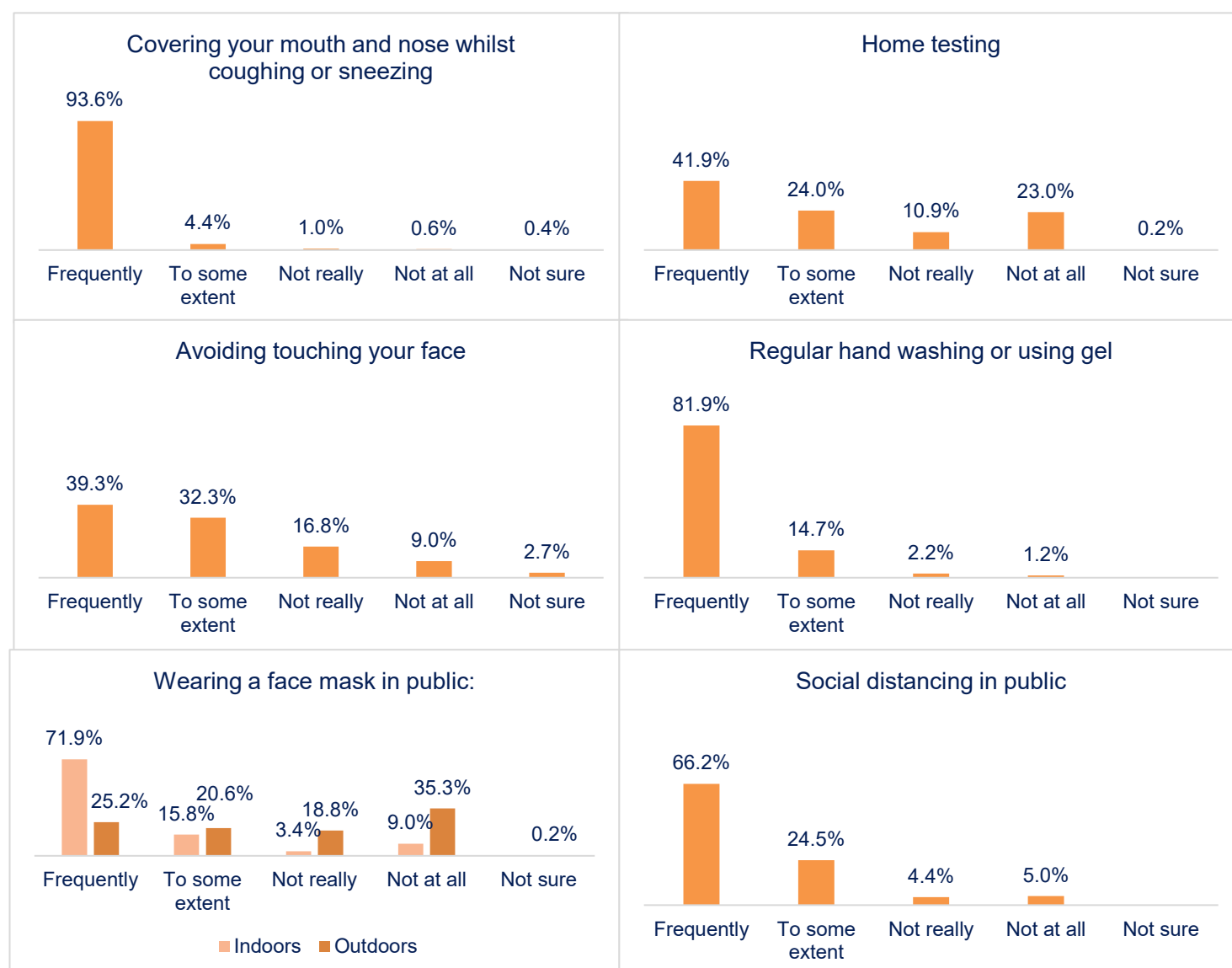


Figure 31: Respondents protective behaviours against COVID-19 in the last 7 days

As seen in Figure 31, most respondents indicated that they frequently: covered their mouth and nose whilst coughing or sneezing (93.6%); washed their hands regularly or used gel (81.9%); wore a face mask in public whilst indoors (71.9%); and socially distanced in public (66.2%).

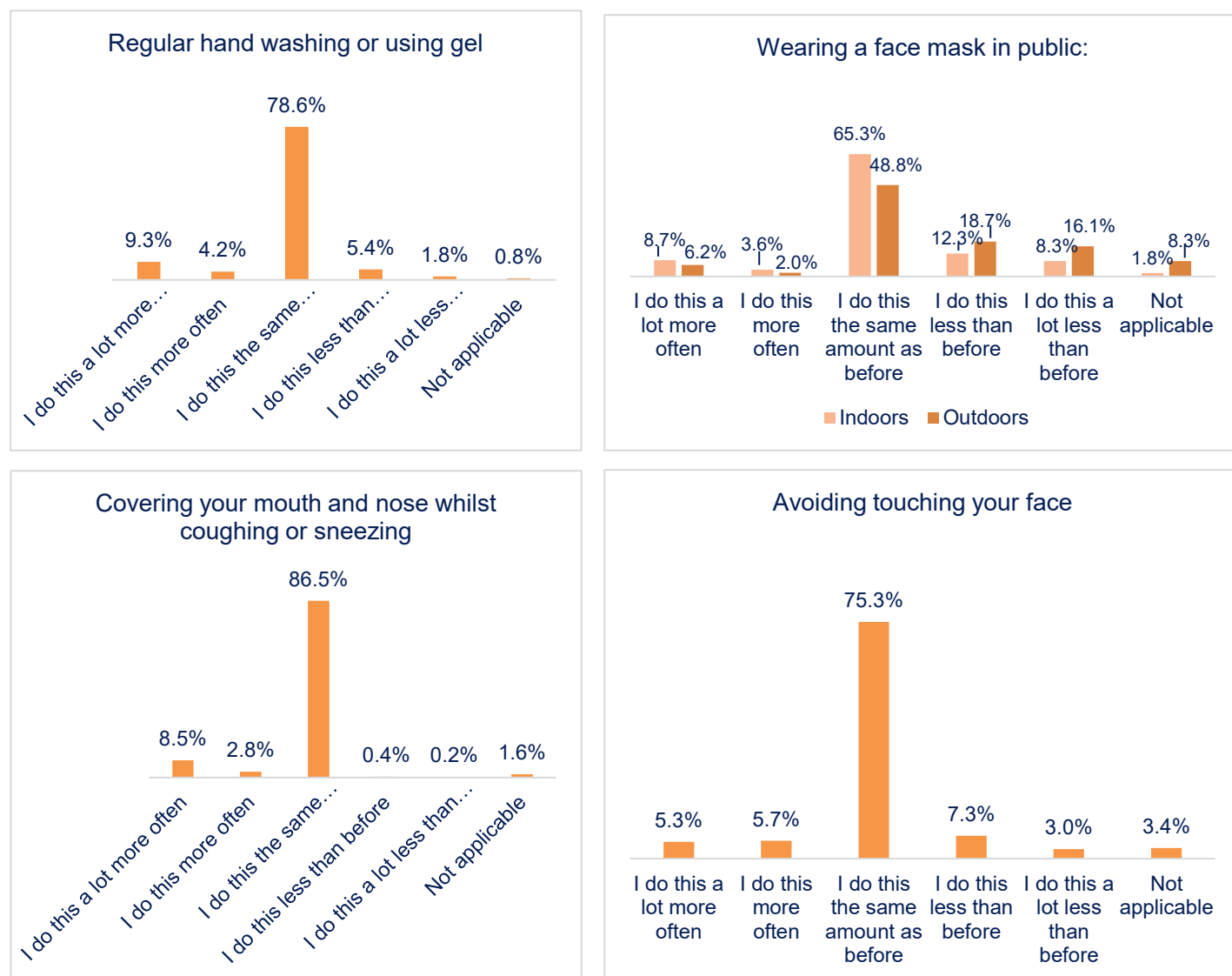
Home testing, avoid touching their face, and wearing a face mask in public outdoors were less common preventative measures amongst the respondents: a third (33.9%) had not (*'not really'* or *'not at all'*) done home testing in the last 7 days; a quarter (25.8%) did not actively avoid touching their face; and more than a half (54.1%) did not wear a face mask in public outdoors.

Respondents were asked to explain their answers. Answers included:



- Testing when going out somewhere/going to be in contact with others
- Routinely testing 2/3 times a week
- Feeling safer outdoors/if somewhere is well ventilated
- Testing for work
- Social distancing where possible
- Following guidance where possible; and
- Feelings that restrictions should not have been lifted.

Respondents were asked how being fully vaccinated had impacted how often they participated in measures to prevent the spread of COVID-19. The results are shown in Figure 32.



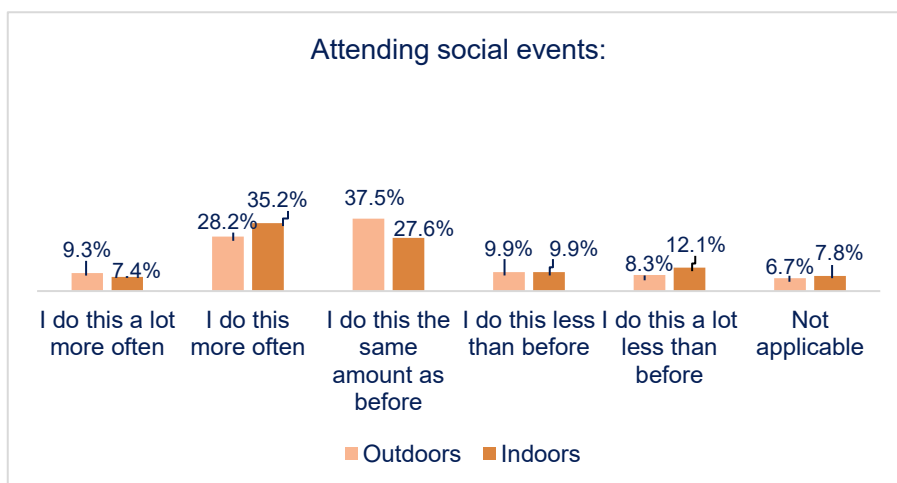
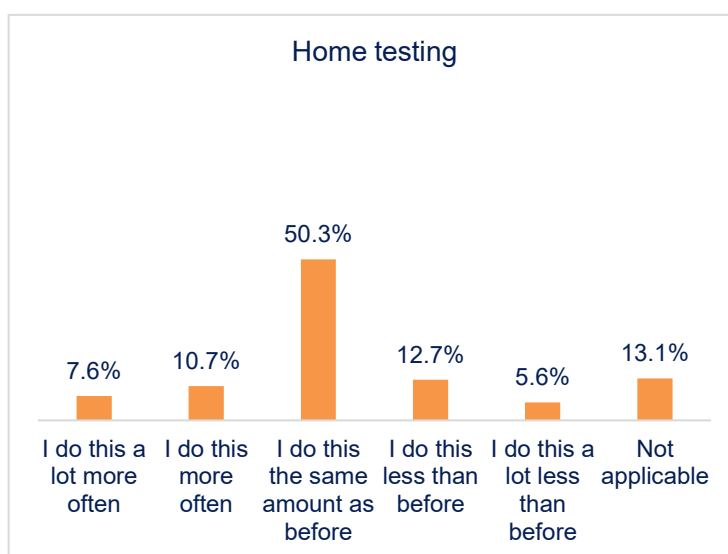
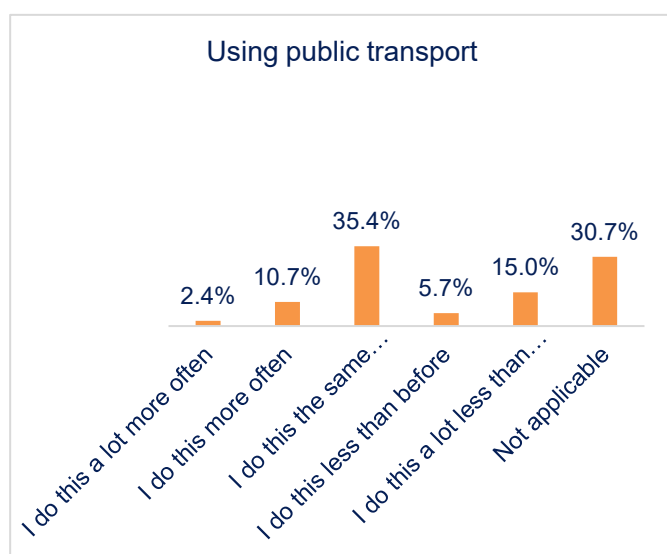
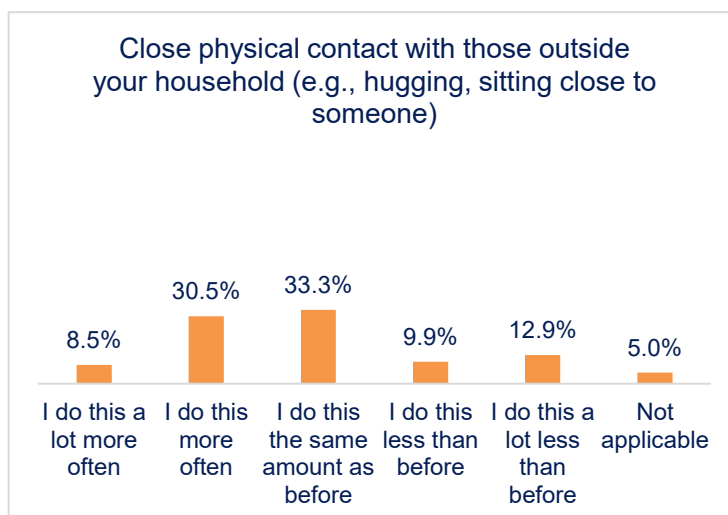
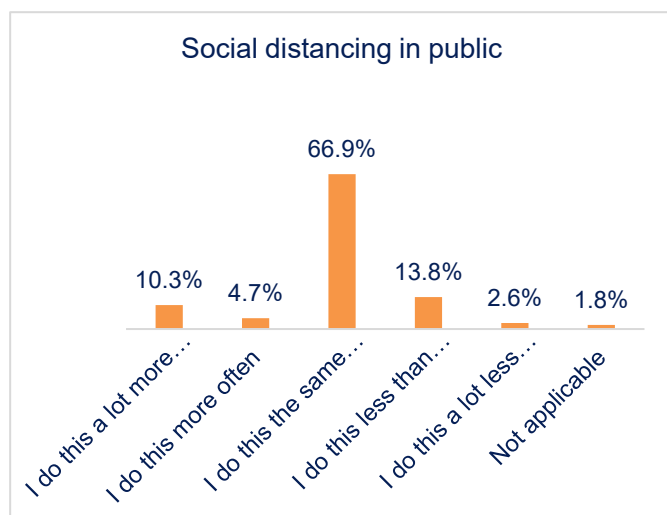


Figure 32: How being fully vaccinated impacted respondent's protective behaviours against COVID-19

As seen in Figure 32, being fully vaccinated mainly impacted respondents to participate in more:

- Close physical contact with those outside their household (39.0%); and
- Attending social events, both outdoors (37.5%) and indoors (42.6%).

Whereas, being fully vaccinated mainly impacted respondents to participate in less:

- Wearing of face mask in public, both outdoors (34.8%) and indoors (20.6%).

Respondents were asked to explain their answers. Answers included:

- Still being cautious where possible
- Still being cautious as before vaccination
- Starting to socialise more
- Don't use public transport
- Numbers are still high; and
- Still following government advice.

### *Perceived protection from COVID-19*

Respondents were asked what they thought would be their probability of getting infected with COVID-19. The results are shown in Figure 33.

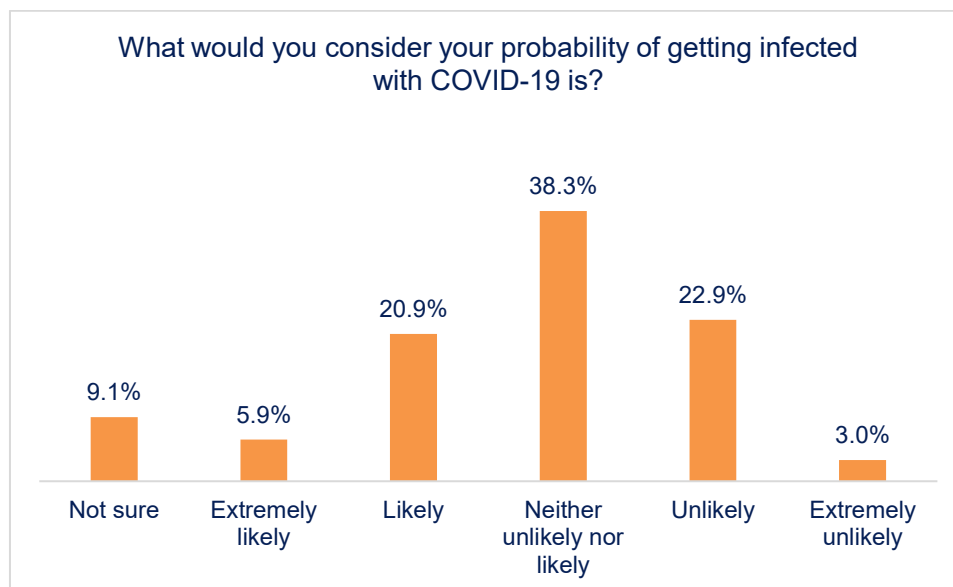


Figure 33: Distribution of respondent's perception of probability of COVID-19 infection

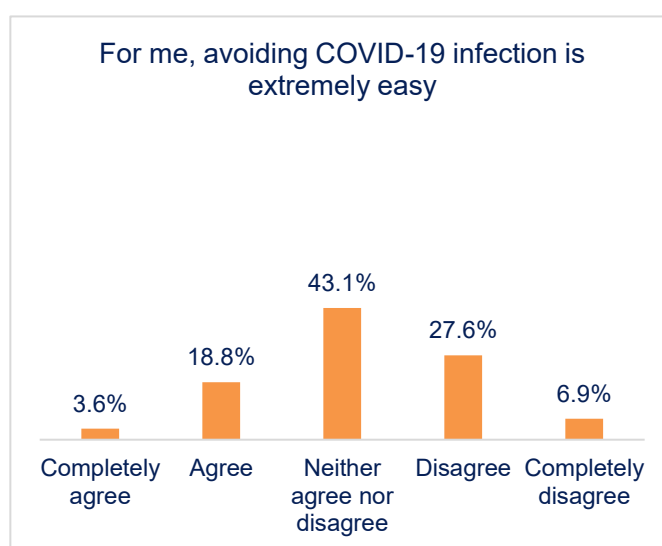
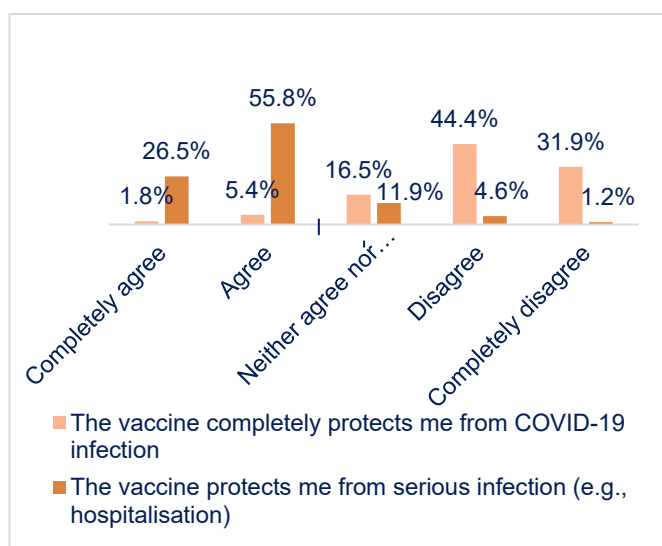


As seen in Figure 33, a slightly larger proportion of respondents considered it likely they would get infected with COVID-19 (26.8%), than unlikely (25.9%). However, most reported a neutral response (38.3%).

Respondents were asked to explain their answers. Answers included:

- Have already had COVID-19
- Still cautious and can still get COVID-19
- Work in the NHS/care/school/public facing roles so higher risk
- Vaccines not 100% effective – but less severe disease
- Are vulnerable; and
- Don't know about others' behaviour.

Respondents were asked to indicate how much they agreed or disagreed with four statements that related to perceived protection from COVID-19 infection. The results are shown in Figure 34.



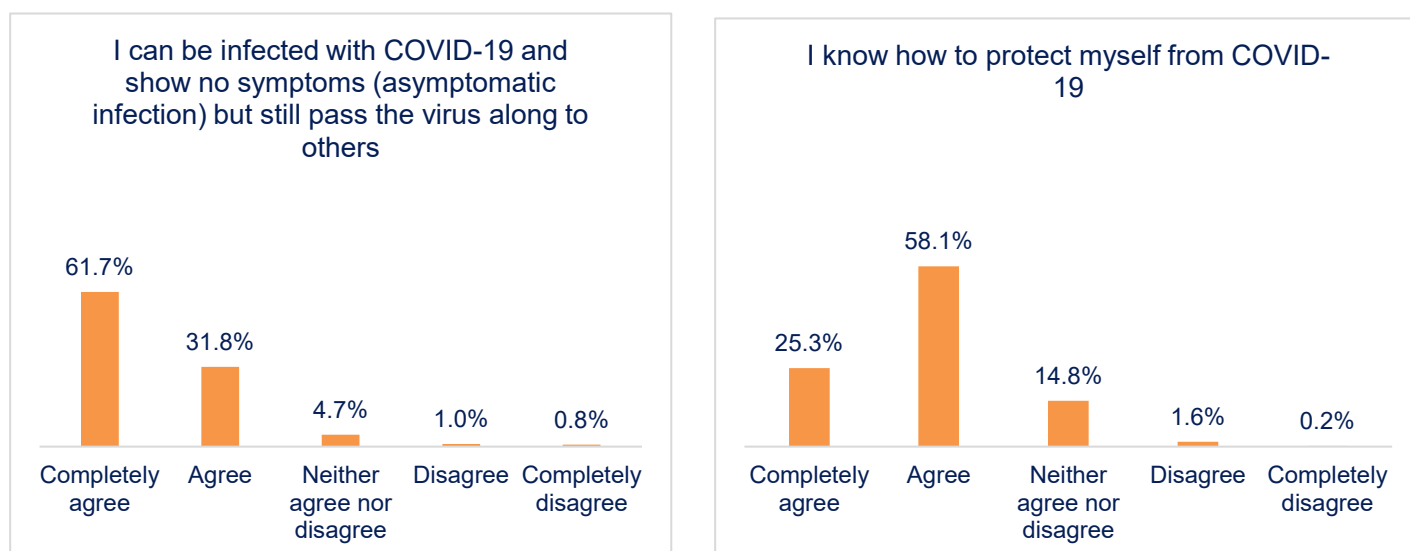


Figure 34: Perceived protection against COVID-19

As seen in Figure 34, 34.5% of respondents disagreed (6.9% completely) that avoiding COVID-19 infection is easy for them, 22.4% agreed (3.6% completely) and 43.1% neither agreed nor disagreed.

Most respondents agreed that they know how to protect themselves from COVID-19, or 83.4% (25.3% completely agreed), 1.8% disagreed (0.2% completely) and 14.8% neither agreed nor disagreed.

Similarly, most respondents (93.5%) were aware that they can be infected with COVID-19 and show no symptoms but still pass the virus along to others, 1.8% disagreed (0.8% completely) and 4.7% neither agreed nor disagreed.

In terms protection from the COVID-19 vaccine, most disagreed the vaccine completely protects them from COVID-19 infection (76.3%) but agreed that the vaccine protects them from serious infection, e.g., hospitalisation (82.3%).

### **Self-isolation**

Respondents were given seven scenarios and asked in which scenario they would choose to self-isolate. The results are displayed in Figure 35.

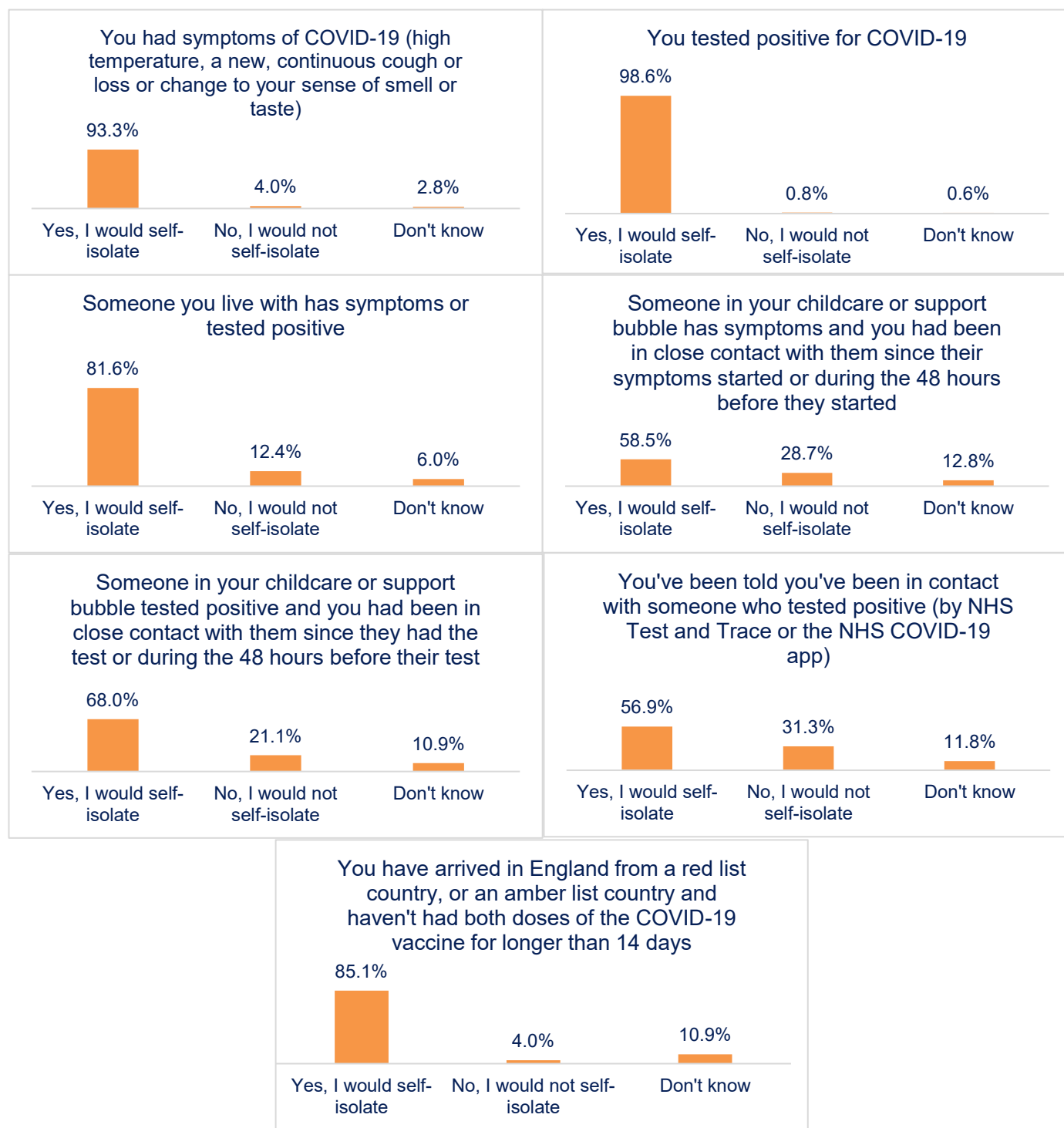


Figure 35: Whether respondents would self-isolate in different scenarios

As seen in Figure 35, most respondents indicated that they would self-isolate if:

1. They tested positive for COVID-19 (98.6%)



2. They had symptoms of COVID-19 (93.3%)
3. They were arriving in England from a red, - or amber list country and haven't had both doses of the COVID-19 vaccine for longer than 14 days (85.1%); and
4. Someone they lived with has symptoms or tested positive for COVID-19 (81.6%).

Around a third of respondents (31.3%) indicated they would not self-isolate if they've been told by the NHS Test and Trace or the NHS COVID-19 app that they had been in contact with someone who tested positive for COVID-19.

28.7% of respondents would not self-isolate if someone in their childcare or support bubble had symptoms and they had been in close contact with them since their symptoms started or during the 48 hours before they started.

21.1% of respondents would not self-isolate if someone in their childcare or support bubble tested positive and they had been in close contact with them since they had the test or during the 48 hours before their test.

### ***Prior COVID-19 infection***

Respondents were asked if they had or think they have had COVID-19. The results are shown in Figure 36.



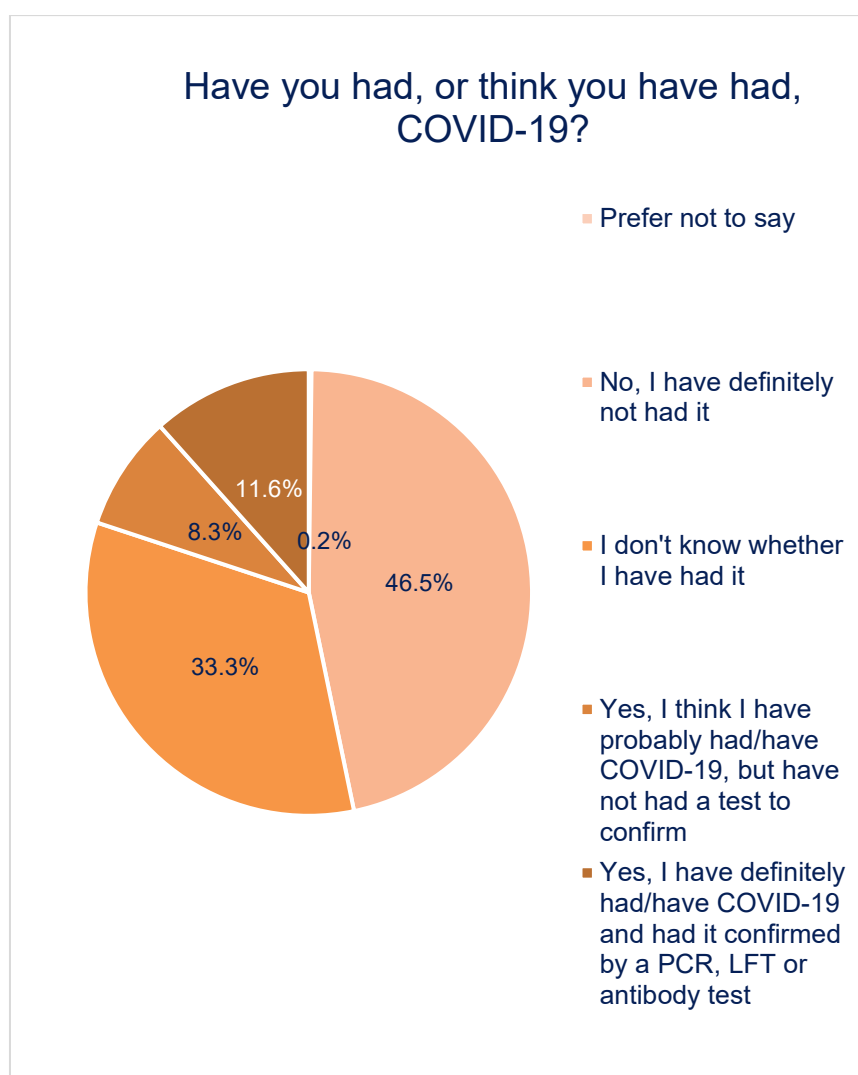


Figure 36: (Perceived) prior COVID-19 infections amongst the respondents

As seen in Figure 36, 11.6% of respondents had a confirmed prior COVID-19 infection, a further 8.3% were certain they had previously had COVID-19 but could not confirm it. Close to half of the respondents (46.5%) were certain that they had not had COVID-19 and a third (33.3%) were unsure whether they had had it.

### **COVID-19 Information**

Respondents were provided with four statements that related to their views on the clarity and accessibility of COVID-19 information. The results are shown in Figure 37.

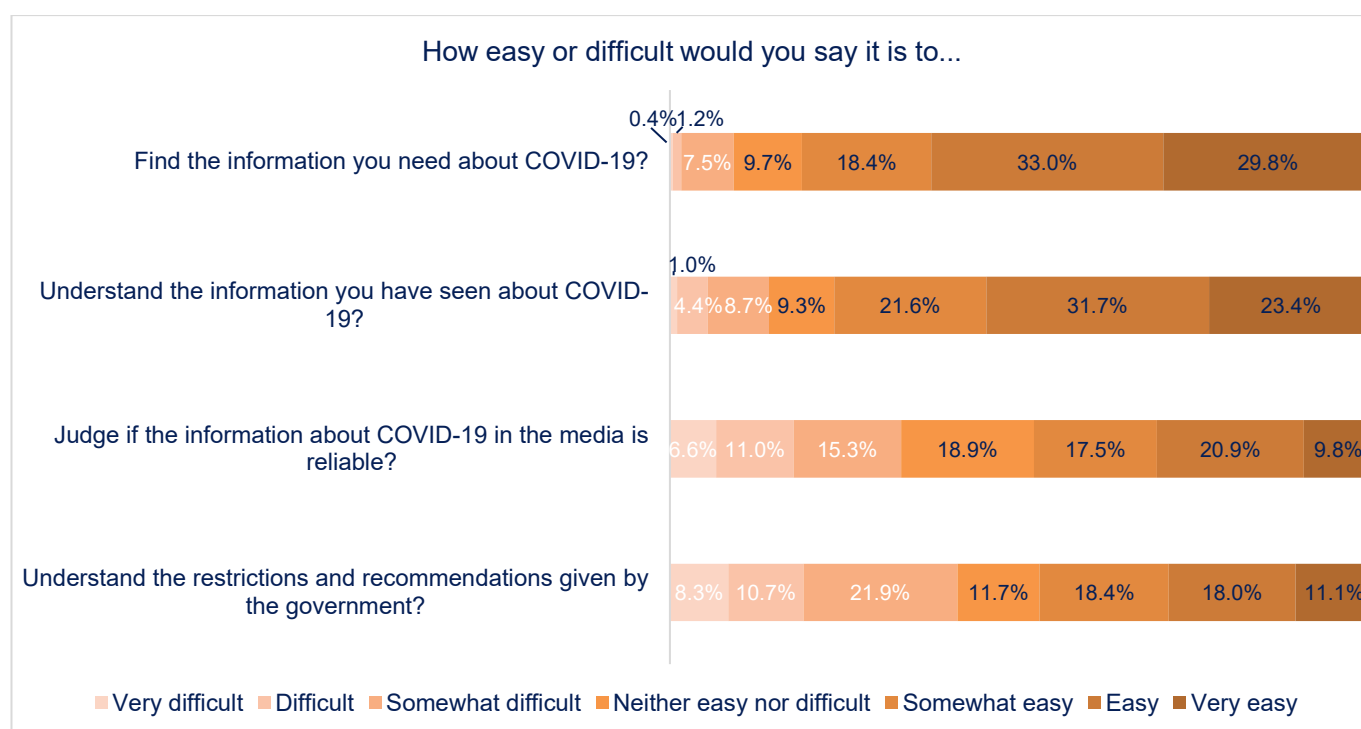


Figure 37: Views on the clarity and accessibility of COVID-19 information

As seen in Figure 37, 40.9% of respondents found it difficult (8.3% very difficult) to understand the restrictions and recommendations given by the government, 47.5% found it easy (11.1% very easy) and 11.7% found it neither easy nor difficult.

A third of the respondents (32.9%) found it difficult (6.6% very difficult) to judge if the information about COVID-19 in the media was reliable, 48.2% found it easy (9.8% very easy), and 18.9% found it neither easy nor difficult.

14.1% of respondents found it difficult (1.0% very difficult) to understand the information they had seen about COVID-19, 76.7% found it easy (23.4% very easy), and 9.3% found it neither easy nor difficult.

Most respondents, or 81.2%, found it easy (29.8% very easy) to find the information they need about COVID-19, 9.1% found it difficult (0.4% very difficult), and 9.7% found it neither easy nor difficult.

Respondents were asked to explain their answers. Comments included:

- There is a lot of information
- It can be confusing (changes to rules/messages/a lot of it/inconsistent/conflicting/new information hard to understand)

- Poor national government communication
- Fake news/not sure if it is reliable/media is biased; and
- Use social media for information.

Respondents were asked which sources they trust the most regarding COVID-19 information. Respondents were shown a list of options and asked to select the three sources they trust the most for COVID-19 information. The results are shown in Figure 38.

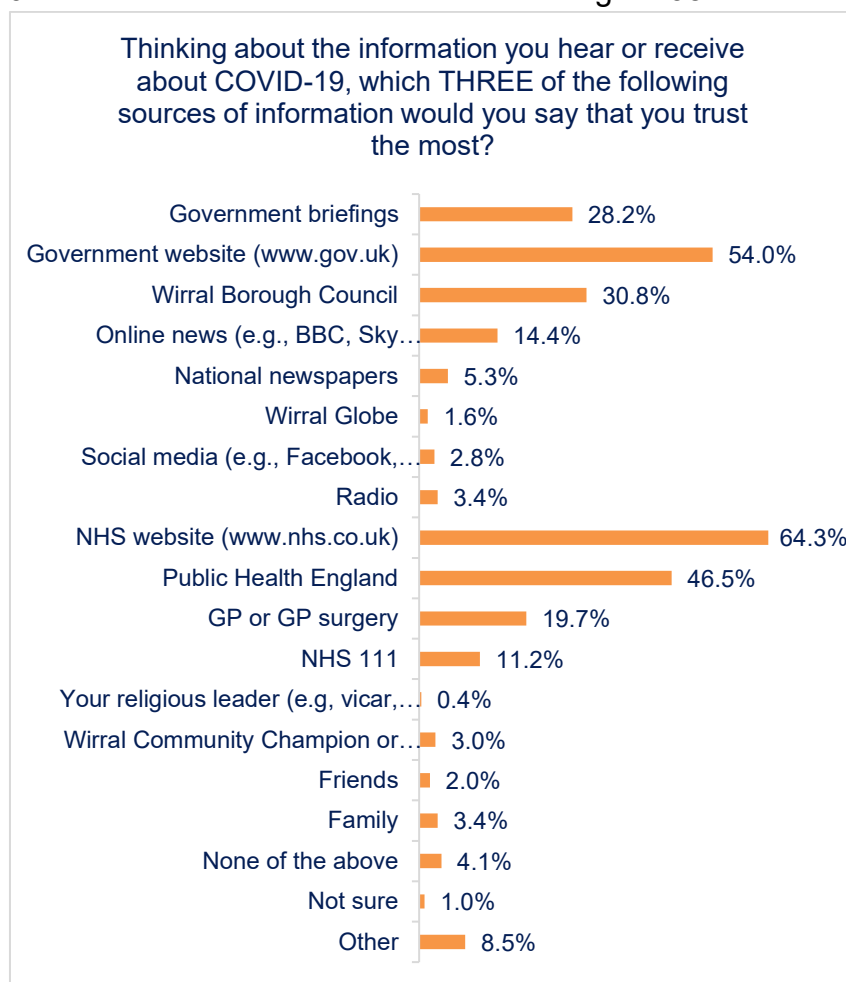


Figure 38: Trusted sources for COVID-19 information

As seen in Figure 38, the top three trusted sources for COVID-19 information were:

- NHS website (64.3%)
- Government website (54.0%); and
- Public Health England (46.5%).

Respondents that selected 'other' mentioned:

- Medical experts and researchers
- SAGE

- ZOE app
- NHS; and
- Family who are NHS workers.

Figure 39 shows how frequently respondents actively sought information about COVID-19, on a scale ranging from 0 ('never') to 7 ('several times a day').

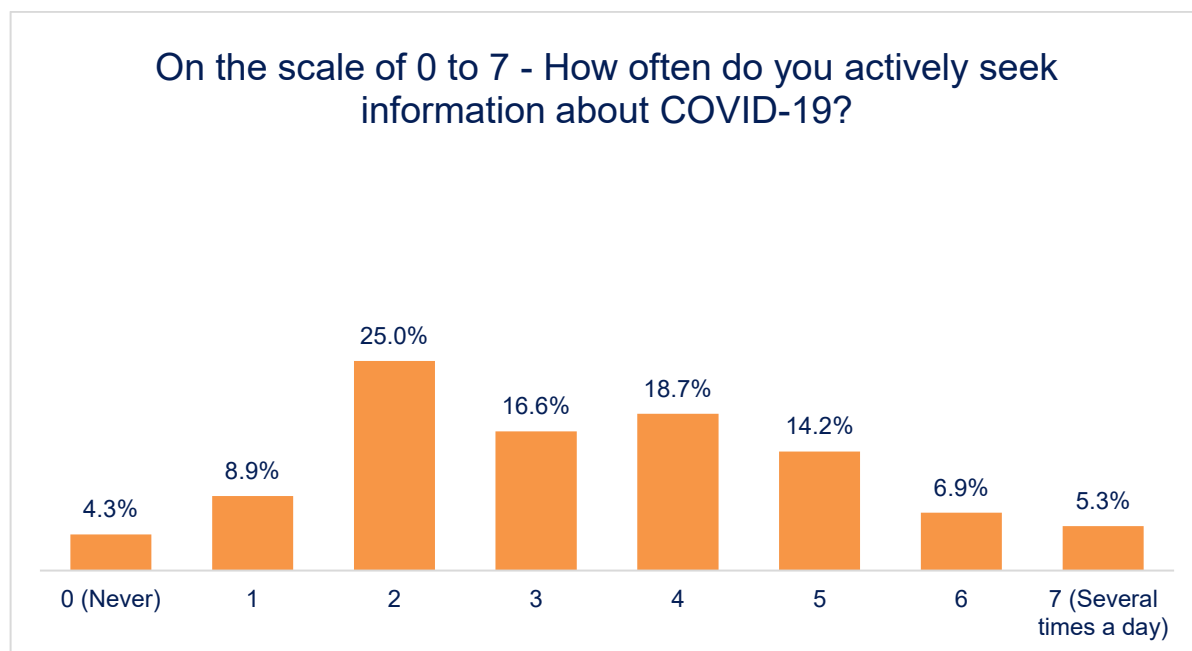


Figure 39: How frequently respondents actively sought information about COVID-19

Respondents were asked how confident they felt with the information they received on the COVID-19 vaccination before they made the decision to have it.





Figure 40: How confident respondents felt regarding information about the COVID-19 vaccine prior to having it

As seen in Figure 40, a half of the respondents (49.3%) felt completely confident, around a third (35.5%) felt somewhat confident, 5.0% did not feel confident (1.8% not at all) and 10.3% were neither confident nor unconfident.

### *Wirral Community Champions programme*

Respondents were asked if they were aware of the Wirral Community Champions programme. As seen in Figure 23, around a half of the respondents were aware of the programme (49.1%), whereas the other half was not (50.9%). Of all respondents, 13.2% were Wirral Community Champions themselves and 0.8% were Wirral Community Connectors.

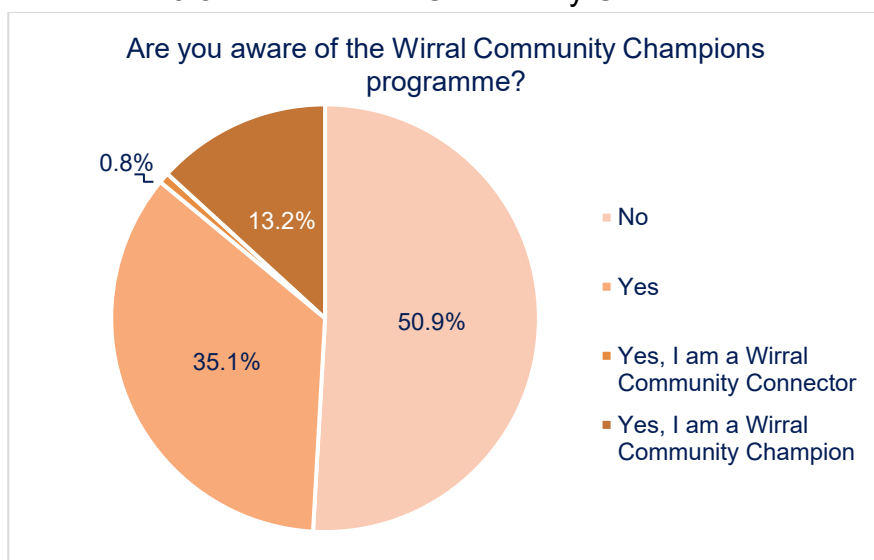


Figure 41: Awareness of the Wirral Community Champions programme

Respondents were asked if they had received COVID-19 related information through the Wirral Community Champions programme during the pandemic. The results are shown in Figure 42.

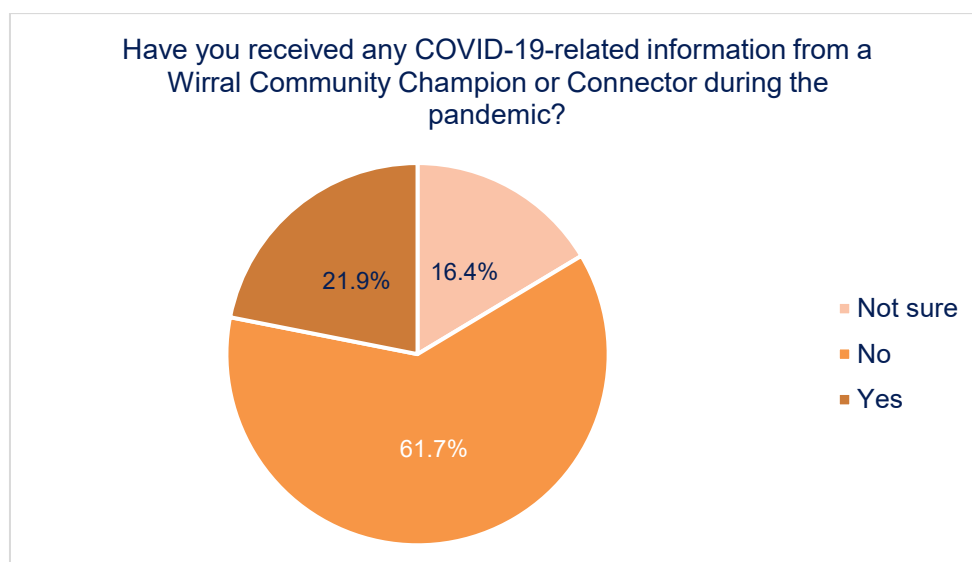


Figure 42: Whether respondents had received COVID-19 related information through the Wirral Community Champions programme during the pandemic

As seen in Figure 42, 21.9% of respondents had received COVID-19 related information through the Wirral Community Champions programme, 61.7% had not and 16.4% were unsure.

Respondents that had received COVID-19-related information from a Wirral Community Champion or Connector during the pandemic were asked how they received this information. The results are displayed in Figure 43.

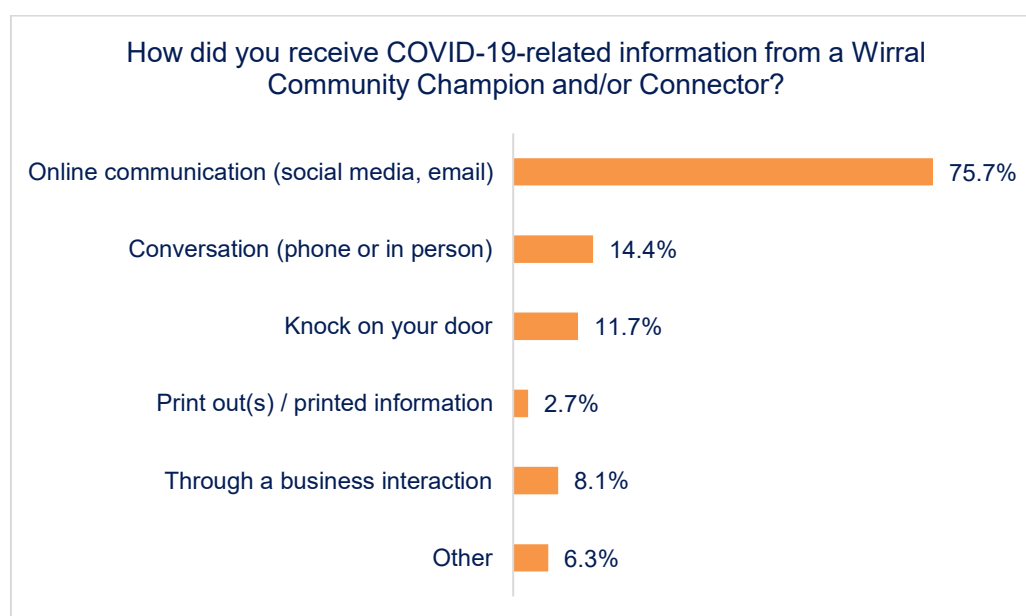


Figure 43: How respondents received COVID-19-related information from a Wirral Community Champion and/or Connector

As seen in Figure 43, most respondents received the information through online communication (75.7%) such as social media or email. Other responses included:

- Facebook and other group
- Council briefing
- Volunteering for Citizen's Advice; and
- That they were a Champion or Connector themselves.



### Public survey baseline and mid-point comparison.

A baseline and post-programme survey of Wirral residents was also conducted in spring 2022 to assess impact of Community Champions in communicating about Covid.

The survey was developed using the Smart Survey platform and was distributed through paid social media advertising and via the Covid Champions.

The following section presents results for the follow-up survey (N = 544) and compares them, where appropriate, with the baseline survey.

While analysis of the baseline survey was restricted to respondents who had received both doses of the COVID-19 vaccine (N = 507), comparison with post-survey results is made against full sample baseline survey (N = 603), unless otherwise stated.

### Demographics

Compared to respondents in the baseline survey, post-survey respondents were more likely to be female, older, retired, in an at-risk group, and less likely to be isolating.

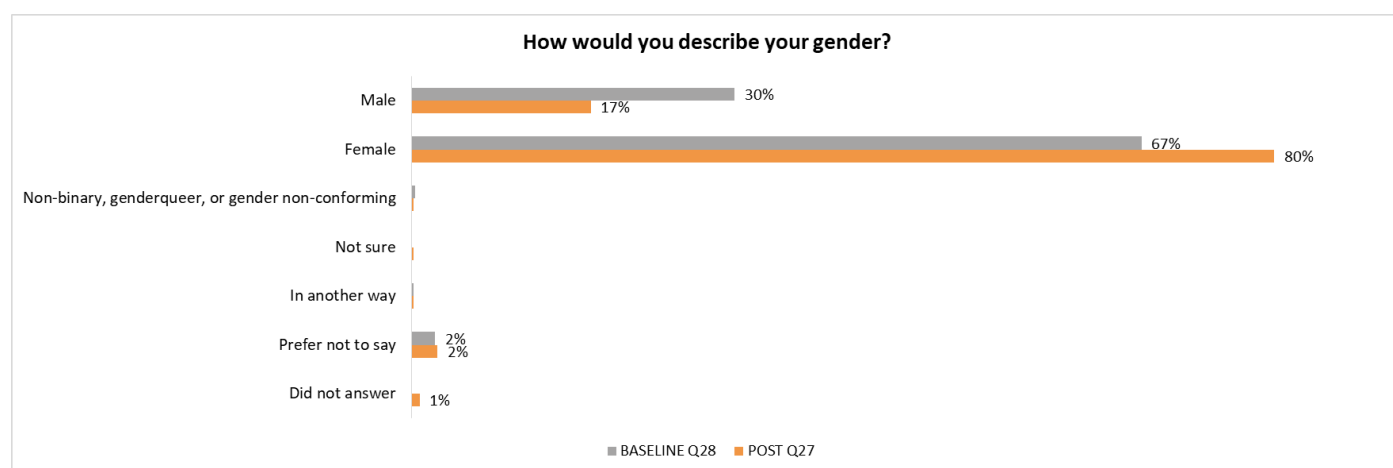


Figure 44: Gender distribution

While male respondents were underrepresented in the baseline survey also (30%), the proportion of males dropped to just 17% in the post-survey, which was thus further skewed towards female respondents. This is generally found across surveys of this nature, with males being much harder to engage with. We have found that door-to-door surveys can elicit a much more equal response from males and female. However, this can be more time consuming and less cost-effective.

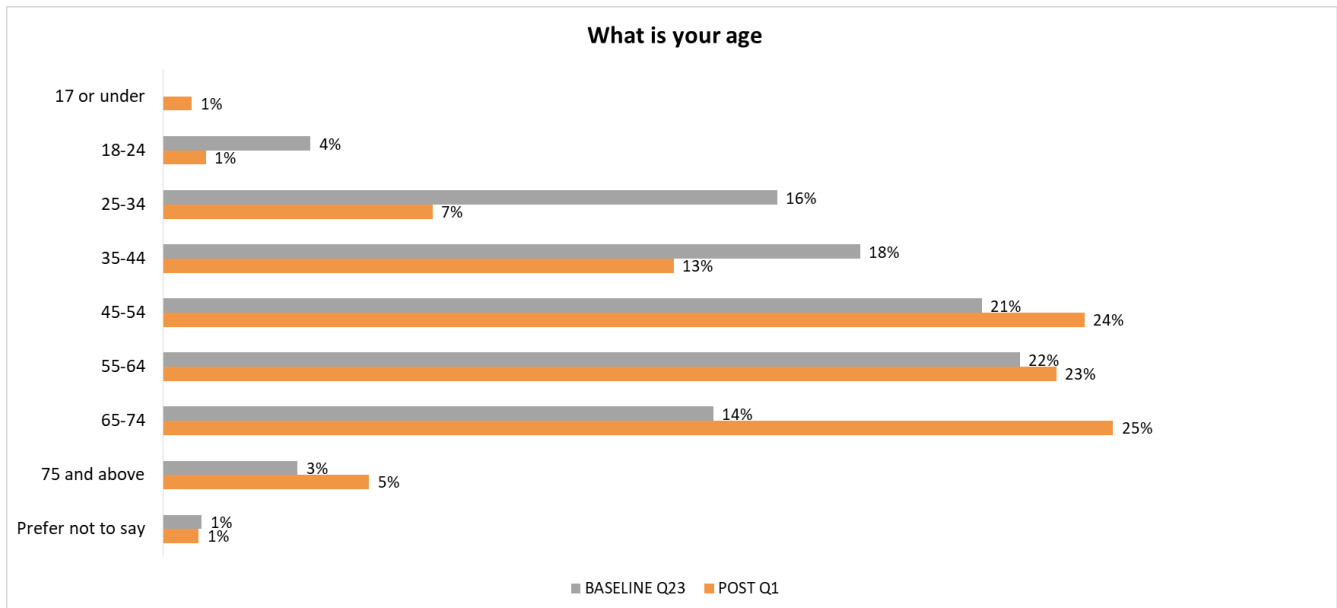


Figure 45: Age distribution

Compared to baseline, in the post-survey there was a decreased proportion of respondents in the 18-44 age brackets, while the proportion of respondents >45 increased, most notably in the 65-74 age bracket.

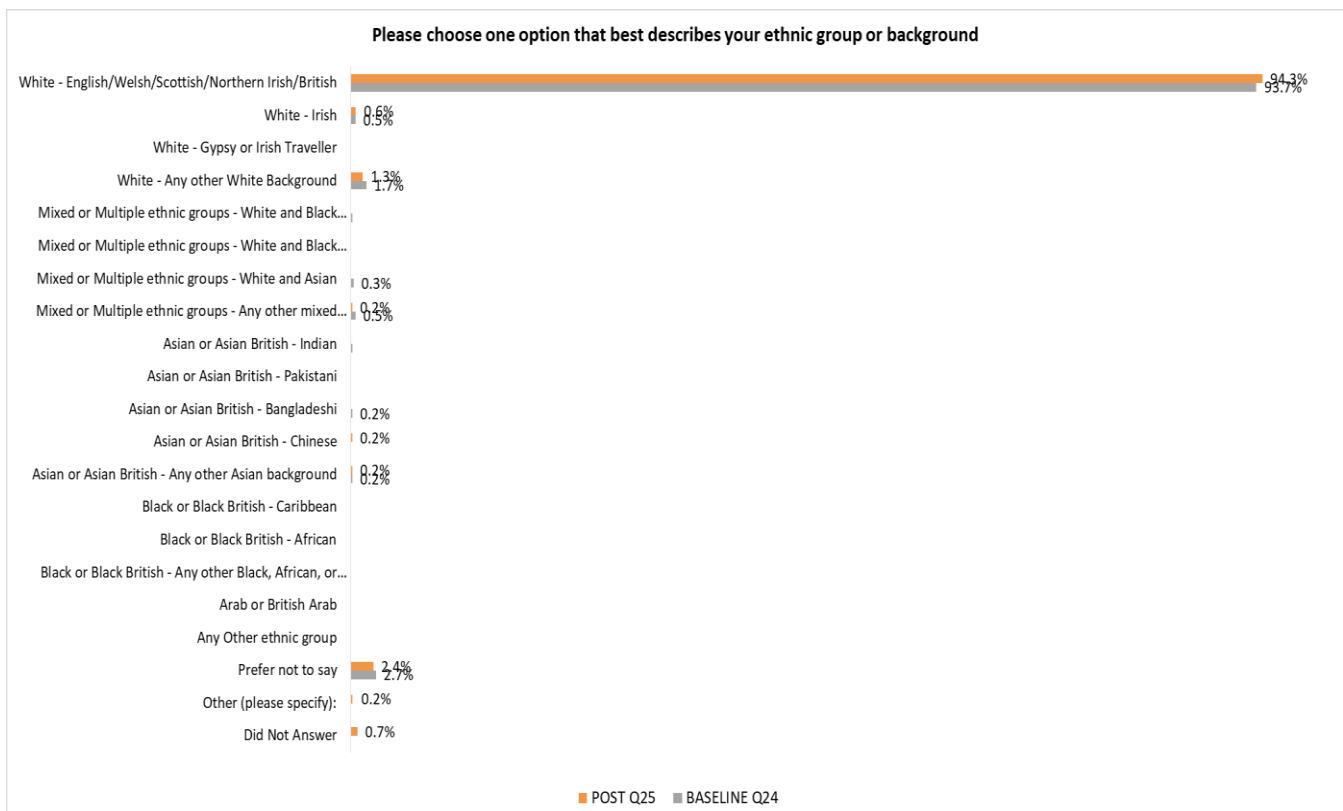


Figure 46: Ethnic background distribution



The proportions of respondents who had a white background in baseline and post-survey were similar and in line with the 2011 census estimate that 97% of Wirral residents had a white background.

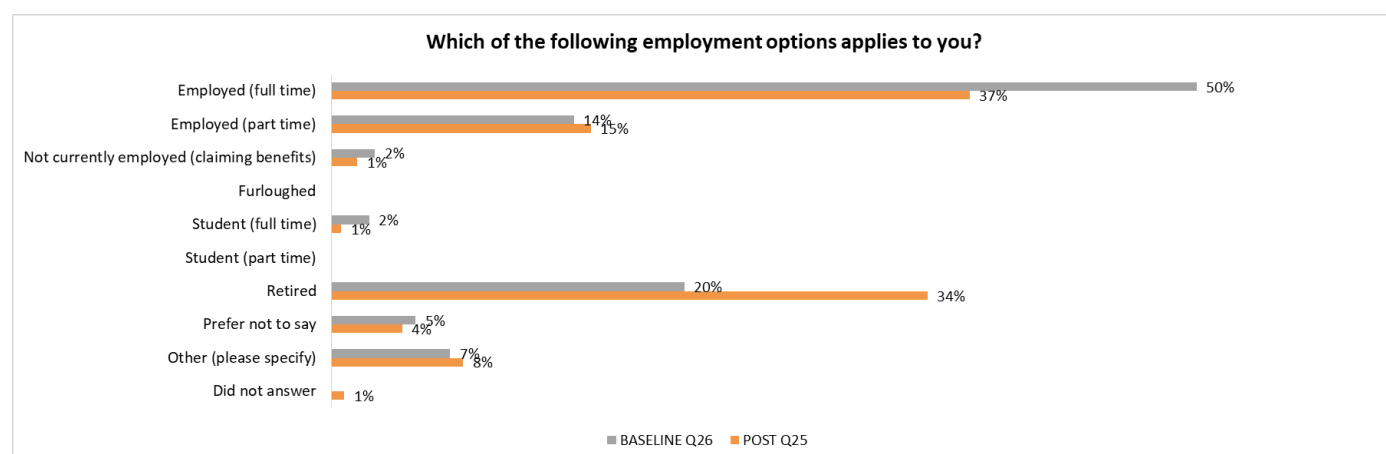


Figure 47: Employment status

Consistent with age distribution differences (Fig. 45), in the post-survey there was a decrease in respondents who were in full-time employment and an increase in respondents who were retired, compared to baseline.

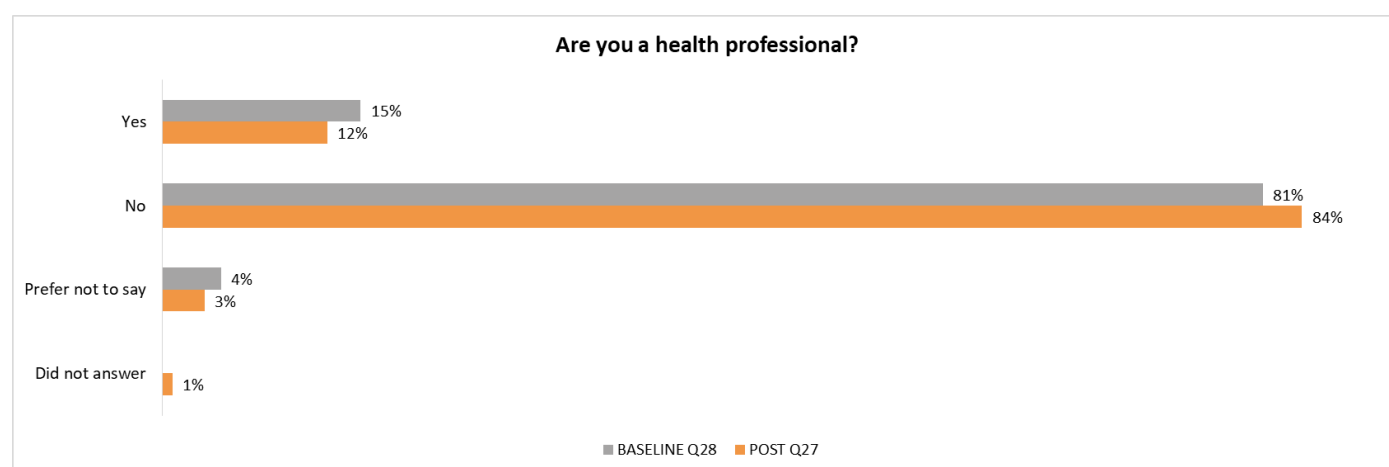


Figure 48: Health professionals

Compared to baseline, the proportion of respondents in the post-survey who were health professionals was decreased.

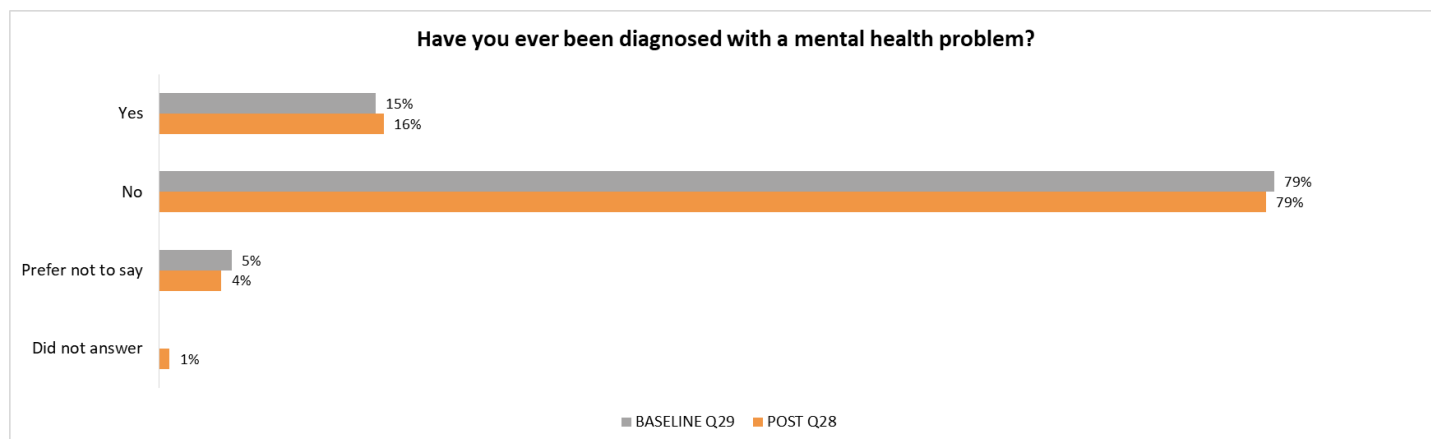


Figure 49: Mental health problem diagnosis

Post-survey respondents were marginally more likely to have had a mental health problem diagnosis compared to baseline. This may be worth further investigation as increased mental health issues may be linked to the pandemic.

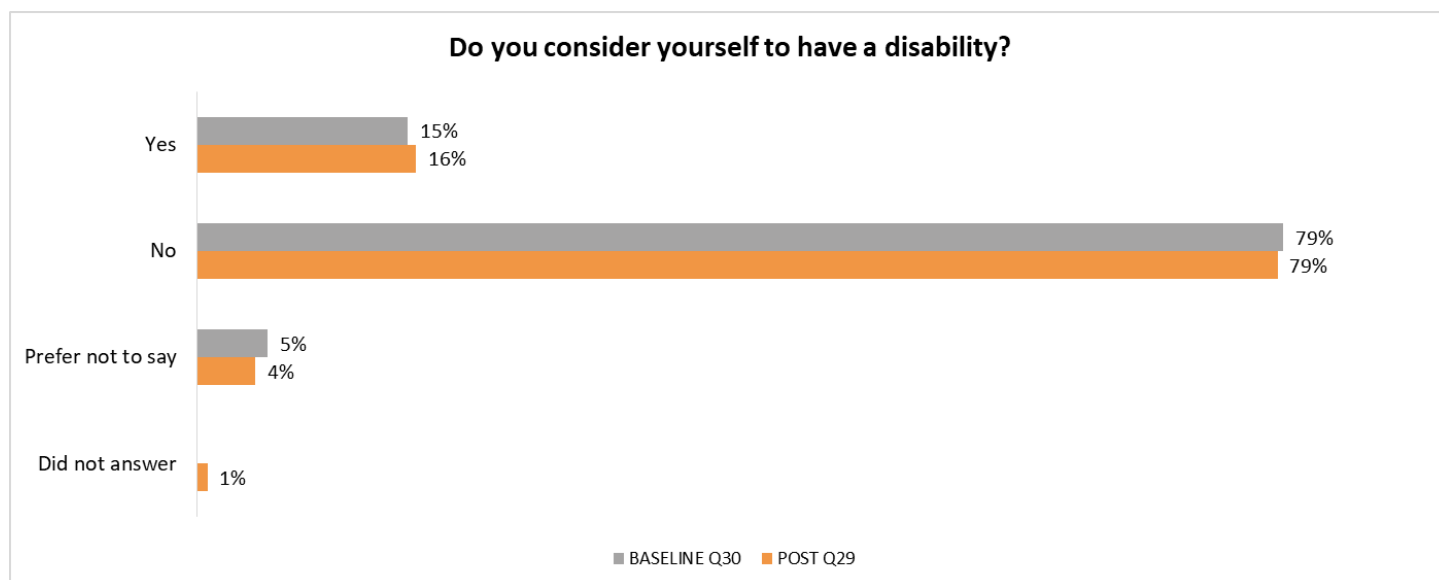


Figure 50: Disability

Compared to baseline, post-survey respondents were marginally more likely to be disabled.

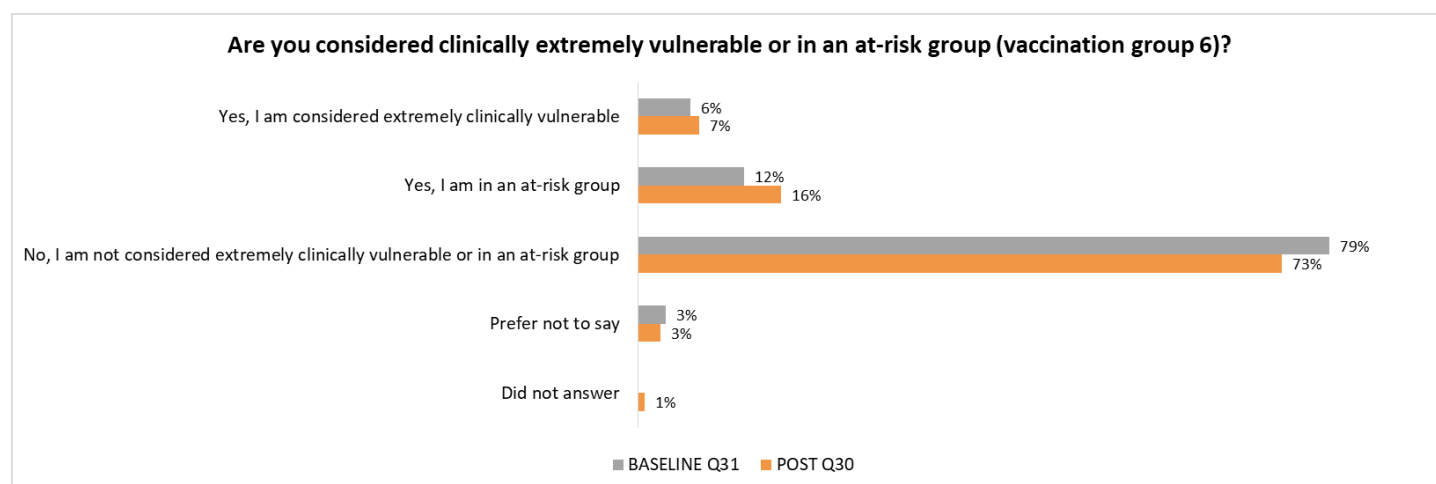


Figure 51: Considered clinically extremely vulnerable or in an at-risk group

Post-survey respondents were more likely to be in an at-risk group and marginally more likely to be considered clinically extremely vulnerable compared to baseline. It is unclear why this may be the case. However, there is potential that compared to the baseline, more people have returned to regular work and, therefore, may feel less willing to engage with a survey due to time pressures.

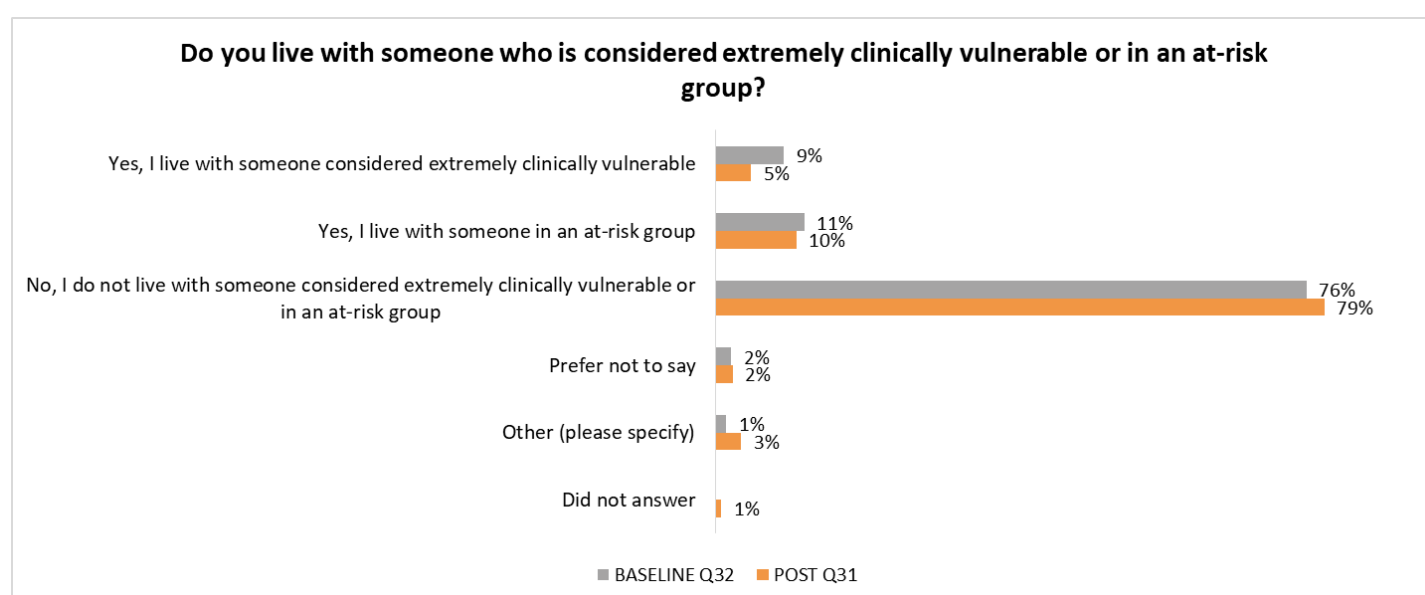


Figure 52: Living with someone considered clinically extremely vulnerable or in an at-risk group

Compared to baseline, post-survey respondents were less likely to be living with someone considered clinically extremely vulnerable or in an at-risk group.



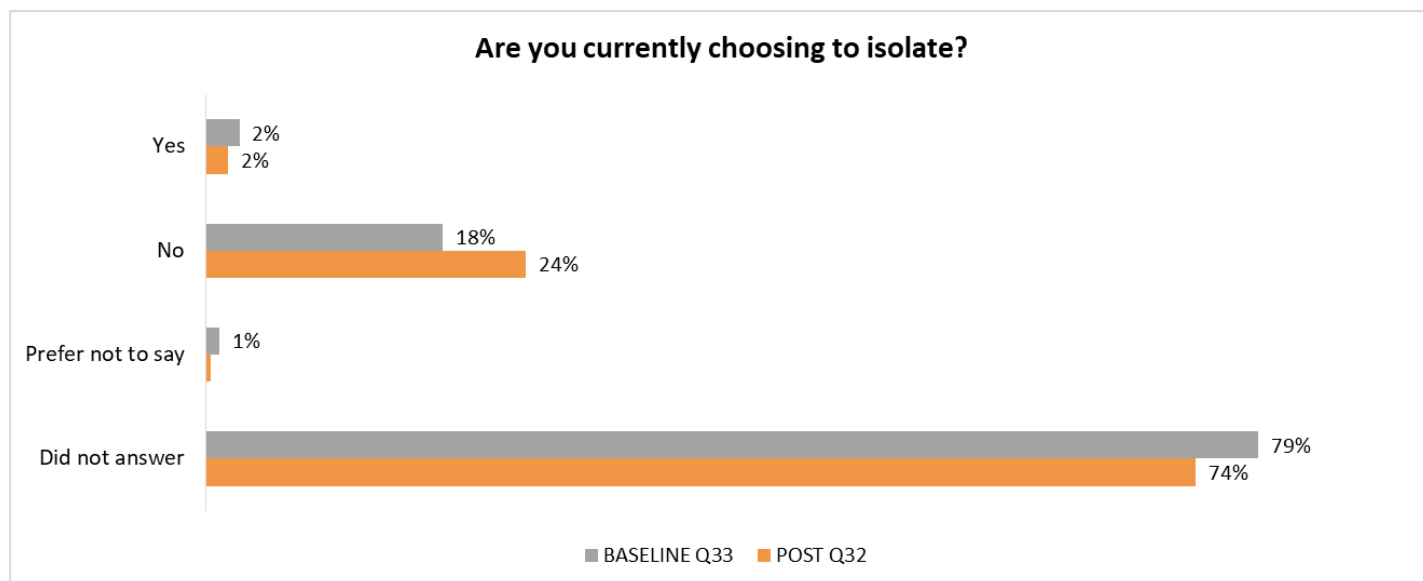


Figure 53: Isolating

Though more likely to be in an at-risk group (Fig. 51), post-survey respondents were also more likely not to be isolating compared to baseline, presumably reflecting changes in guidance current at the time.

### Vaccination status

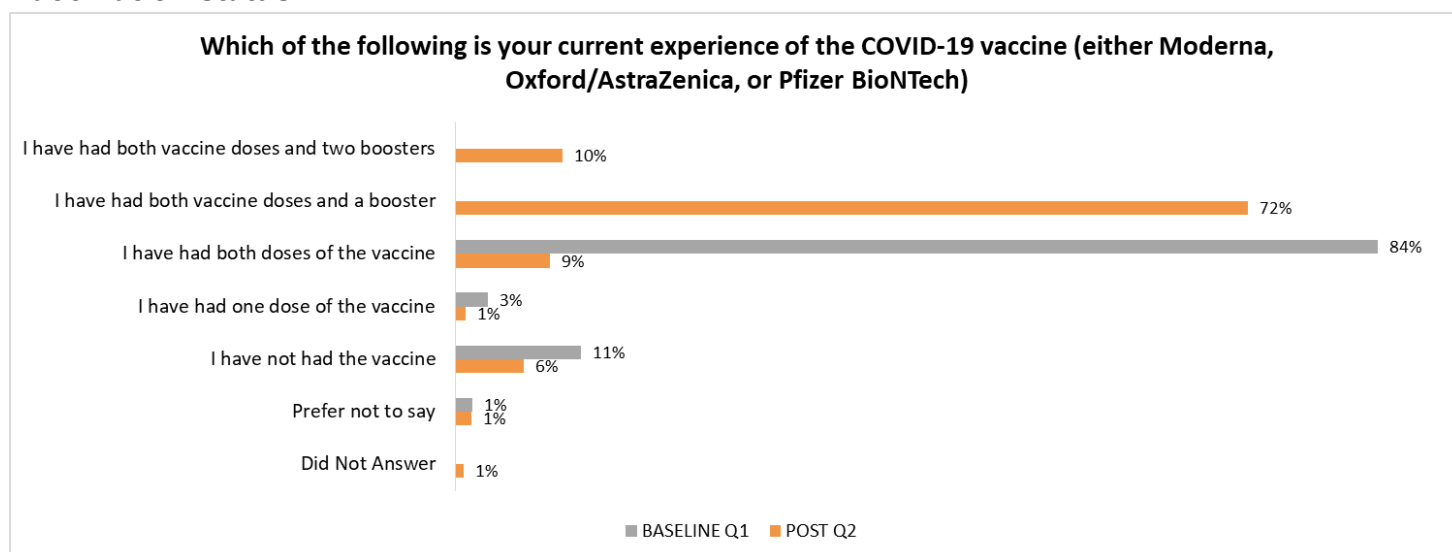


Figure 54: Vaccination status

After the baseline survey, the COVID-19 vaccination booster programme rolled out. In the post-survey, 82% of respondents had received one or two boosters, over and above two vaccine doses, while the proportion of respondents who had not had the vaccine decreased by 5% and the proportion of those who had had one dose only decreased by 2%, compared to baseline.

Thus, the proportion of respondents who had received at least two doses of the COVID-19 vaccine increased from 84.1% in the baseline survey to > 90% in the post-survey.

### Reasons for having the Covid vaccine

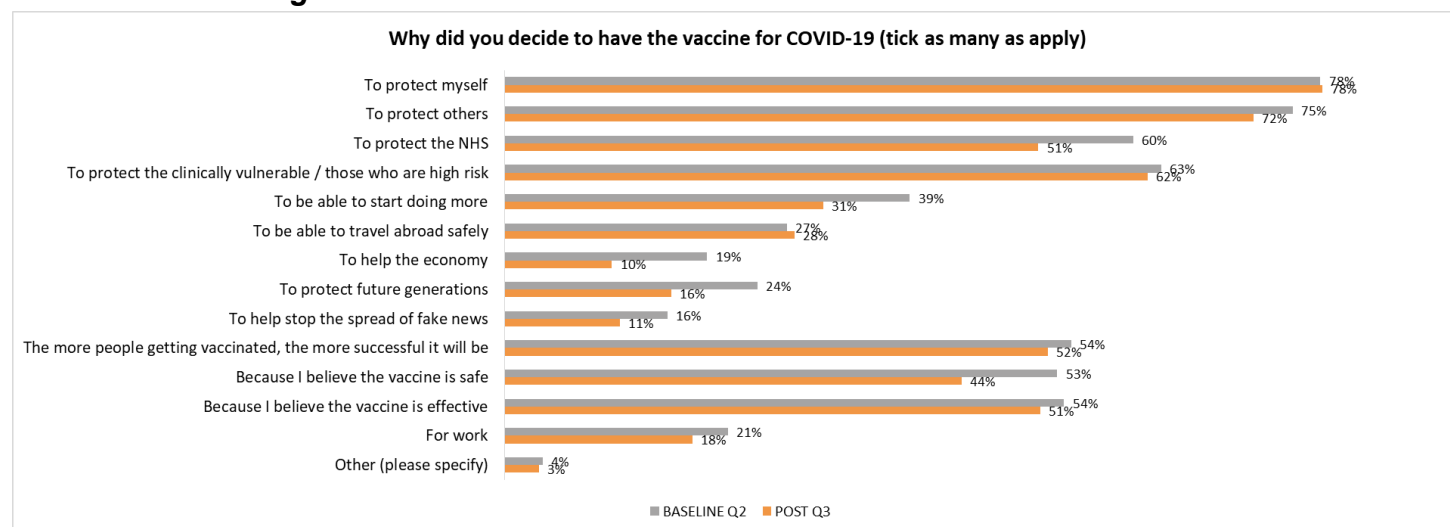


Figure 55: Reasons for vaccinating against COVID-19

In both surveys, respondents could choose as many reasons as applied to explain decisions to get vaccinated: In the post-survey and compared to baseline, respondents were marginally more likely to cite being able to travel abroad safely as a reason to get vaccinated and were less likely to cite protecting the NHS or future generations, helping the economy, vaccine safety or stopping fake news as a reason, reflecting rule changes and perceived shifts in current priorities.

Compared to reasons for vaccination given by respondents who had received both doses of the COVID-19 vaccine at baseline (N = 507), of respondents in the post-survey -

- 78% chose to protect themselves (compared to 90.9% pre-intervention)
- 71% chose to protect others (compared to 87% pre-intervention)
- 61% chose to protect the clinically vulnerable (compared to 73% pre-intervention)
- 50% chose to protect the NHS (compared to 70% pre-intervention)

## Covid booster vaccines

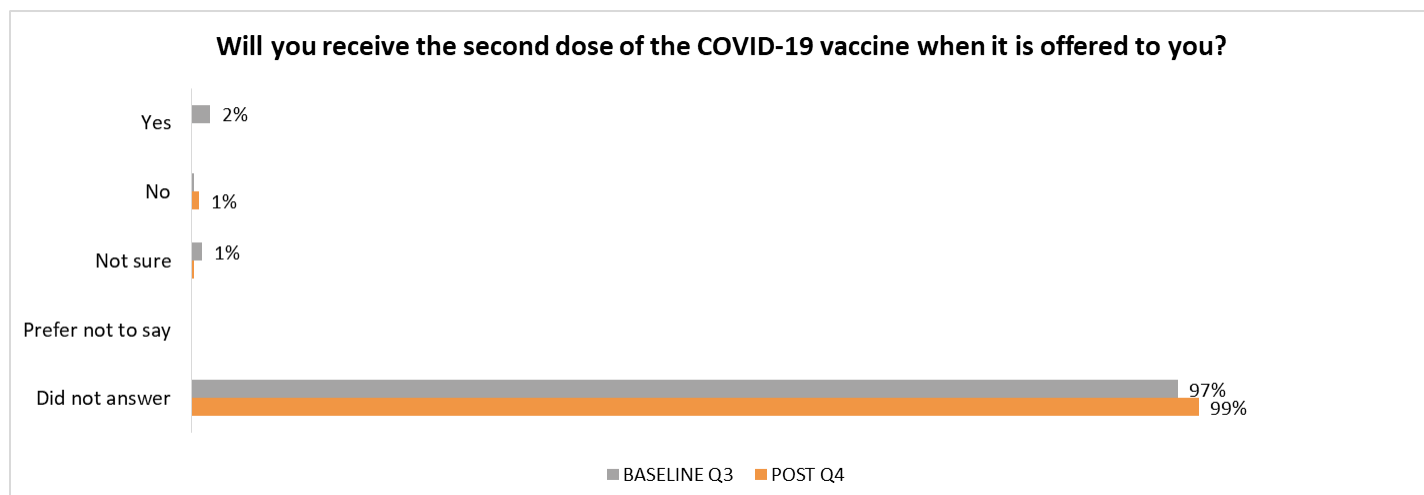


Figure 56: Intention to receive second dose of vaccine against COVID-19

Given that 84.1% of respondents in the baseline survey had received both vaccine doses, rising to > 90% in the post-survey, this question applied to a minority of respondents in either survey. It was answered by N = 18 at baseline, and N = 5 in the post-survey. Compared to baseline, the proportion of those reporting that they were not sure if they would receive the second vaccine dose decreased, and 80% of respondents in the post-survey answered No, perhaps reflecting perceived changes in circumstances or current priorities.

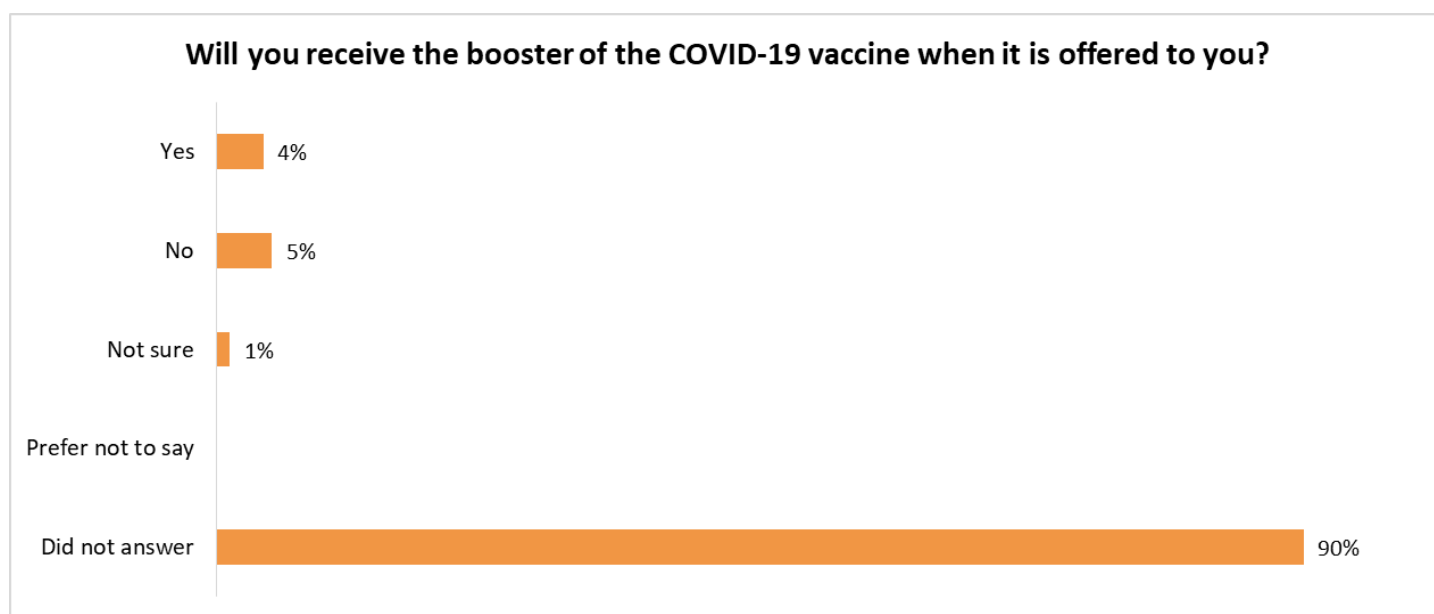


Figure 57: Intention to receive booster dose of vaccine against COVID-19

Since only 9% of respondents in the post-survey had received two vaccine doses exactly, without any booster dose (Fig. 54), this question strictly applied to a minority of respondents and

was answered by N = 52, of whom 48% said No, they would not receive the booster when offered, 40% said Yes and 12% were not sure.

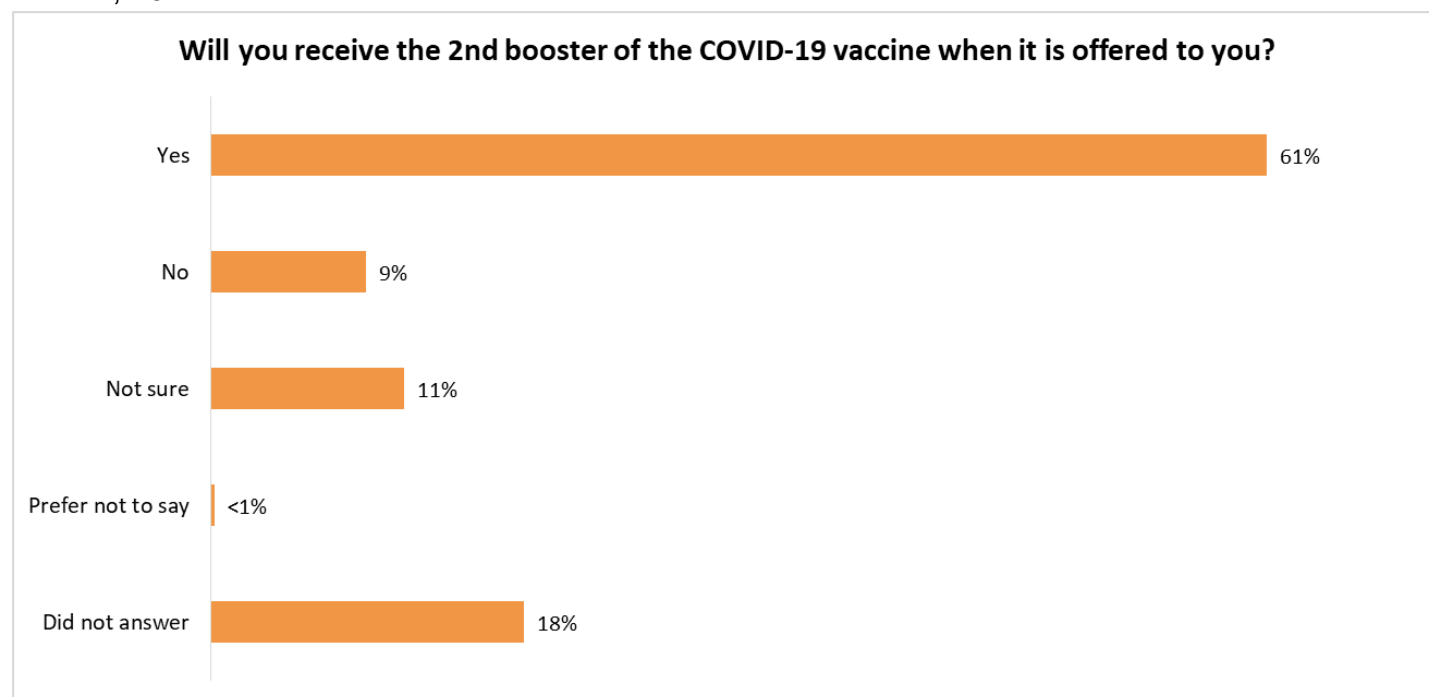


Figure 58: Intention to receive second booster dose of vaccine against COVID-19

While 10% of respondents in the post-survey had already had a second booster (Fig. 54), 61% of respondents said that they would have a second booster if it was offered to them, 9% said that they would not and 11% said that they were not sure.

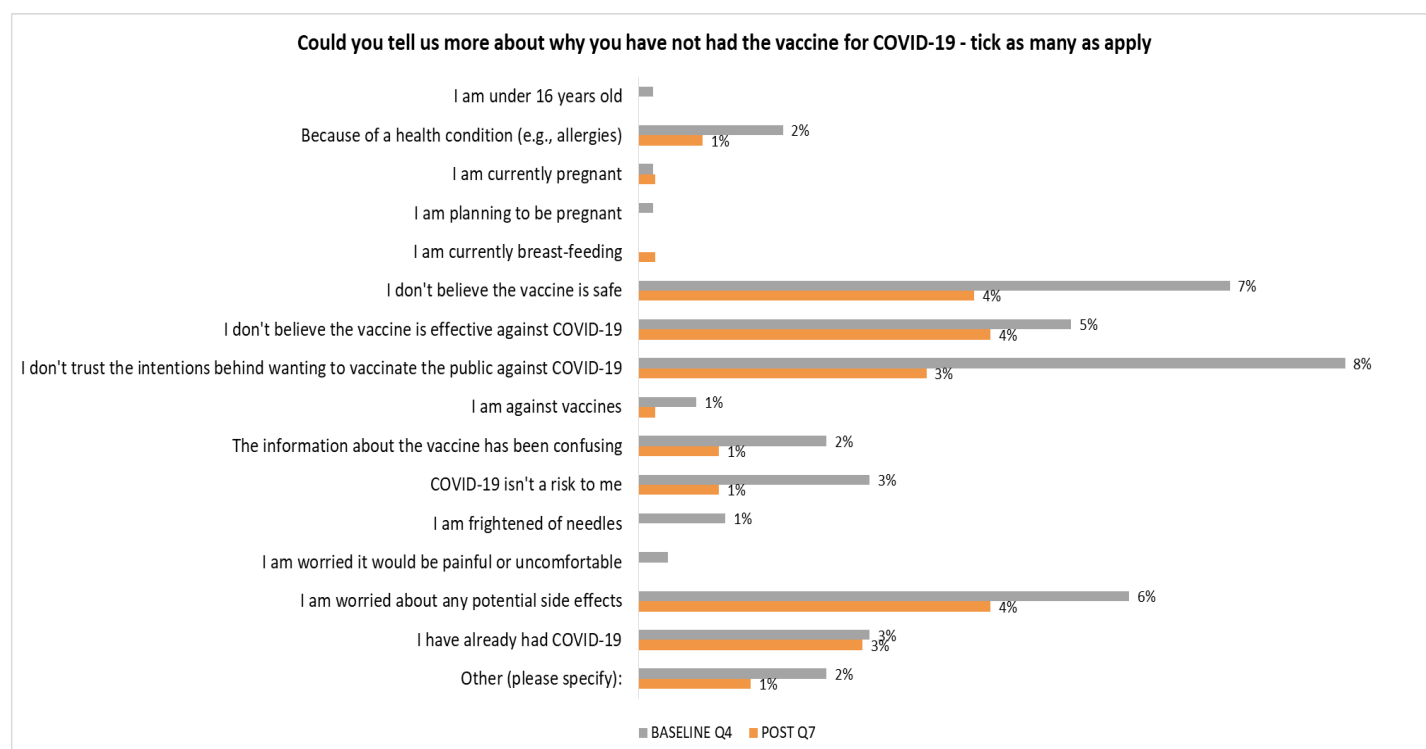


Figure 59: Reasons for not vaccinating against COVID-19

In the baseline survey, 11% of respondents did not have the vaccine vs. 6% of respondents in the post-survey (Fig. 54). In both surveys, respondents could choose as many reasons as applied to explain decisions not to get vaccinated: In the post-survey and compared to baseline, respondents were less likely to cite mistrust of the motives behind the public vaccination programme, safety concerns or side-effects as reasons for not having had the vaccine.

Respondents were also offered the option of free text responses. The answers suggested that respondents did not trust the vaccine or the length of time it had been trialled:

*'It's an unlicensed experimental poisonous jab'*

*'There hasn't been enough information or time to make judgements on the vaccine, given it was put through as an emergency intervention potentially without the necessary time and research to make proper judgements.'*

*'The vaccine has injured/caused death to people I know.'*

### Continued use of covid protective measures

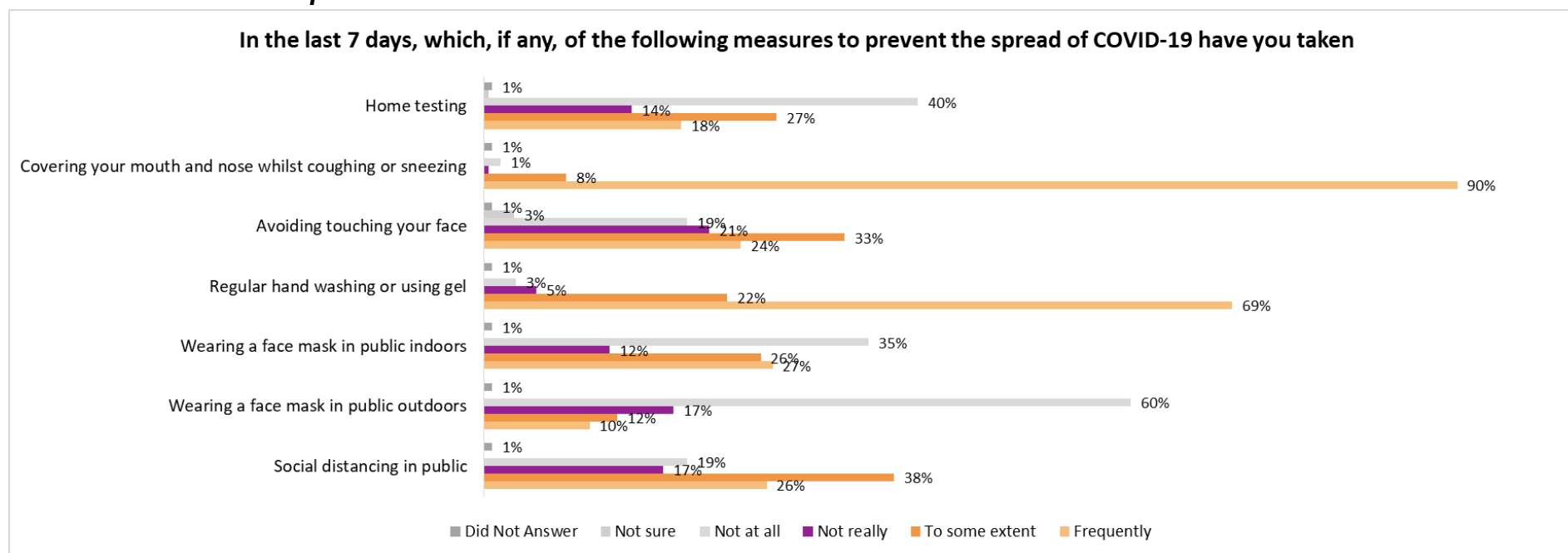


Figure 60: Protective measures against COVID-19 in the last 7 days

In the post-survey, the most prevalent protective measures frequently taken in the past 7 days by respondents were covering the mouth and nose when sneezing and regular hand washing or using gel. The protective measures most likely to have been abandoned altogether were wearing a mask outdoors and home testing.

At both time points, respondents were asked what protective measures they took against the threat of covid. Those who replied frequently or to some extent were compared if they had received both vaccine doses pre (N = 507), and post:



- People who frequently or to some extent social distanced went down from 91% to just 64%. This is likely as a result in changing policy and regulations.
- People who frequently or to some extent wore a mask outdoors in public went down from 46% to 33%.
- People who frequently or to some extent wore a face mask indoors in public went down from 88% to just 53%. Again, this is likely due to a change in regulations.
- People who frequently or to some extent used hand gel or washed hands regularly changed marginally from 97% to 92%. It is likely that this behaviour is synonymous with standard infection avoidance behaviours.
- People who frequently or to some extent avoided touching their face went down from 71% to 57%.
- People who frequently or to some extent covered their mouth and nose while coughing and sneezing remained high at 98% at both time points.
- People who frequently or to some extent used home covid tests went down from 66% at the first time point to just 46% at the second. Again, this is likely as a result of policy change and costs associated with purchasing home testing kits.

Respondents were asked to comment on their responses in free text. Responses suggested the following themes:

### ***Testing in response to symptoms and not as a preventative measure***

*'I've done one today because I'm unwell with a bad cough'*

*'If I feel ill I will test'*

*'I did do home testing when I felt unwell and I was positive so I worked from home'*

*Some good hygiene practises happen regardless of covid policies:*

*'I have worked in labs for many years, so frequently use good hygiene measures anyway. Masks as still recommended for my work and I try to social distance as much as possible in supermarkets, avoid busy times etc'*

*'Always have covered mouth and nose when coughing/sneezing (not changed due to pandemic)'*



*'I've always washed my hands, avoided touching my face & covered my nose and mouth if I sneeze or cough - I was brought up to be like that'*

*'I wash my hands regularly anyway - always have done so didn't need to be told to do so! Never worn a face rag they cause more harm than good. Never social distanced - no muppet is going to tell me what to do!'*

### **Cost of tests is a barrier to regular testing**

*'Not paying for tests if little risk taken'*

*'Have run out of free LFT packs, otherwise I'd continue with weekly or two weekly tests with the kids being in primary school'*

*'I'd do more LFT tests if they were free to access as they were up to the end of March. I think tests should be free and then people would still be able to access them regardless of their income.'*

### **Perception of risk is low**

*'It's time we learn to live with covid and treat it like we do everything else. It's time to move on.'*

*'I don't believe home testing is helpful now. We've moved on!'*

*'The Covid virus is in submission and not a threat to us anymore. I had a mild dose in Feb. and it was no worse than a cold.'*





### Impact of vaccination status on covid protective behaviours

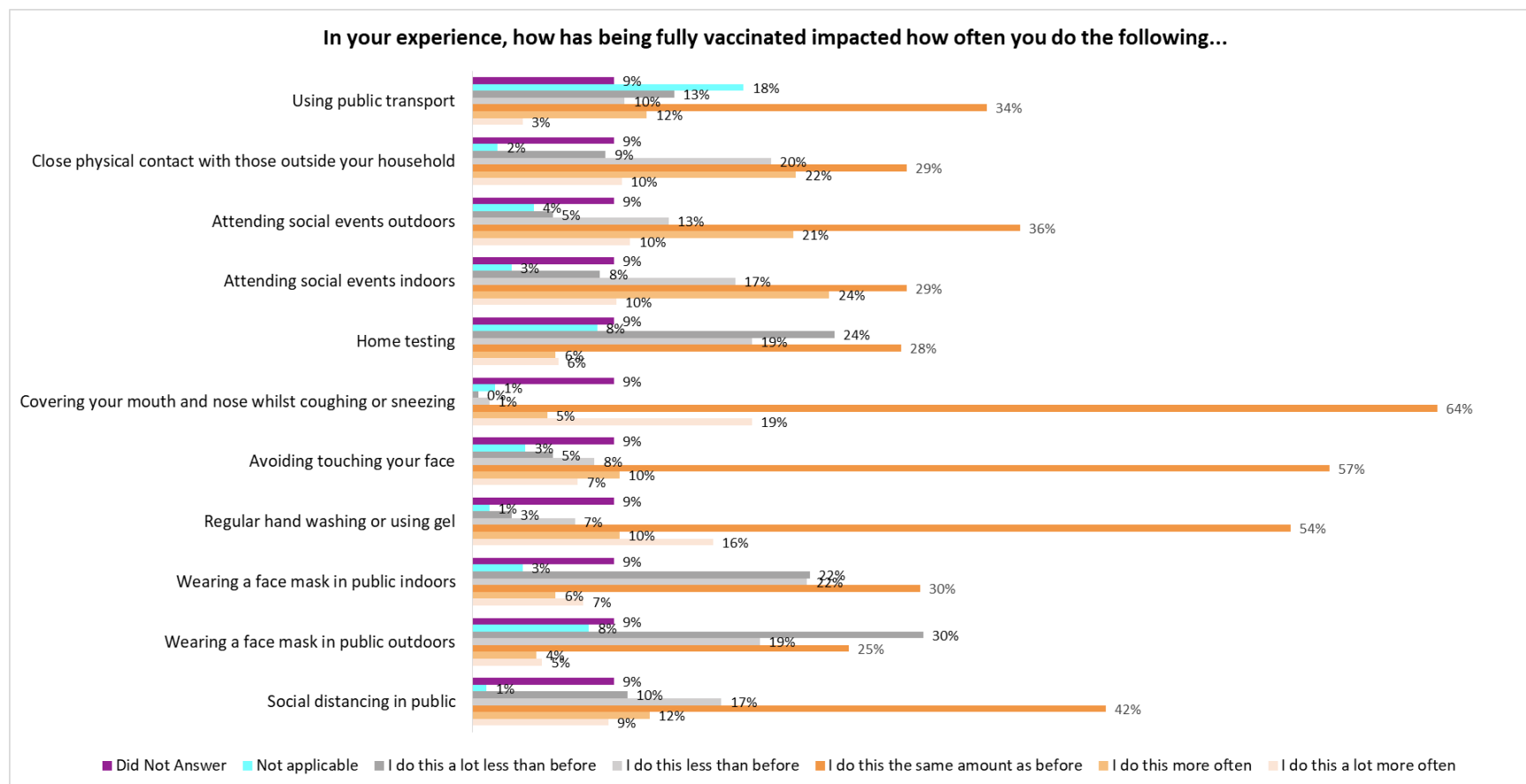


Figure 61: Impact of vaccination on behaviour frequency

Respondents were asked in what way being fully vaccinated had impacted their covid protective behaviours. Results suggested that the majority did not change their behaviour as a result of being vaccinated. A similar pattern was found at both time-points.



At time point one, the two behaviours that were engaged in more as a result of being vaccinated were 'close physical contact with those outside their household (39%) and 'attending social events, both outdoors (37.5%) and indoors (42.6%).

At time point two, other behaviours (social distancing, wearing face masks indoors, hand washing, avoiding touching face, covering mouth when coughing and sneezing, home testing, attending social events, and close physical contact) were done the same amount as before. However, the one behaviour which stood out as having changed was wearing a mask in public outdoors. The majority (31%) said that they now do this a lot less than before as a result of being vaccinated.

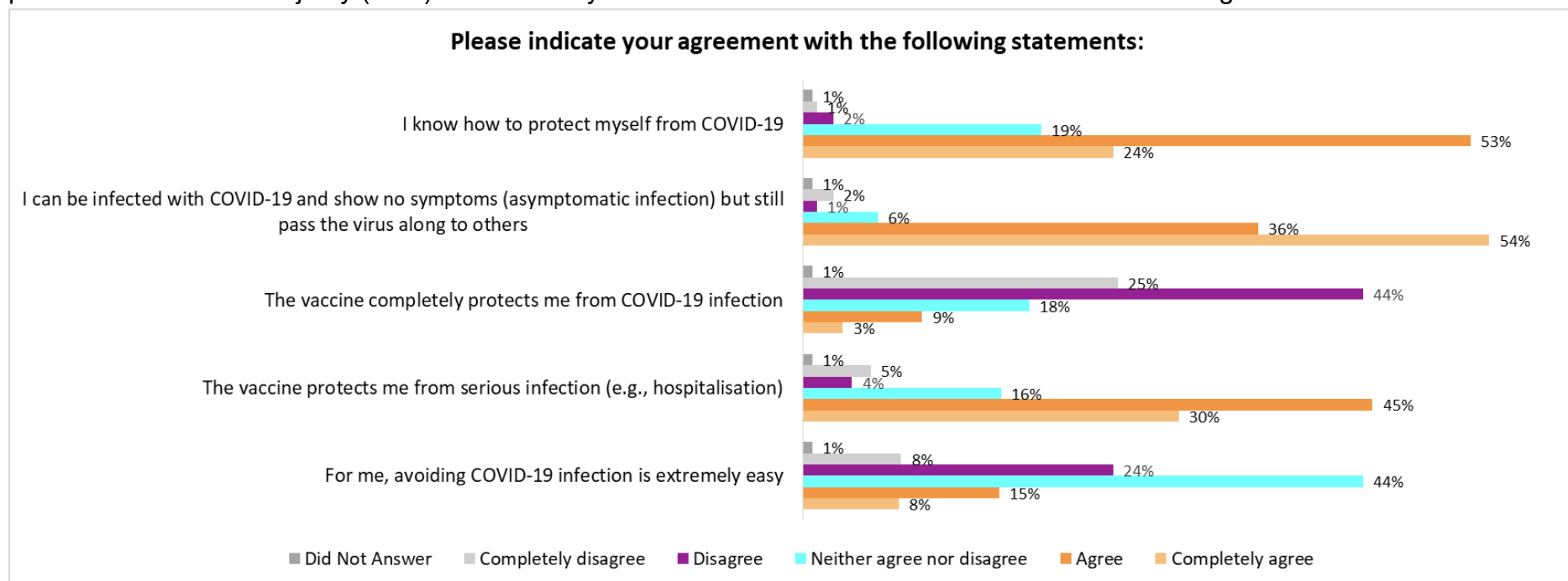


Figure 62: COVID risk perception

In the post-survey, respondents were most likely to agree completely with the statement that asymptomatic carriers could still pass the virus to others and most likely to disagree completely with the statement that vaccination offers complete protection against COVID-19 infection.



Table 1 shows the percentage increase or decrease for each attitude statement pre (N = 507) and post.

Table 1

Attitude statement	% agree at time 1	% agree at time 2	Increase/decrease?
For me, avoiding COVID-19 infection is extremely easy	22.4%	23.2%	↑
I know how to protect myself from COVID-19	83.4%	77.59%	↓
I can be infected with COVID-19 and show no symptoms (asymptomatic infection) but still pass the virus along to others	93.5%	90.5%	↓
The vaccine completely protects me from COVID-19 infection	6%	12.6%	↑
The vaccine protects me from serious infection (e.g., hospitalisation)	82.3%	75%	↓

The largest percentage change was in the perception that vaccinations protect from serious infection (e.g., hospitalisation).



## Reasons for testing further explored

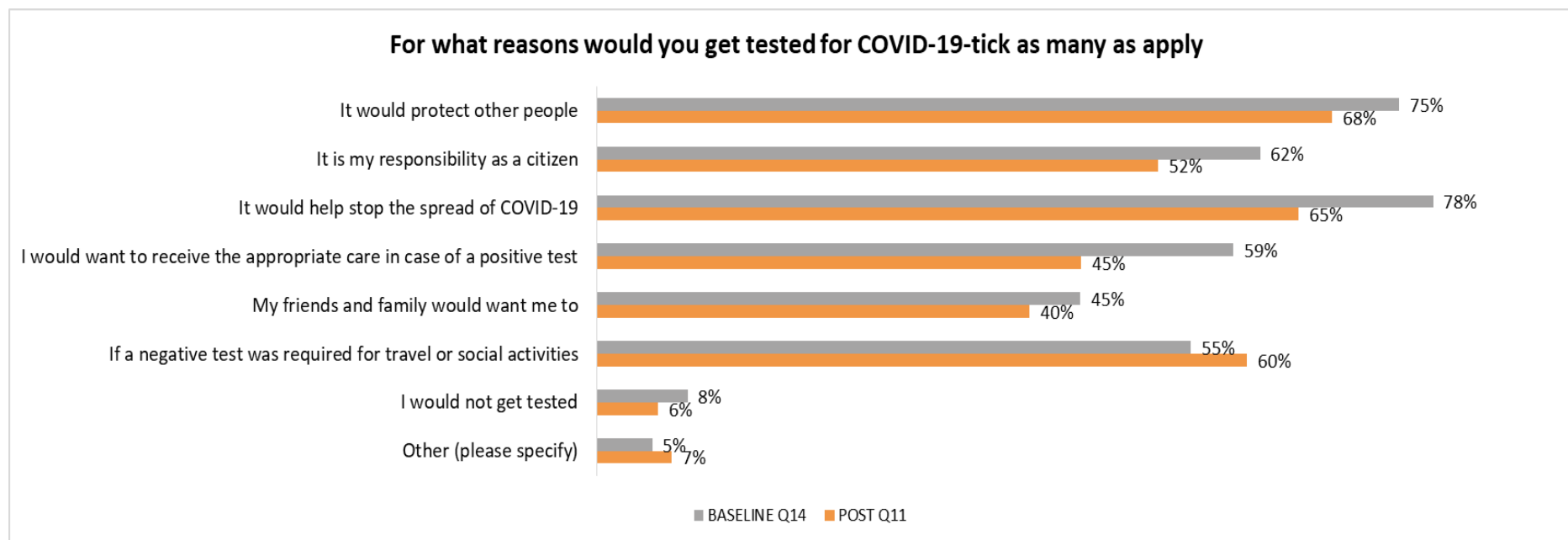


Figure 63: Reasons for getting tested

Compared to baseline, in the post-survey respondents were more likely to get tested for COVID-19 if a negative test was required for travel or social activities and less likely to get tested for any of the other reasons.

For respondents who had received both vaccine doses pre (N = 507), and post, the order of priority was as follows at both time points:

- To help stop the spread of COVID-19 (86.6% at T1 and 66% at T2)
- To protect other people (83.0% at T1 and 67% at T2)
- A civic responsibility (70.6% at T1 and 56% at T2)



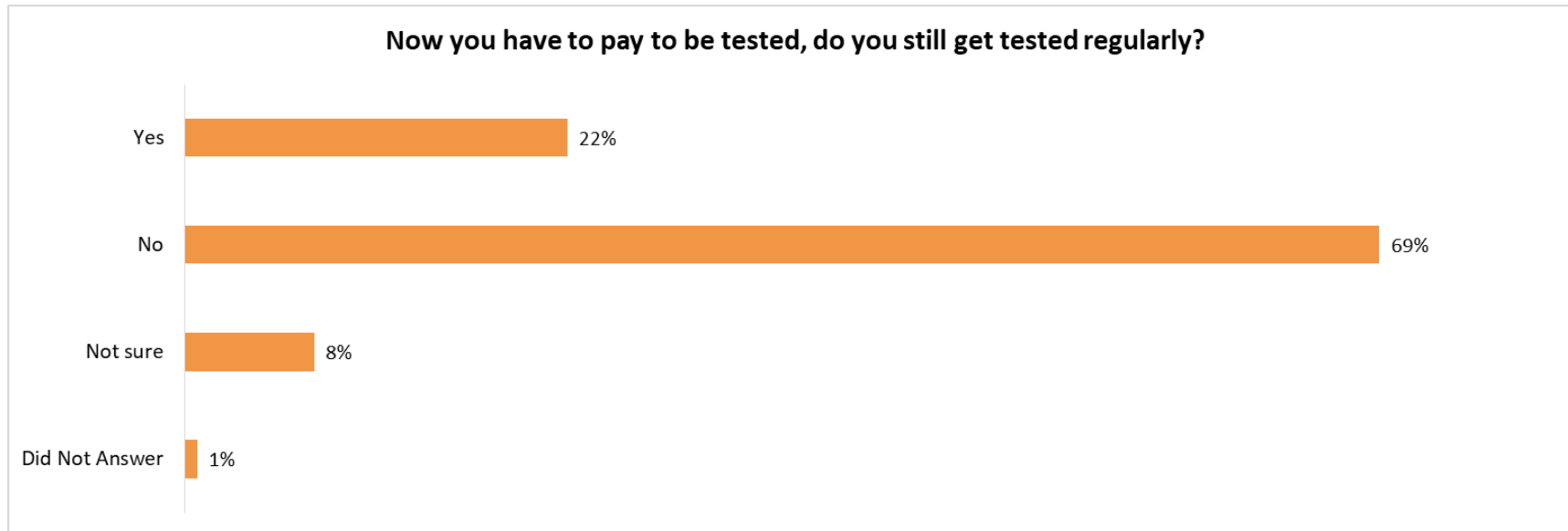


Figure 64: Testing for COVID-19 when having to pay to be tested

In the post-survey, only 22% of respondents reported that they continued to test regularly now that they must pay for testing kits while 69% did not get tested regularly.

### **Information sources**

Respondents were asked, thinking about the information they heard or received about COVID-19, which THREE of the following sources of information they would say that they trusted the most.



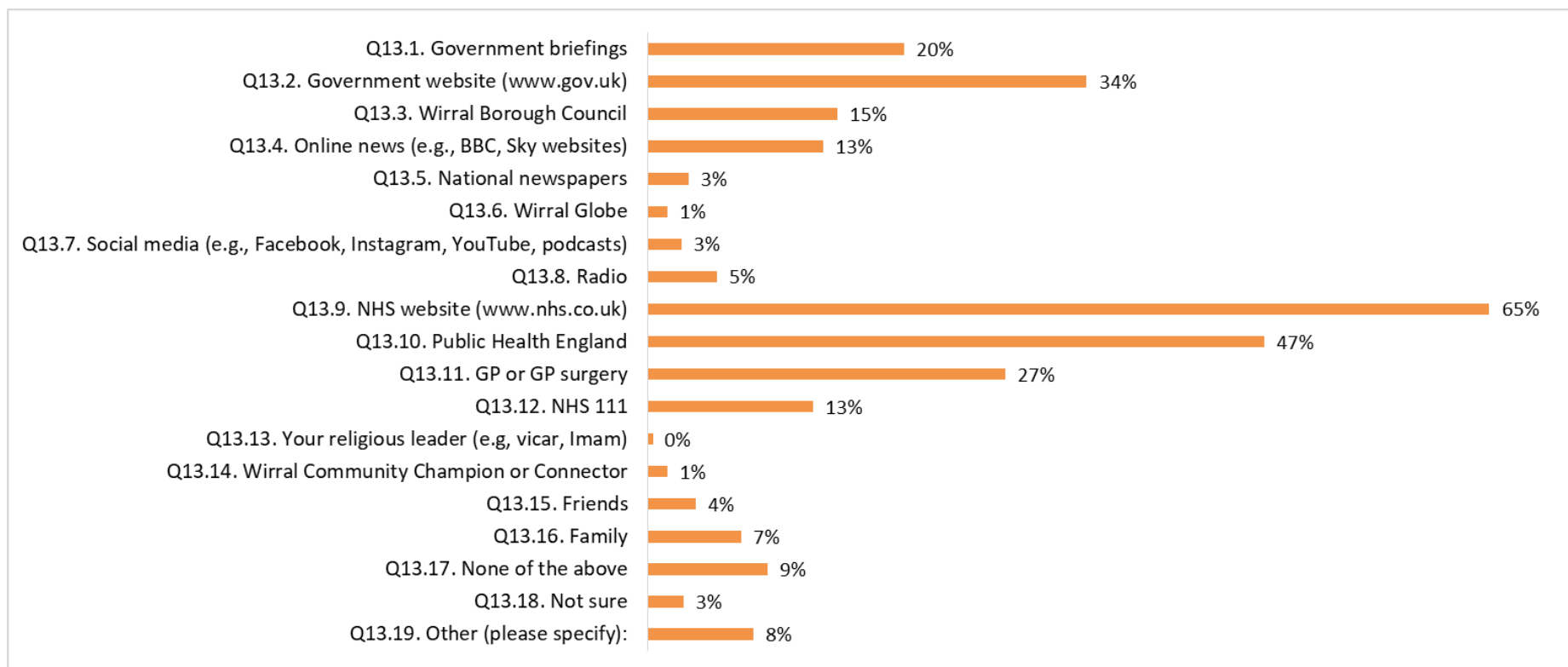


Figure 65: Three most trusted information sources (post-survey)

In the post-survey, the top three most trusted sources of information were the NHS website, Public Health England and the Government website, in this order.



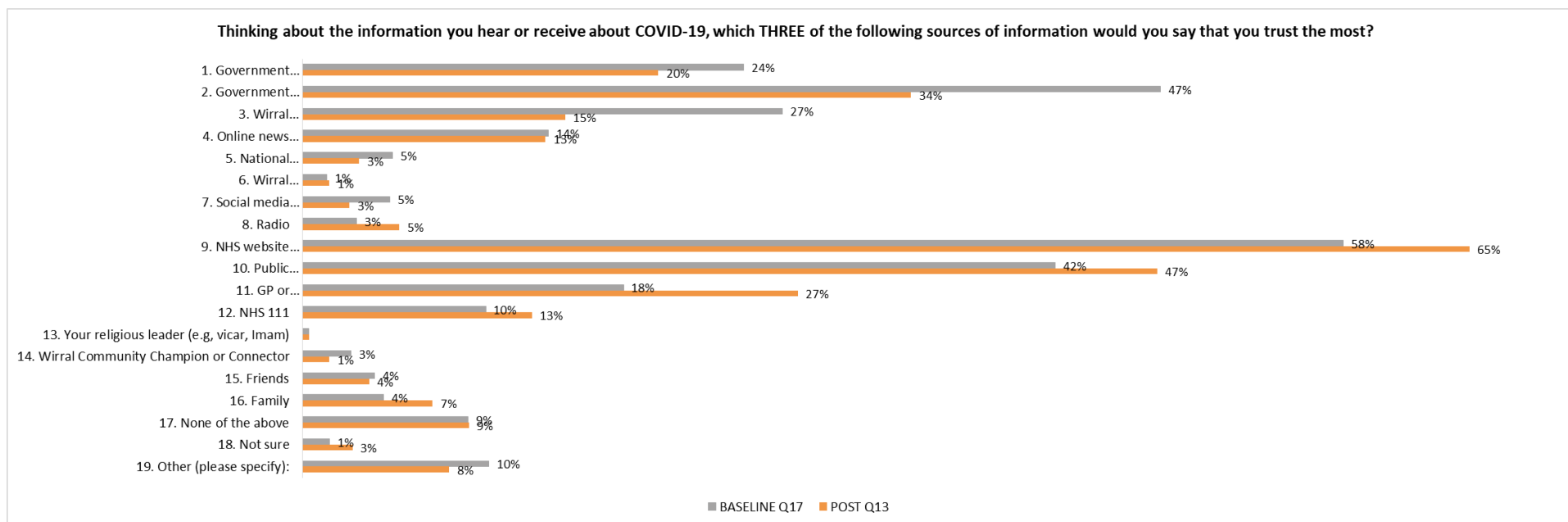


Figure 66: Three most trusted information sources (baseline vs. post-survey)

While the top three most trusted sources of information were the same in the baseline survey and in the post-survey, the order changed from pre- to post-: The NHS website remained at the top in both surveys, but trust in the Government website dropped by 13% in the post-survey, falling to third place behind Public Health England.

There was an apparent shift in trust between surveys, away from authorities perceived as ‘political’ and towards ‘experts’, such as doctors or scientists, also reflected in increased trust in GPs. The gov.uk website ‘demotion’ may be associated with publicity over COVID rule breaches by high-ranking politicians, which was followed by COVID rule relaxation.

In the post-survey, 1% of respondents included ‘Wirral Community Champion or Connector’ in the three sources of information they trusted the most against 3% of respondents in the baseline survey, a difference of - 2%.



However, in the baseline survey 50% of participants who included 'Wirral Community Champion or Connector' in the three sources of information they trusted the most (8 of 16) were Wirral Community Champions or Connectors themselves.

While 77 Wirral Community Champions or Connectors participated in the baseline survey, only 34 participated in the post-survey. So, the drop in the proportion of respondents who included 'Wirral Community Champion or Connector' in the three sources of information they trusted the most in the post-survey may be associated with decreased Wirral Community Champion/ Connector participation in the post-survey overall, compared to baseline (see Fig. 67).

### ***Awareness of community champions***

Respondents were then asked if they were aware of the Wirral Community Champions programme.

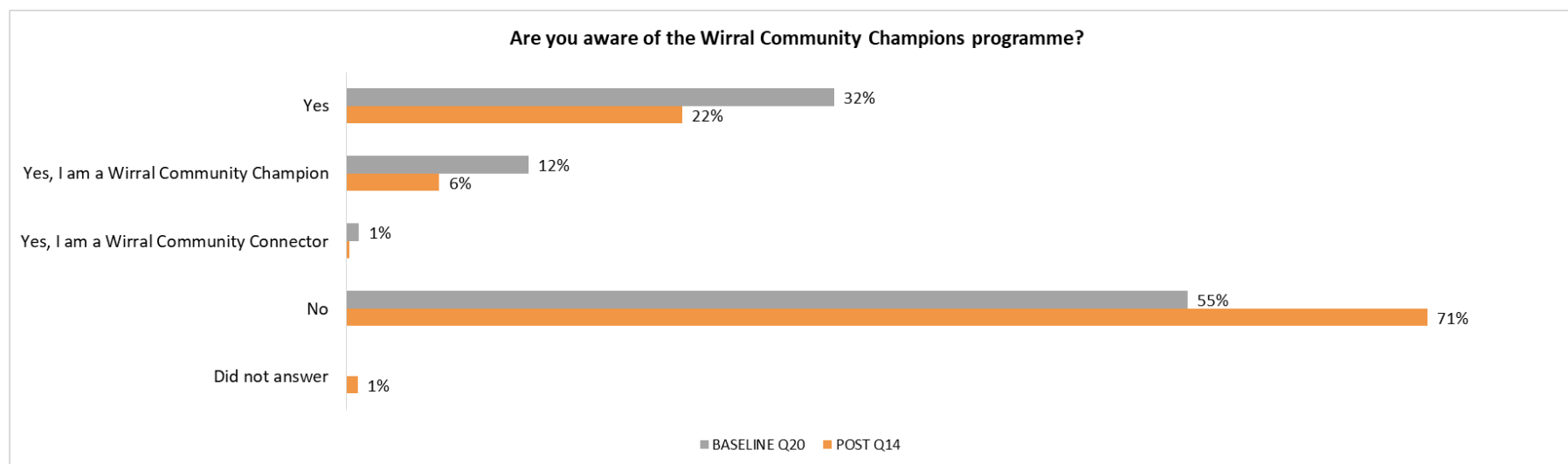


Figure 67: Wirral Community Champions programme awareness

In the post-survey, 22% of respondents stated that were aware of the Wirral Community Champions programme, against 32% of respondents in the baseline survey, a difference of -10%. So, there was a considerable drop in awareness of the

Wirral Community Champions programme between autumn 2021 and spring 2022, though smaller than -13.1 %, which baseline survey analysis would appear to suggest: Reported awareness of the Wirral Community Champions programme



at 35.1% (Fig. 41) derives from analysis of a sub-sample restricted to participants who had received two doses of aCOVID-19 vaccine (N = 507) and was arguably an inflated measure, since respondents likely to be aware of the Wirral Community Champions programme - those who had received two doses of the vaccine - were over-represented in the restricted sample.

Respondents were asked if they had received COVID-19 related information from a Wirral Community Champion during the pandemic.

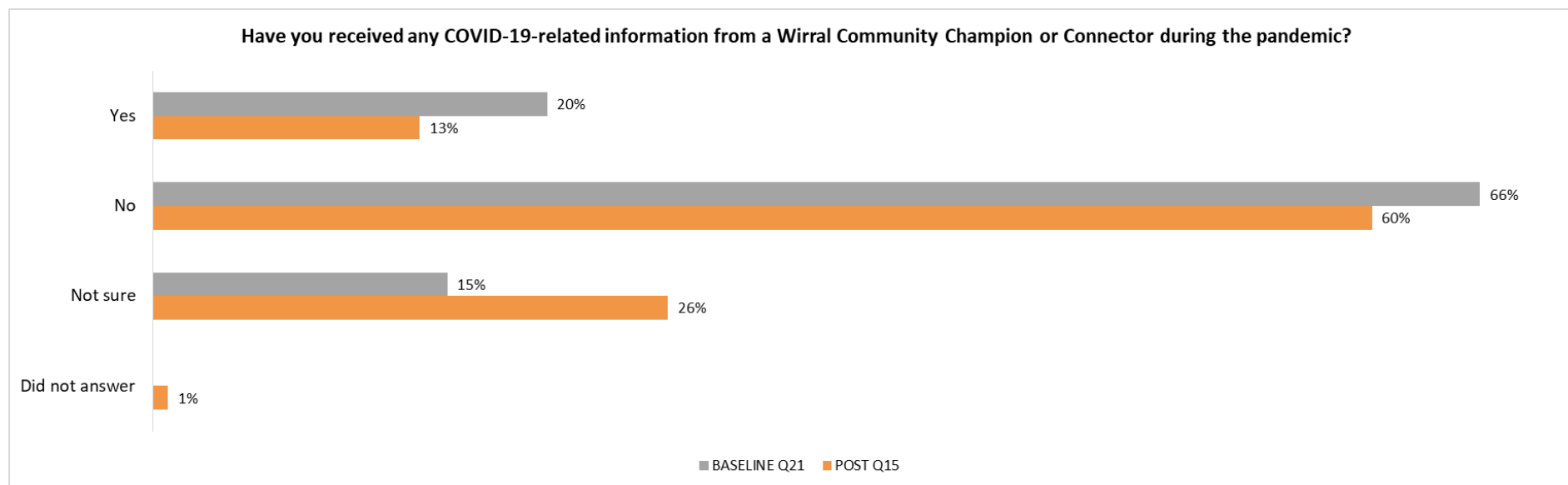


Figure 68: Received COVID-19 related information from a Wirral Community Champion during the pandemic

In the post-survey, 13% of participants reported having received COVID-19 related information from a Wirral Community Champion during the pandemic, against 20% of respondents in the baseline survey, a difference of - 7%.

In view of time elapsed between surveys, and in view of the increased proportion of respondents in the post-survey who said they were not sure if they had received information from a Wirral Community Champion, this deficit may partly reflect problems with recall on the part of survey respondents.

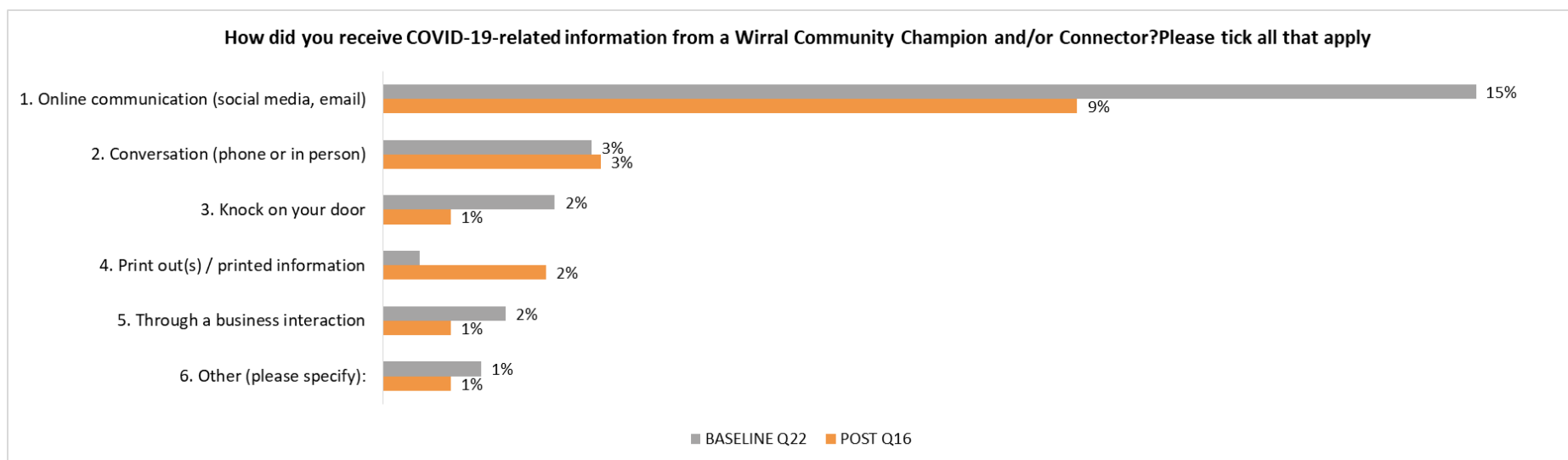


Figure 69: Means of receiving COVID-19-related information

Compared to baseline, respondents in the post-survey were more likely to report receiving printed COVID-19 related information from a Wirral Community Champion or Connector, though online communication remained the most prevalent means in both surveys.



### Campaign awareness

Respondents were asked if they recalled seeing a campaign about Covid-19 recently that used the words *'It's the little things'* (this was unprompted recall prior to showing the campaign images).

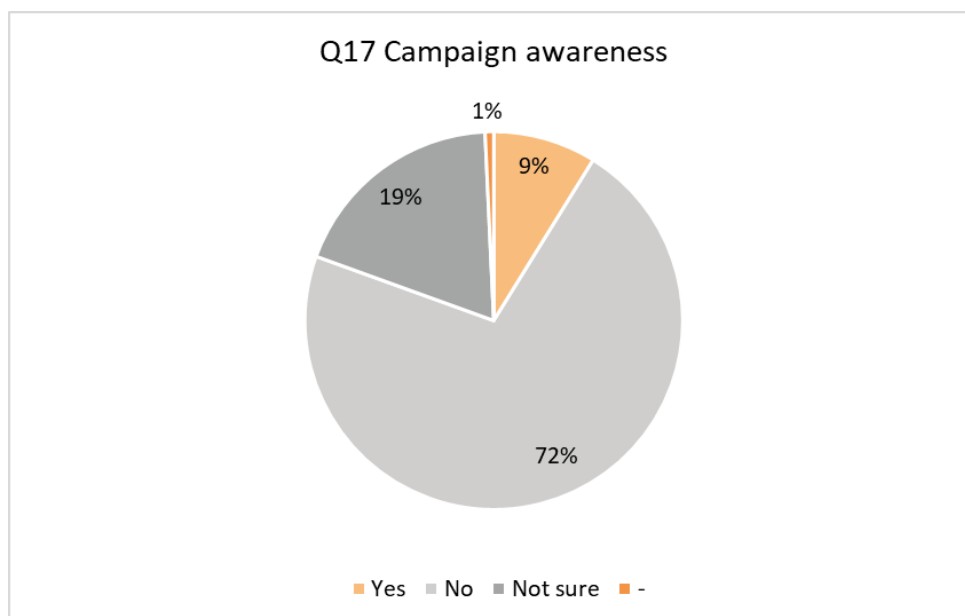


Figure 70: do you recall seeing a campaign about Covid-19 recently that used the words 'It's the little things'?

While 9% of respondents recalled seeing the campaign, 19% were not sure and 72% had no recall.

Of 34 respondents who were Wirral Community Champions or Connectors themselves, 21% recalled seeing the campaign, 26% were not sure and 53% did not recall having seen the campaign.

Respondents were told that the campaign used a number of images, and were shown the following five images successively:





Respondents were asked to indicate which of the images they were shown they recalled having seen.

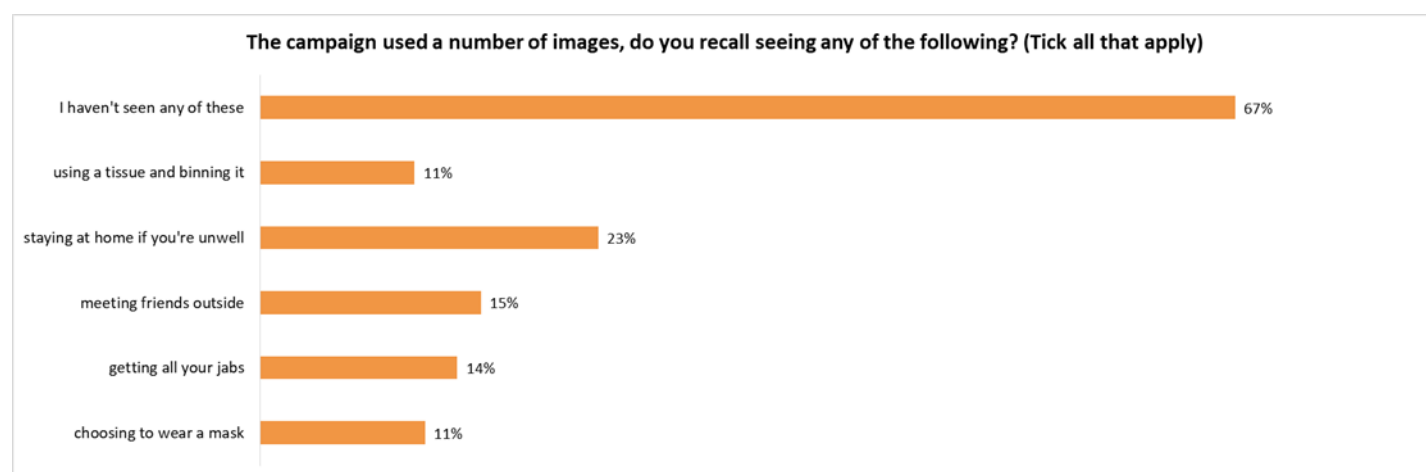


Figure 71: Campaign image recall

While 67% of respondents did not recall having seen any of the five images, 23% of respondents recalled having seen the '*staying at home if you're unwell*' image, while at least 11% of respondents recalled each of the other four images.

This contrasts with just 9% of respondents reporting having seen the campaign in response to the previous 'unprompted recall' question (Fig. 70) and suggests that respondents may have had trouble recalling the campaign motto running through all five images, '*It's the little things*', which - compared to the bold message specific to each image - was printed in more discreet font.

Participants were then asked *where* they recalled seeing campaign images.

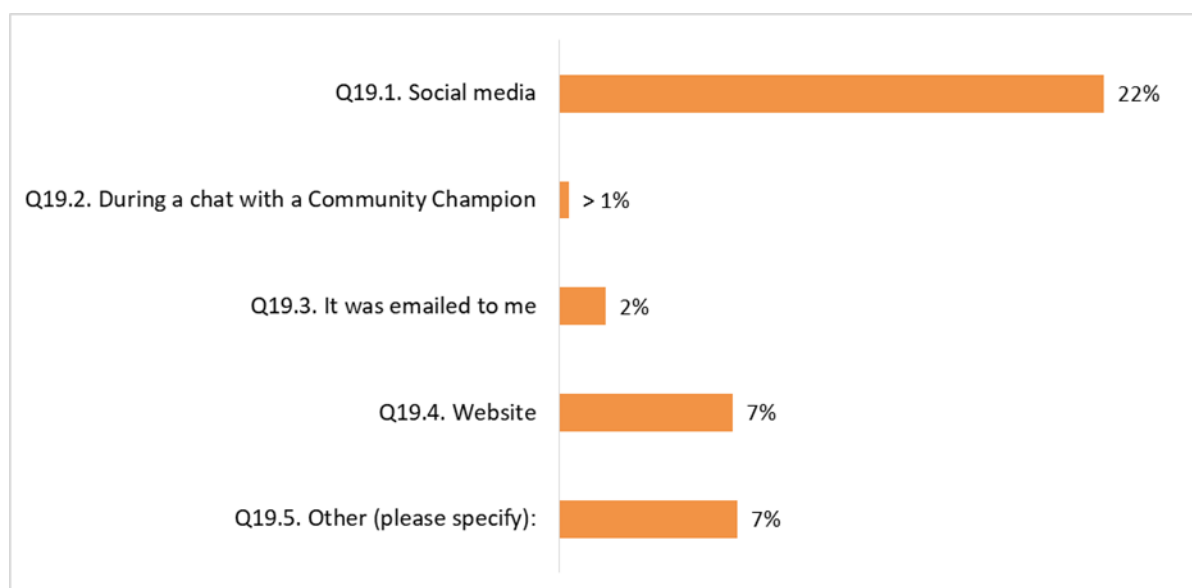


Figure 72: Where did you see the images?

The most prevalent response to the question where participants had seen campaign images was 'social media'.

Responses under 'Other' encompassed GP surgery, bus, bus-stop, promenade, billboard, poster, community cafe notice board, WBC intranet, library, TV 'probably'.

Only two respondents reported seeing campaign images during a chat with a Community Champion, both Community Champions themselves. This is unsurprising, given that almost 80% of Community Champions had not been aware of the campaign or were not sure if they had seen it. So, there must have been problems with implementation, which limit the usefulness of survey measures in assessing programme impact.

### ***Since seeing the campaign....***

Following questions about unprompted campaign awareness, respondents were asked about their understanding of the campaign. They were asked, having seen the campaign, what do you think it is asking people to do?

Answers were free-text responses and themes identified were:

### ***Government actions are viewed negatively***

Some of the narrative suggested that there was a negative perception toward the government's actions in relation to covid. Some felt that the government had been too controlling and needed to hand back control, while others felt that the changing of covid regulations to 'living with covid' meant that people no longer felt an obligation to take part in covid protective behaviours:

*"I think it's asking us to take precautions to stop the spread however I think the government have made this virtually impossible and have actively discouraged protective behaviour."*

*"People should think for themselves.! Mass media has been disgraceful brainwashing."*

*"To conform to the endless and wearisome "hype" about Covid - all of which is and has been futile."*

*"To carry on with the small preventative measures that we did during the peaks etc of the pandemic. Unfortunately I think that the campaign is failing, as the bigger message from Central Government is to 'get back to normal'. Meaning going out, spending money in hospitality etc to give the economy a boost - that's what they seem to be more concerned with. The majority of people don't wear masks now in indoor settings – unfortunately"*

### **Covid has not gone away**

*"Be aware that Covid-19 hasn't gone away. We need to be vigilant about our own health and the safety of others."*

*"To still be aware that covid hasn't gone ! To take care and stop the spread of covid."*

*"To still take precautions as the virus is still very much around"*

### **Small changes make a difference**

*"Small effort by us all makes big difference."*

*"Make small changes to have a big impact."*

*"Protect your self and others from catching Covid 19 by remembering 'the little things' wearing masks , social distancing, binning tissues etc"*

### **Impact of seeing the campaign**



Finally, respondents were asked whether seeing the campaign made them think or feel differently, and whether they would do anything different as a result of seeing the campaign.

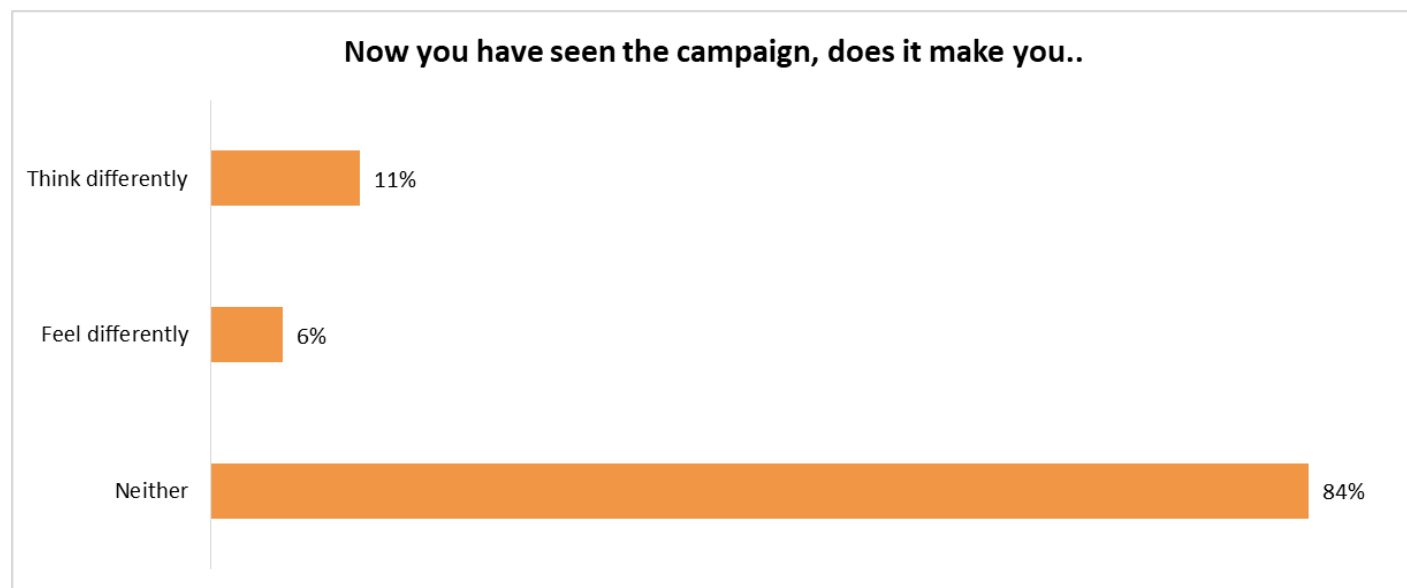


Figure 73: Impact of the campaign

- 11.5% said it made them think differently
- 6% said it made them feel differently.
- 84% said it made them neither think or feel differently.

When asked to explain their answer, the free text responses suggested that:

- People are tired of taking precautions and tired of worrying about covid.
- People feel they were doing these things regardless of covid.
- Some feel that they do not need to be informed in this way as they were already aware that covid is still a threat.

When asked if they would do something different as a result of seeing the campaign, responses suggest an awareness of the threat of covid, but a sense that there is a need to get 'back to normal.' Some responses suggested that there is a need to remind members of the public that covid is a threat, but this is countered by others suggesting that they no longer want to hear about.

*"Not really. It still could be useful outside shopping centres etc just to remind people it's not over yet."*

*"I'm already very aware and am doing the right thing..."*

Some comments suggested that the campaign served as a useful reminder, and that there was clarity in the message:

*“No, but I think it's a very important tool to get the point across.”*

*“No a good reminder though”*





## Discussion

Results of the survey analysis suggest that there have been some shifts in attitude towards the threat of covid-19 and covid protective behaviours, but many of these behaviours have lessened and attitudes have worsened in the second time-point. Considering the policy changes that were taking place during this time period, and the many confounding variables this would have created, it is difficult to assess with any certainty the impact of Community Champions. It is more likely the case that a shift in attitude and behaviour were a result of the social and economic changes that were taking place at the same time.

It is worth considering that behaviour is not predicted by knowledge; individuals are more likely to follow covid safe behaviours if they perceived that there is a threat (that they are susceptible to infection) and that the threat is sufficiently severe (Kamran & Naeim, 2021). Paradoxically, while risk perception often drives health behaviour, perception often does not mirror actual risk. The misinformation seen during the covid-19 pandemic has likely influenced individual's reluctance to believe information that they are presented with through messaging (Betsch et al., 2020). Further, perceptions of control, or rather loss of control, while strict regulations were in place, has likely resulted in the defensive position which many individuals are taking.

The findings of the current research mirror those in other areas of the UK. A recent cross-sectional study in Scotland found that adherence to physical distancing and handwashing was high, as was mask wearing when mandated. This research evidenced that self-efficacy for the behaviours and intention were both predictors of behaviour. However, risk perception and belief about illness varied between groups; for example, men who perceived that covid protective behaviours were largely ineffective were less likely to wash their hands regularly compared to women who felt such behaviours were largely ineffective. In another survey study, it was found that ethnicity directly affected covid protective behaviours through trust in science and politics, perception of risk, and ingroup power. This indicates that audiences are likely to need further segmentation in order to target the different drivers of behaviour in different sub-populations.

Additionally, the joint efforts of government, scientists, local authorities, and public health bodies have led to a large amount of information being driven into the public domain. Often this information is conflicting and can lead to confusion and mistrust. Information overload means that individuals cannot distinguish what is relevant or important to them (Lee & Lee, 2004), and can limit the ability to make a behavioural or consumer decision (e.g., being vaccinated). It is evident from responses of both covid champions and members of the public that misinformation plays a large part in the types of messaging that individuals are receptive to. There are recent developments in messaging related to health misinformation that have been evidenced to help with this issue. These are highlighted in the recommendations.

Finally, it is worth considering that frequently applied health behaviour change models such as the COM-B model (Michie et al., 2011) suggest policy and legislation as behaviour change



techniques. As highlighted by some of the responses in the current report, the removal of such legislation meant that some of the drivers of covid protective behaviours were removed. For example, being able to travel and socialise are often cited reasons for being vaccinated. When vaccinations for travelling were no longer mandated (i.e., living with covid policy came into practice), those who lacked strong intention to take up the vaccine no longer had any external driver to motivate them to do so.

## Recommendations

Based on the current findings it is recommended that promotion of covid safe behaviours are explored through the lens of models such as the Health Belief Model, which account for risk perception.

It is recommended that further behavioural insights are undertaken in order to establish the drivers of behaviour in different demographics.

While campaign awareness was low, this might be explained by information overload. However, it was clear from responses that, when attention was given to the campaign, the message it was conveying was clear.

Several methods have been identified to challenge mis- or dis-information particularly via social media. These include: 1. Pre-bunking, which involves giving warning of the type of false messages that are likely to be heard *before* they are heard (Lewandowsky & Van Der Linden, 2021); 2. Debunking, by highlighting the facts through credible sources, identifying the misinformation, then highlighting why it is wrong by drawing on the facts (Ecker et al., 2022); draw on the thoughts, feelings, and emotions such as motivation, fear and belief to raise awareness of the perspective of people who are at increased risk of severe illness through covid.

Community champions played a valuable role during the covid pandemic, but it is likely that their role will change. Exploring the needs of the local community would be a sensible next step to establish what the new role looks like. Community champions have expressed an interest via survey responses in acting as community champions for various other social matters such as mental and physical health, asylum seeker support, and support for families in poverty.

## Next Steps

Based on the recommendations contained within this report we have now begun a re-profile of the community champions programme based on the Council's strategic plan to ensure there are thematic champions based on areas of interest for example developing climate change champions, health and wellbeing champions, digital champions.



The work undertaken throughout the pandemic has highlighted the need for behavioural insights to drive policy and understand behaviour change. A business case was presented using Contain Outbreak Management Funding to secure a two-year investment in a qualitative insight team based within Public Health. The team have now been established and consist of a programme manager, four research posts, an analyst and project support officer. The engagement officer who manages the community champions has also been realigned to this new team ensuring there is direct link between the champions and the work plan of the team. The work programme aligns with the Council's strategic priorities and is already proving crucial in both policy and communications relating to the cost-of-living.



## Appendix 1: Community Champions baseline survey

### Introduction

Wirral has been heavily involved in responding to the Coronavirus (COVID-19) pandemic since January 2020.

A key element of the response to COVID-19 locally has been the development of the Community Champions programme: recruiting Wirral residents to be Community Champions to distribute key messages through their own networks and communication channels to make sure people have the right information and are supported.

The Local Government Association (LGA), in partnership with Wirral Borough Council (WBC), have commissioned Hitch Marketing to undertake research to evaluate the Community Champions programme and understand how it has impacted people's knowledge and behaviours during the pandemic. Part of this research is a survey for Community Champions. WBC want to hear the thoughts of those involved on the programme, its successes and how it develops to further benefit communities in Wirral going forward.

The findings from this survey will allow WBC to evaluate the programme, as well as inform future research and next steps for the programme.

The survey will take 10-15 minutes to complete. You don't need to complete the survey in one sitting, you can save your progress and return to it if that is easier for you. If you chose to do this, you will be sent an email with your own unique link to complete the survey at another time.

All information will be treated as confidential, and no one will be able to connect your responses with any information that identifies you.

If you have any questions about this survey, please email [charlotted@hitchmarketing.co.uk](mailto:charlotted@hitchmarketing.co.uk)

Thank you.

### Data protection information

What information is being collected?

As well as your thoughts on the Community Champions programme, we will also ask you for information about your age, the area where you live, your gender identity, ethnicity, and employment status.

Why is it being collected?

We are collecting this data for several reasons.

Personal Information is being collected to ensure that we gain an understanding of the demographics of Community Champions.



For sensitive information, you will have the option to select 'prefer not to say', should you want to.

Who is collecting it?

Hitch marketing are a social marketing agency currently undertaking a research project on behalf of the LGA and WBC (<https://www.hitchmarketing.co.uk>).

How will it be used?

The data will be analysed and will help inform and develop the evaluation of the Community Champions programme.

Any data that Hitch gives the LGA or WBC will be anonymous.

It is optional for you to leave your contact details with Hitch at the end of this survey, but no contact details will be shared with the LGA or WBC.

How long will it be kept?

We will keep your data for 18 months following the completion of the project and then they will be securely destroyed.

How will it be stored?

Your details will be stored digitally on our secure server. Any hard copy of data will be kept in a locked filing cabinet when not being used for analysis purposes. It will continue to be stored there for 18 months following the completion of the evaluation.

Your right to anonymity.

As a participant you have the right to access your data and have the right to withdraw your consent to be included in the project. You can do this by contacting Hitch by email at: [info@hitchmarketing.co.uk](mailto:info@hitchmarketing.co.uk).

## About you and your involvement in the programme

1. Are you a Community Champion? \*
2. How long have you been a Champion?  
(Months) \*
3. Please could you tell us about why you decided to become a Champion?  
(How you became involved, what you hoped to achieve)
4. On a day-to-day basis, could you tell us more about what is involved with being a Champion?

If this has changed over the course of the pandemic or your time in the role, please tell us how and why.

## Your experience of the programme

**Tel:** 0330 0776 752      **Email:** [info@hitchmarketing.co.uk](mailto:info@hitchmarketing.co.uk)      **Web:** [www.hitchmarketing.co.uk](http://www.hitchmarketing.co.uk)

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5. As a Champion, please tell us to what extent you agree or disagree with the following statements: The options for these statements were Strongly agree, Agree, Neither agree nor disagree, Disagree, Strongly disagree, Not sure.

- I understand the importance of my role
- I know the situations when my role is needed
- I have the knowledge needed to perform my role
- I know how to have conversations with members of my community about COVID-19
- I have received adequate training to perform my role
- There is adequate communication between myself and WBC
- I have the support I need to perform my role

6. Any comments?

7. As a Champion, please tell us to what extent you agree or disagree with the following statements: \*. The options for these statements were Strongly agree, Agree, Neither agree nor disagree, Disagree, Strongly disagree, Not sure.

- I have enough time to perform my role
- The programme gives me the chance to support my community
- The programme is set up to support Champions
- My community expect me to provide support and information
- I can communicate effectively with my community

8. Any comments?

9. As a Champion, please tell us to what extent you agree or disagree with the following statements: \* The options for these statements were Strongly agree, Agree, Neither agree nor disagree, Disagree, Strongly disagree, Not sure.

- My role is important to me
- I know my role is important for my community
- I know I have a positive impact on COVID-19 behaviours
- My role is important to WBC

10. Any comments?

## COVID-19 behaviours

11. In your experience, how has your role in the programme motivated your community to change the following behaviours? \* The options for each behaviour were A lot, Somewhat, Slightly, Not at all, Not sure.

- Protective behaviours (e.g., wearing masks, social distancing, shielding, frequent handwashing / use of gel)



- Ensuring people follow the rules related to COVID
- Encouraging people to get tested
- Encouraging people to get vaccinated

Any comments?

12. Overall, how successful do you feel the Community Champions programme has been in changing the behaviours of the population of Wirral? \* The options for this question were Very successful, Quite successful, Somewhat successful, Not at all successful, Not sure

Why do you say that? Please tell us more in the text box below

### **Improvements to the programme**

13. In your experience, please could you tell us more about any improvements that you feel are needed to the Community Champions programme, both now and as the programme develops in the future.

### **About you**

14. Which area of Wirral do you live in? \*

15. What is your full postcode (e.g., CH41 5BR)?

This information will allow WBC to understand more about the community where you live. This information will be removed from the survey data you have given once analysis is complete, and data will be stored securely and in such a way that your postcode cannot be linked with any other personal information you provide.

If you do not wish to answer, please leave the box blank

16. What is your age? \*

17. How would you describe your gender? \*

18. Please choose one option that best describes your ethnic group or background: \*

19. Which of the following employment options apply to you? \*

### **Participation in future research**



20. Thank you for completing the survey, we really appreciate you taking the time to share your views. In the following months, we are planning on undertaking some research with Community Champions to gain a better understanding of the impact the programme has had on the population of Wirral.

Would you be interested in participating in the research? \*

21. Please could you provide your contact details?





## Appendix 2: Community Champions follow-up survey

Dear Community Champion,

As the restrictions come to an end and we learn to live with Covid-19, we thought now was the perfect time to review the role of a Community Champion. When the programme first launched, our goal was for local residents to help with the response to the crisis, but our long-term goal was to build relationships and networks across the borough in order to improve health inequalities for all.

Community Champions have helped UKSHA (UK Health Security Agency) a great deal over the last 18-months and we are keen for this to continue. We would be grateful if you could spend a couple of minutes completing our survey. We will be closing the survey on Friday 15th April.

If you have any questions about this survey, please email [insight@hitchmarketing.co.uk](mailto:insight@hitchmarketing.co.uk)

Thank you.

### Data protection information

**What information is being collected?** As well as your thoughts on the Community Champions programme, we will also ask you for information about your age, the area where you live, your gender identity, ethnicity, and employment status.

**Why is it being collected?** We are collecting this data for several reasons. Personal Information is being collected to ensure that we gain an understanding of the demographics of Community Champions and to ensure that we have the correct contact information for those that want to continue as a Community Champion and, for those that don't want to continue, we have the correct information to remove from our lists.

**Who is collecting it?** Hitch marketing are a social marketing agency currently undertaking a research project on behalf of the Local Government Association (LGA) and Wirral Borough Council (WBC) (<https://www.hitchmarketing.co.uk>).

**How will it be used?** The data will be analysed and will help inform and develop the evaluation of the Community Champions programme. Any data that Hitch gives the LGA or WBC will be anonymous. It is optional for you to leave your contact details with Hitch at the end of this survey, but no contact details will be shared with the LGA or WBC.

**How long will it be kept?** We will keep your data for 6 months following the completion of the project and then they will be securely destroyed.

**How will it be stored?** Your details will be stored digitally on our secure server. Any hard copy of data will be kept in a locked filing cabinet when not being used for analysis purposes. It will continue to be stored there for 18 months following the completion of the evaluation.

**Your right to anonymity.** As a participant you have the right to access your data and have the right to withdraw your consent to be included in the project. You can do this by contacting Hitch by email at: [insight@hitchmarketing.co.uk](mailto:insight@hitchmarketing.co.uk).

### About you...

1. Are/were you a Community Champion? \*



2. How long, approximately, have you been a Community Champion?  
(Months) \*

### **About you and your involvement in the programme**

3. Thinking back, please could you tell us about why you decided to become a Community Champion?  
(How you became involved, what you hoped to achieve)

4. How did you most regularly circulate information about Covid in your role as a Community Champion?\*

### **COVID-19 behaviours**

5. In your experience, how did your role in the programme motivate your community to change the following behaviours? \* The options for this question were A lot, Somewhat, Slightly, Not at all, Not sure.

- Protective behaviours (e.g., wearing masks, social distancing, shielding, frequent handwashing / use of gel)
- Ensured people followed the rules related to COVID
- Encouraged people to get tested
- Encouraged people to get vaccinated

Any comments?

6. Thinking back, as a Community Champion, please tell us to what extent you agree or disagree with the following statements: \* The options for this question were Strongly agree , Agree , Neither agree nor disagree, Disagree, Strongly disagree, Not sure.

- I had enough time to perform my role
- The programme gave me the chance to support my community
- I felt more involved in my local community
- I enjoyed being more involved in my local community
- I know more about my local community
- Communication with the council worked well
- I felt supported in my role
- I felt I had all the information and knowledge I needed to perform my role

7. Overall, how successful do you feel the Community Champions programme has been in changing the behaviours of the population of Wirral? \*



Why do you say that? Please tell us more in the text box below

8. What improvements do you feel are needed to the Community Champions programme, as the programme develops in the future.

### The future

9. Would you like to remain a Community Champion going forward? \*

10. Moving forward we would like to develop the Community Champions programme. Please could you tell us which, if any of the following you would like to be involved in as a Community Champion? (tick all that apply) \*

- Parks and Environmental
- Mental Health
- Physical health
- Digital inclusion
- Local regeneration
- Community development
- Health inequalities
- Volunteering
- Culture and heritage
- Children and Young People
- Housing
- Neighbourhoods thanks (Highways and Neighbourhood Safety)
- Adult Health and Social Care
- None of the above (I don't want to remain a champion)
- Other

11. How would you like to be involved as a Community Champion? (tick all that apply) \*

- Receive regular newsletters
- Share newsletter information with family, friends, colleagues, community via social media or email, informal conversations , group sessions, team meetings etc
- Encourage others to become a Community Champion
- Support/mentor other Community Champions
- Share feedback and views of local residents at meetings with Wirral Council, partners and organisations
- Attend local health and wellbeing events where required
- Take part in promotional activities (leaf drops, door knocking, creating videos) and support Wirral Council's engagement officers with activities in the community



- Offer your skills, knowledge, resources to local residents via stakeholder health and wellbeing initiatives (e.g. digital inclusion project)
- Access to Wirral Council's Community Champion's sharepoint
- Access to training
- Access to discounts (people plus)
- Carry out research locally and provide feedback
- Other (please specify):

12. As a Community Champion, is there any broad training would like to access? (tick all that apply) \*

- Training in 'people skills'
- Training to improve communication skills to help talk about issues
- Managing and using social media accounts (to improve ways to share messages)
- Brief intervention training
- Training in conflict management
- None
- Other (please specify):

13. Is there any training you would like in specific subject areas? (Tick all that apply) \*

- Children's mental health
- Hate crime
- Carer allowance sessions
- Support for families in poverty
- Equality and human rights
- Mental health
- Environment
- Physical health
- Regeneration
- Digital inclusion
- Culture and heritage
- None
- Other (please specify):

14. We would like to understand how you would like to attend meetings in the future. Which of the following is your preference? \*

- Face to face
- Online
- Mixture of both



- I don't want to attend meetings
- Other (please specify):

15. How would you like us to communicate with you? (tick all that apply) \*

- Newsletter
- Text message
- Via council website – Have your say
- Facebook – closed group
- Email
- Other (please specify):

16. Is there any additional information you would like to add?

### About you

17. Which area of Wirral do you live in? \*

18. What is your full postcode (e.g., CH41 5BR)?

This information will allow WBC to understand more about the community where you live. This information will be removed from the survey data you have given once analysis is complete, and data will be stored securely and in such a way that your postcode cannot be linked with any other personal information you provide.

If you do not wish to answer, please leave the box blank

19. What is your age? \*

20. How would you describe your gender? \*

21. Please choose one option that best describes your ethnic group or background: \*

22. Which of the following employment options apply to you? \*

23. We would like to ensure that we have up-to-date contact details for our future Community Champions. Please could you provide your contact details?

24. We are sorry that you will be leaving us. To ensure that we don't contact you again, we would like to update our contact lists and remove you from them. Please could you provide your contact details so that we can ensure we remove the right people from the list?





## Appendix 3: Public baseline survey

### Introduction

Wirral has been heavily involved in responding to the Coronavirus (COVID-19) pandemic since January 2020.

A key element of the response to COVID-19 locally has been the development of the Community Champions programme: recruiting Wirral residents to be Community Champions to distribute key messages through their own networks and communication channels to make sure people have the right information and are supported.

The Local Government Association (LGA), in partnership with Wirral Borough Council (WBC), have commissioned Hitch Marketing to undertake research to evaluate the Community Champions programme and understand how it has impacted people's knowledge and behaviours during the pandemic. Part of this research is a survey for Community Champions. WBC want to hear the thoughts of those involved on the programme, its successes and how it develops to further benefit communities in Wirral going forward.

The findings from this survey will allow WBC to evaluate the programme, as well as inform future research and next steps for the programme.

The survey will take 10-15 minutes to complete. You don't need to complete the survey in one sitting, you can save your progress and return to it if that is easier for you. If you chose to do this, you will be sent an email with your own unique link to complete the survey at another time.

All information will be treated as confidential, and no one will be able to connect your responses with any information that identifies you.

If you have any questions about this survey, please email [charlotted@hitchmarketing.co.uk](mailto:charlotted@hitchmarketing.co.uk)

Thank you.

### Data protection information

What information is being collected?

As well as your thoughts on the Community Champions programme, we will also ask you for information about your age, the area where you live, your gender identity, ethnicity, and employment status.

Why is it being collected?

We are collecting this data for several reasons.

Personal Information is being collected to ensure that we gain an understanding of the demographics of Community Champions.



For sensitive information, you will have the option to select 'prefer not to say', should you want to.

Who is collecting it?

Hitch marketing are a social marketing agency currently undertaking a research project on behalf of the LGA and WBC (<https://www.hitchmarketing.co.uk>).

How will it be used?

The data will be analysed and will help inform and develop the evaluation of the Community Champions programme.

Any data that Hitch gives the LGA or WBC will be anonymous.

It is optional for you to leave your contact details with Hitch at the end of this survey, but no contact details will be shared with the LGA or WBC.

How long will it be kept?

We will keep your data for 18 months following the completion of the project and then they will be securely destroyed.

How will it be stored?

Your details will be stored digitally on our secure server. Any hard copy of data will be kept in a locked filing cabinet when not being used for analysis purposes. It will continue to be stored there for 18 months following the completion of the evaluation.

Your right to anonymity.

As a participant you have the right to access your data and have the right to withdraw your consent to be included in the project. You can do this by contacting Hitch by email at: [info@hitchmarketing.co.uk](mailto:info@hitchmarketing.co.uk).

### **About you and your involvement in the programme**

1. Are you a Community Champion? \*

2. How long have you been a Champion?  
(Months) \*

4. About you and your involvement in the programme

3. Please could you tell us about why you decided to become a Champion?  
(How you became involved, what you hoped to achieve)

4. On a day-to-day basis, could you tell us more about what is involved with being a Champion?

If this has changed over the course of the pandemic or your time in the role, please tell us how and why.





## Your experience of the programme

5. As a Champion, please tell us to what extent you agree or disagree with the following statements: \* The options for this question were Strongly agree, Agree, Neither agree nor disagree, Disagree, Strongly disagree, Not sure.

- I understand the importance of my role
- I know the situations when my role is needed
- I have the knowledge needed to perform my role
- I know how to have conversations with members of my community about COVID-19
- I have received adequate training to perform my role
- There is adequate communication between myself and WBC
- I have the support I need to perform my role

6. Any comments?

7. As a Champion, please tell us to what extent you agree or disagree with the following statements: \* The options for this question were Strongly agree, Agree, Neither agree nor disagree, Disagree, Strongly disagree, Not sure.

- I have enough time to perform my role
- The programme gives me the chance to support my community
- The programme is set up to support Champions
- My community expect me to provide support and information
- I can communicate effectively with my community

8. Any comments?

9. As a Champion, please tell us to what extent you agree or disagree with the following statements: \* The options for this question were Strongly agree, Agree, Neither agree nor disagree, Disagree, Strongly disagree, Not sure.

- My role is important to me
- I know my role is important for my community
- I know I have a positive impact on COVID-19 behaviours
- My role is important to WBC

10. Any comments?

## COVID-19 behaviours



11. In your experience, how has your role in the programme motivated your community to change the following behaviours? \* The options for this question were A lot, Somewhat, Slightly, Not at all, Not sure.

- Protective behaviours (e.g., wearing masks, social distancing, shielding, frequent handwashing / use of gel)
- Ensuring people follow the rules related to COVID
- Encouraging people to get tested
- Encouraging people to get vaccinated

Any comments?

12. Overall, how successful do you feel the Community Champions programme has been in changing the behaviours of the population of Wirral? \*

Why do you say that? Please tell us more in the text box below

### **Improvements to the programme**

13. In your experience, please could you tell us more about any improvements that you feel are needed to the Community Champions programme, both now and as the programme develops in the future.

### **About you**

14. Which area of Wirral do you live in? \*

15. What is your full postcode (e.g., CH41 5BR)?

This information will allow WBC to understand more about the community where you live. This information will be removed from the survey data you have given once analysis is complete, and data will be stored securely and in such a way that your postcode cannot be linked with any other personal information you provide.

If you do not wish to answer, please leave the box blank

16. What is your age? \*

17. How would you describe your gender? \*

18. Please choose one option that best describes your ethnic group or background: \*

19. Which of the following employment options apply to you? \*

### **Participation in future research**



20. Thank you for completing the survey, we really appreciate you taking the time to share your views. In the following months, we are planning on undertaking some research with Community Champions to gain a better understanding of the impact the programme has had on the population of Wirral.

Would you be interested in participating in the research? \*

21. Please could you provide your contact details?



## Appendix 4: Public follow-up survey

### Introduction

Community Champions Programme - COVID-19 in Wirral - help shape the future priorities of Wirral's Community Champions

As we learn to live safely with coronavirus (COVID-19), there are actions we can all take to help reduce the risk of catching COVID-19 and passing it on to others. These actions will also help to reduce the spread of other respiratory infections, such as flu, which can spread easily and may cause serious illness in some people. The Public Health team at Wirral Council would like to know how you feel about COVID-19 and other respiratory infections as we learn to live safely with coronavirus. Wirral has successfully responded to the COVID-19 pandemic since January 2020 when it supported the repatriation of British nationals from Wuhan. During the pandemic Wirral has developed strong partnerships, and reinforced the importance of clear, accurate information delivered via trusted sources. One of the ways this was achieved was through the creation of a Community Champions network, where volunteers from all walks of life were asked to sign up to help share key information and support their communities in making informed choices to keep themselves safe.

Now that restrictions have lifted, we would like to understand how you feel about the way forward, your views on subjects such as the vaccine, self-isolation, testing and how your behaviour has been changed by the pandemic. Your feedback will help us evaluate our response to the pandemic, whilst also shaping the future of the Community Champions programme and informing the support we can offer to our residents as we move toward the Winter.

As a thank you for your time, you have the chance to be entered into a prize draw. The winner will receive £35 of high street vouchers, and two runner ups will win £20 of high street vouchers.

The survey will take around 10-15 minutes to complete. Please try to answer as honestly as you can throughout the survey. You don't need to complete the survey in one sitting, you can save your progress and return to it if that is easier for you. If you chose to do this, you will be sent an email with your own unique link to complete the survey at another time.

If you have any questions about the survey, please email [insight@hitchmarketing.co.uk](mailto:insight@hitchmarketing.co.uk)

### Data protection information

What information is being collected?

As well as your thoughts and experiences during the COVID-19 pandemic, we will also ask you for information about your age, the area where you live, your gender identity, ethnicity, and employment status.

Why is it being collected?



We are collecting this data for several reasons.

Personal Information is being collected to ensure that we gain an understanding of the demographics of those who respond to the survey.

For sensitive information, you will have the option to select 'prefer not to say', should you want to.

Who is collecting it?

Hitch marketing are a social marketing agency currently undertaking a research project on behalf of the LGA and Wirral Borough Council (<https://www.hitchmarketing.co.uk>).

How will it be used?

The data will be analysed and will help inform and develop the evaluation of part of Wirral Borough Council's response to the COVID-19 pandemic.

Any data that Hitch gives the LGA or Council will be anonymous.

How long will it be kept?

We will keep your data for 18 months following the completion of the project and then they will be securely destroyed.

How will it be stored?

Your details will be stored digitally on our secure server. Any hard copy of data will be kept in a locked filing cabinet when not being used for analysis purposes. It will continue to be stored there for 18 months following the completion of the evaluation.

Your right to anonymity.

As a participant you have the right to access your data and have the right to withdraw your consent to be included in the project. You can do this by contacting Hitch by email at: [insight@hitchmarketing.co.uk](mailto:insight@hitchmarketing.co.uk).

1. What is your age? \*

### **COVID-19 vaccination**

2. Which of the following is your current experience of the COVID-19 vaccine (either Moderna, Oxford/AstraZenica, or Pfizer BioNTech)? \*

3. Why did you decide to have the vaccine for COVID-19?

5. COVID-19 vaccination

4. Will you receive the second dose of the COVID-19 vaccine when it is offered to you? \*

Please explain your answer:



5. Will you receive the booster of the COVID-19 vaccine when it is offered to you? \*

Please explain your answer:

6. Will you receive the 2nd booster of the COVID-19 vaccine when it is offered to you? \*

Please explain your answer:

7. Could you tell us more about why you have not had the vaccine for COVID-19?

8. In the last 7 days, which, if any, of the following measures to prevent the spread of COVID-19 have you taken? \* The options for this question were Frequently, To some extent, Not really, Not at all, Not sure.

- Social distancing in public
- Wearing a face mask in public outdoors
- Wearing a face mask in public indoors
- Regular hand washing or using gel
- Avoiding touching your face
- Covering your mouth and nose whilst coughing or sneezing
- Home testing

Please tell us more below

9. In your experience, how has being fully vaccinated impacted how often you do the following...

\* The options for this question were I do this a lot more often, I do this more often, I do this the same amount as before, I do this less than before, I do this a lot less than before, Not applicable.

- Social distancing in public
- Wearing a face mask in public outdoors
- Wearing a face mask in public indoors
- Regular hand washing or using gel
- Avoiding touching your face
- Covering your mouth and nose whilst coughing or sneezing
- Home testing
- Attending social events indoors
- Attending social events outdoors
- Close physical contact with those outside your household (e.g., hugging, sitting close to someone)
- Using public transport

Please tell us more about your answer below:



10. Please indicate your agreement with the following statements: \* The options for this question were Completely agree, Agree, Neither agree nor disagree, Disagree, Completely disagree.

- For me, avoiding COVID-19 infection is extremely easy
- The vaccine protects me from serious infection (e.g., hospitalisation)
- The vaccine completely protects me from COVID-19 infection
- I can be infected with COVID-19 and show no symptoms (asymptomatic infection) but still pass the virus along to others
- I know how to protect myself from COVID-19

### **COVID-19 testing**

11. For what reasons would you get tested for COVID-19?

Please tick as many as apply: \*

12. Now you have to pay to be tested, do you still get tested regularly? \*

### **COVID-19 information**

13. Thinking about the information you hear or receive about COVID-19, which of the following sources of information would you say that you trust the most? \*

14. Are you aware of the Wirral Community Champions programme? \*

15. Have you received any COVID-19-related information from a Wirral Community Champion during the pandemic? \*

16. How did you receive COVID-19-related information from a Wirral Community Champion?

### **Campaign awareness**

17. Do you recall seeing a campaign about Covid-19 recently that used the words 'It's the little things'? \*

### **Images**

18. The campaign used a number of images, do you recall seeing any of the following? (Tick all that apply) \*





"It's the little things, like

**choosing to wear a mask"**



Wirral.  
Community.  
Champions.

Keep Wirral Well 

"It's the little things, like

**getting all your jabs"**



Wirral.  
Community.  
Champions.

Keep Wirral Well 

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"It's the little things, like  
**meeting friends outside**"

Wirral.  
Community.  
Champions.

Keep Wirral Well



"It's the little things, like  
**staying at home if you're unwell**"

Wirral.  
Community.  
Champions.

Keep Wirral Well



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I haven't seen any of these

19. Where do you recall seeing it? \*

20. Now you have seen the campaign, what do you think it is asking people to do?

21. Now you have seen the campaign, does it make you... \*

- Think differently
- Feel differently
- Neither

Could you explain your answer please?

22. Do you think you will do anything differently as a result of seeing the campaign? If so, what?

### Demographic questions

23. How would you describe your gender? \*

24. Please choose one option that best describes your ethnic group or background: \*

21. Demographic questions

25. Which of the following employment options applies to you? \*



26. What is your full postcode (e.g., CH41 5BR)?

This information will allow The Council to understand more about the community where you live and to make sure we get responses from all areas of Wirral. We will never use this information to contact you.

This information will be removed from the survey data you have given once analysis is complete, and data will be stored securely and in such a way that your postcode cannot be linked with any other personal information you provide.

If you do not wish to answer, please leave the box blank.

27. Are you a health professional? \*

28. Have you ever been diagnosed with a mental health problem? \*

29. Do you consider yourself to have a disability? \*

30. Are you considered clinically extremely vulnerable or in an at-risk group (vaccination group 6)?

If you are considered clinically extremely vulnerable, you should have had a letter from the NHS \*

31. Do you live with someone who is considered extremely clinically vulnerable or in an at-risk group? \*

32. Are you currently choosing to isolate? \*

### **Prize draw**

33. Would you like to be entered in a prize draw to win a first prize of £35 or a second prize of £20 of high street vouchers? \*

34. Please provide your contact details below to be entered into a prize draw for the high street vouchers.

We will use this information to contact you if you are the winner of the competition, we will not email you after this otherwise.



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