



Mandating Vaccination in Care Homes

Joint response from the UK Pandemic Ethics Accelerator Data use and Public values, transparency and governance workstreams to the Department of Health and Social Care consultation on Making vaccination a condition of deployment in older adult care homes – 27 May 2021.

The Department of Health and Social Care has launched a consultation into making covid-19 vaccination a condition of deployment in care homes with older adult residents. Whilst some providers have already implemented similar policies, the consultation is intended to inform decision-making about how such a policy could be implemented, whether it would be beneficial and to whom.

This response to the consultation is from the UK Pandemic Ethics Accelerator's *Data use and Public values, transparency and governance workstreams*.

Summary

The submission focuses on two interconnecting themes: the ethical dimensions of the data required in support of the proposed policy; and the importance of public engagement and transparency in policy development that can be facilitated using the data.

The aims of this submission are:

- to complement debates on the necessity or proportionality of the policy by **highlighting conditions under which limitations of this approach might be mitigated**, with particular attention to **data** and evidence;
- to show how **better public engagement with the data can give rise to a more nuanced and informed understanding of what is ethically at stake** when trying to decide whether, on balance, vaccination should be mandatory in care homes.

This submission responds in places to specific questions asked in the consultation. However, we also submit ethical reflections beyond the scope of these questions. The question of whether vaccination in care homes should or should not be mandatory admits only a binary choice. Consequently, we might assume that the ethical case is straightforwardly persuasive in one direction rather than the other.

However, our submission indicates how the process itself of engaging public stakeholders in understanding data pertaining to the consequences of implementing or not implementing the policy

contributes to the ethical status of the outcome. **Part 1** outlines ethically salient issues relating to data on which the policy is based; **Part 2** explains why public engagement with high-quality data is vital for the development of policy in a robustly ethical way. We conclude by making three recommendations which should be taken into account when developing policy on the basis of the consultation.

Key considerations

1. Research on public and stakeholder opinion shows that the decision to introduce vaccine mandates **cannot be isolated as a simple yes/no answer** that maps cleanly onto general public attitudes.
2. The **ethical implications** of the proposed policy look different depending on whether one focuses on the population health of older care home residents, vaccination status of staff, or measures of health and well-being in the context of individual care homes.
3. Key to evaluating ethical concerns is the **availability of high-quality data** and evidence on care home staff and residents.
4. **Collecting raw numbers of vaccinated and unvaccinated staff is not sufficient** to monitor and evaluate the impact of policies designed to protect residents.
5. Policy interventions must be **accompanied by building an appropriate data infrastructure** in the sector with which to gather evidence for monitoring, evaluating impact.
6. The risk of unintended consequences such as staff shortages must be mitigated through better monitoring and evaluation in the sector.
7. New data infrastructure can and should be used to **better understand the complex needs and motivations of care home residents**, staff and unwaged carers, rather than simply as a tool to determine and implement exclusions.
8. **It is not sufficient to consider ethical implications only during the design and implementation phases of policy roll-out.** Procedures to ensure ongoing accountability for care home operators, staff and residents are critical on an ongoing basis.

Part 1 - Data

1. What we know about vaccine uptake in care homes and the limits of vaccination mandates

Summary points:

1. Data are required to assess the overall success of any mandate measure and to inform decision makers when any such mandate can be withdrawn.
2. No vaccination mandate will be 100% effective in eliminating covid-19 transmission and infection in care homes for older adults.
3. Data will be critical in identifying, assessing, and addressing limitations to the mandate measure and ongoing risk to vulnerable residents.

Current recommendations for vaccination uptake in older adult care homes have been quantified in terms of data:

- SAGE has suggested an 80% uptake threshold for older adult care home staff, and a 90% uptake threshold for residents in these homes. ¹
- According to NHS statistics as of 13th May 2021,² 286,767 of the 302,618 (94.76%) residents in older adult care homes in England have been reported as receiving at least one vaccine dose, with 235,270 having received two doses (77.75%).
- 389,221 of the 474,670 (82%) staff in older adult care homes have been reported as receiving at least one vaccine dose, but only 264,661 have received two doses (55.76%).

At a population level, the vaccination programme has been successful. **However, at the level of individual older adult care homes, NHS statistics show only 53% of homes in England currently meet these guideline thresholds for both staff and residents.**

These data describe a picture of older adult care homes that is patchy across the country: a small majority of care homes have reached levels of vaccine uptake in excess of recommended levels, but a considerable number lag behind. A policy that mandates vaccination amongst care home staff is a potentially coercive means of increasing the threshold towards the guideline numbers.

Limits to the effectiveness of the vaccination mandate:

Mandatory vaccination is not sufficient on its own to ensure full protection from covid-19 of older care home residents. Reasons for this include:

- **Vaccine efficacy:** vaccination is not 100% effective at preventing infection or transmission.
- **Exemptions:** it will not be possible or desirable to vaccinate all staff. For instance, exemptions will be granted on grounds according to the Joint Committee of Vaccination and Immunisation (JCVI): Individuals will be exempt from the requirement if they have an allergy or condition listed in the Green Book.
- **Enforcement:** given the fractured nature of the care home sector ³, it is unlikely to be possible to monitor and police every care home so that unvaccinated staff are entirely prevented from coming into contact with residents.
- **Alternative staff:** even where staff are identified as not having been vaccinated, it may not be possible to replace them at short notice or in that area. ⁴

Together, **these limits constitute ongoing risks to older residents in care homes.** Gathering data on the extent and impact of these limits will be a critical complement to the measure itself.

¹ We shall assume these thresholds throughout the discussion, but it should be noted that this is not solely a scientific issue; what constitutes an acceptable minimum level of protection in this context requires an ethical judgment.

² 'Statistics » COVID-19 Vaccinations', accessed 17 May 2021, <https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-vaccinations/>.

³ Curry, N., & Oung, C. (2021). *Fractured and forgotten? The social care provider market in England*. Nuffield Trust. <https://www.nuffieldtrust.org.uk/research/fractured-and-forgotten-the-social-care-provider-market-in-england>

⁴ Devi, R. et al (2021). Attracting, recruiting, and retaining nurses and care workers working in care homes: The need for a nuanced understanding informed by evidence and theory. *Age and Ageing*, 50(1), 65–67. <https://doi.org/10/gjtzp6>

High quality data will also be important for informing future decisions about when a vaccination mandate can be relaxed. We note the guidance does not set out a ‘sunset clause’ or terms for ending the legislation. Empirical evidence and informed ethical debate will be important here.

2. Limitations of existing care home data infrastructures

Summary points:

1. Given the patchy uptake of vaccination in the sector, data must be able to provide useful evidence at the right scale and resolution, from population trends to specific postcode locations.
2. **Data infrastructures in care homes are not sufficiently developed at present to monitor and evaluate the mandate measure.**
3. Rapid improvements are possible, but they require ongoing policy commitment and investment in infrastructure, skills and resources.

Data and data-gathering infrastructures will be required to monitor and evaluate impacts and known limitations of any policy.

Comprehensive data about the day-to-day needs of UK care home residents either do not exist or are difficult to access.⁵ Existing data infrastructure, such as the *Capacity Tracker*, tend to focus on measuring static resources such as beds. But care homes are part of a complex, dynamic system. **Measures that accurately track flows of residents, gather data about their health and wellbeing, and information about staff needs and characteristics do not exist.**⁶

The challenge of producing accurate and timely data across the care home sector is increased by the lack of digitalisation within care homes: roughly three in four care homes are still paper-based.

⁷ Also, while residents are known to GP systems, information stored on paper, or in free text digital records, cannot be linked to NHS Digital data, nor made available to inform local authority or national level decisions. These difficulties are compounded by: the large but fragile provider market; the reluctance of some care providers to share data that might have consequences on their finances; workforce shortages; complex financial models; and ongoing flow of residents between acute, primary, community and informal care settings.⁸

⁵ Hanratty, B., Burton, J. K., Goodman, C., Gordon, A. L. & Spilsbury, K. Covid-19 and lack of linked datasets for care homes. *BMJ* **369**, m2463 (2020).

⁶ Bell, D., Comas-Herrera, A., Henderson, D., Jones, S., Lemmon, E., Moro, M., Murphy, S., O’Reilly, D., & Patrignani, P. (2020). *COVID-19 mortality and long-term care: A UK comparison* (p. 43). <https://ltccovid.org/2020/08/28/covid-19-mortality-and-long-term-care-a-uk-comparison/>

⁷ Say, M. (2019). *CASPA aims to plug social care’s digital gap*. UKAuthority. Retrieved 25 April 2021, from <https://www.ukauthority.com/articles/caspa-aims-to-plug-social-care-s-digital-gap/>

⁸ Curry, N. & Oung, C. *Fractured and forgotten? The social care provider market in England*.

<https://www.nuffieldtrust.org.uk/research/fractured-and-forgotten-the-social-care-provider-market-in-england> (2021)

Not having these data to hand, or not having data at the right scale or resolution needed for decision making, **may lead to problems in making basic calculations and false precision in assessment, evaluation, and the evidence base for vaccine mandate policy.**

Despite existing problems, data have been used successfully by local authorities and national governments to evaluate ongoing covid-19 situations in care homes and indicate the scale and urgency at which interventions must be rolled out.⁹ Previous policy interventions have shown that **new data gathering infrastructures can be built quickly.** For instance, in a matter of weeks the *NECS Capacity Tracker* developed by North of England Commissioning Support Unit became the de-facto way of monitoring thousands of care homes in England and Wales¹⁰. These data informed local responses on testing and the provision of protective equipment during 2020.

3. Complementing system data with new data infrastructures that reflect care needs

Summary points:

1. **Policy for mandating vaccines should be integrated into wider reforms to the sector** that aim to understand long-term and emerging needs better.
2. Innovative data frameworks and approaches are already being trialled in the sector.
3. **Fast-tracking new data projects, and up-scaling promising results might usefully complement mandate measures** and reduce the time it is in operation.

The consultation guidance notes significant uncertainties and gaps in evidence. These include potential impacts on staffing levels and the ability of adult care homes to maintain a safe service. Data do not exist that can accurately forecast these impacts.

Researchers are developing new data gathering methods to address issues like these. **Rather than start from scratch, many of these proposals build on existing infrastructures within both social care and health settings.** They aim to gather new data on care homes by triangulating existing population and public health data, with evidence-gathering at community level and across social groups.¹¹ For instance, trials for what developers call *minimum datasets* promise to produce data that are more beneficial for the specific needs of residents and carers,¹² and to build frameworks for gathering and interpreting these data at scale.¹³

⁹ Centre for data ethics and innovation. (2021). *CDEI AI Forums: Local Government Use of Data During the Pandemic*. Centre for data ethics and innovation.

¹⁰ NHS Vale of York Clinical Commissioning Group. NHS Vale of York Clinical Commissioning Group - Capacity Tracker. <https://www.valeofyorkccg.nhs.uk/about-us/partners-in-care-1/care-home-and-domiciliary-care-staff-area1/capacity-tracker/> (2021).

¹¹ Bear, L. *A right to care - the social foundations of recovery from Covid-19*. <https://www.lse.ac.uk/anthropology/assets/documents/research/Covid-and-Care/ARighttoCare-CovidandCare-Final-2310.pdf> (2020)

¹² Musa, M. K. *et al.* Uptake and use of a minimum data set (MDS) for older people living and dying in care homes in England: a realist review protocol. *BMJ Open* **10**, e040397 (2020)

¹³ Akdur, G. What do we want? Useful data. Where do we want it? Care homes – A case for a care home minimum data set. *National Institute for Health Research* <https://enrich.nihr.ac.uk/blogpost/what-do-we-want-useful-data-where-do-we-want-it-care-homes-a-case-for-a-care-home-minimum-data-set/> (2020)

Experimental testbeds like Care City¹⁴ and research projects like Supporting Adults Social Care Innovation¹⁵, show how innovation in care practices and procedures can make data useful and usable to staff and residents on the ground.

These approaches redefine what better care data is by **complementing static measures of system performance with data on care needs and impacts in the community**. They can help to interpret population and clinical data for use in care home settings. They can also make data useable for statutory responses to inequality and deprivation.

These kind of new data infrastructures will be required to evaluate the impact of mandate measures. They are also a prerequisite of proposed wider reforms in the social care sector. The trials and research projects discussed offer a set of data interventions that can complement a vaccination mandate, as well as provide pragmatic starting points for significant evolution in how data are gathered and used in the sector over the long-term.

Part 2: Public attitudes and public engagement

4. Implications of implementation, impact and enforcement

Summary points:

1. Mandating vaccinations will increase burdens on care home providers, managers and data entry staff, care staff, the Care Quality Commission and vaccine certification infrastructures which may in turn include patient data providers such as GP practices and NHS Digital services.
2. The scale and distribution of financial costs and opportunity costs is not known.
3. Using the NHS App to verify vaccination status will likely place additional burdens on hosts of patient vaccination data such as GP practices.

Guidelines on the proposed mandate state that “care home managers are ultimately responsible for the safety of people living in their care” and that “under the proposed change to regulations, it would therefore be their responsibility to check evidence that workers deployed in the home are vaccinated, or medically exempt from vaccination.”

It is proposed that statutory enforcement takes place at the level of care homes, with the Care Quality Commission (CQC) charged with monitoring self-reported data and carrying out inspections based on risk profiling.

This guidance has a number of implications:

- The primary burden of administration and enforcement falls on care home managers.
- Given the flow and turnover of staff in the care home sector, and the need for ongoing workforce monitoring, this is likely to result in at least some additional burden on an ongoing basis.

¹⁴ Crellin, N. *et al.* 10 practical lessons for implementing digital innovations - learning from the Care City test bed. <https://www.nuffieldtrust.org.uk/research/10-practical-lessons-for-implementing-digital-innovations-learning-from-the-care-city-test-bed> (2021)

¹⁵ SASCI. Supporting Adult Social Care Innovation. *Supporting Adult Social Care Innovation* <https://www.sasciproject.uk> (2020).

- In the first instance, this burden is likely to also fall on care homes who have already met the vaccination threshold.
- **A critical task is how staff prove their vaccination status to employers.** The option of using mobile apps to convey vaccine status has further implications for data use in wider health and social care settings. **Consumer-facing apps such as the NHS App rely on large scale vaccine certification infrastructures.**¹⁶ Some staff may be unable or reluctant to use these apps on the basis of limited access, privacy concerns, or simply because they don't know about them.¹⁷ Also, it is likely **these apps will place burdens on hosts of patient vaccination data, such as local GP practices** impacting front-line health services.¹⁸

5. What level of support does a vaccine mandate have amongst the public and from within the profession?

The evidence is inconclusive. But the issue of a vaccine mandate is **more complex than a simple yes or no response can provide**. In particular, answering the question whether vaccination should be mandatory would depend on logistical uncertainties such as those listed above first being resolved. Given that such uncertainties exist, the question warrants consideration of a wider range of possibilities than the guidance to this consultation provided for.

6. A case for support amongst the public is inconclusive

Summary points:

1. UK survey evidence is inconclusive regarding public attitudes towards vaccine mandates
2. The public acceptability of vaccine mandates may vary according to the risk profile of different professions and working environments.

UK survey evidence is **inconclusive** regarding public attitudes towards vaccine mandates. A Savanta ComRes survey of over 2,000 UK adults published in February 2021 found two in five respondents supporting compulsory vaccination against covid-19.¹⁹ In January, an opinion poll conducted by market research firm Kantar found reported 49% of those surveyed agreeing that the government should make covid vaccinations compulsory.²⁰ A global Ipsos MORI study conducted in January 2021 found that 56% of UK respondents supported a vaccine mandate for over 18s.²¹ Finally, a survey

¹⁶ O'Donovan, C., Smallman, M., & Wilson, J. (2021). *Immunity certification infrastructures and ethics: Principles and strategies for decision making*. UK Pandemic Ethics Accelerator. <https://ukpandemicethics.org/wp-content/uploads/2021/05/Immunity-certification-infrastructures-and-ethics-3.pdf>

¹⁷ Ada Lovelace Institute. (2021). *The data divide. Public attitudes to tackling social and health inequalities in the COVID-19 pandemic and beyond*. https://www.adalovelaceinstitute.org/wp-content/uploads/2021/03/The-data-divide_25March_final-1.pdf

¹⁸ Hodes, S., & Majeed, A. (2021). Using the NHS App as a covid-19 vaccine passport. *BMJ*, 373, n1178. <https://doi.org/10/gjzgdgk>

¹⁹ Dawson, B. Two in five Britons support compulsory vaccination, poll finds. *The Independent*. 17 February 2021. <https://www.independent.co.uk/news/uk/covid-vaccine-passport-illegal-poll-b1803590.html>

²⁰ British public getting keener for COVID-19 vaccination – poll. *Reuters*. January 28th 2021. <https://www.reuters.com/article/uk-health-coronavirus-britain-poll-idUSKBN29X00Y>

²¹ Global attitudes : COVID-19 vaccines. *Ipsos*. 9 February 2021. <https://www.ipsos.com/en-ro/global-attitudes-covid-19-vaccine-january-2021>

focussed on workplaces conducted by Glassdoor found that 56% of 2000 workers surveyed believed there should be a requirement for staff to receive covid vaccination before a return to office work.²² In Germany, support for a mandatory vaccination policy has declined over time, reducing from 73% in April 2020 to 41% by October 2020.²³ A US study in the *Journal of the American Medical Association* found **slightly more support for employer-enforced mandates than state requirements**: only 40.9% of respondents found government requirements for adults acceptable although 47.7% of respondents were accepting of mandates when the requirements were framed as from employers towards employees.²⁴

A *New England Journal of Medicine* study is relevant here. Researchers found a divergence in public opinion regarding employee mandates **depending on whether the work was general or high risk**, a category that care-home employees would fall into. While less than 30% of respondents supported government-issued “immunity passports” for general workers, this rose to just over 50% support for those engaged in high-risk work.²⁵

7. The case for support amongst care home sector stakeholders is split

Summary points:

1. Arguments from unions and care home management show that the decision to introduce vaccine mandates cannot be isolated as a simple yes/no answer mapping onto general public attitudes
2. A wide range of other options should be considered alongside vaccine mandates as necessary complementary interventions, or alternative measures.

Sector specific views reveal **complex attitudes** towards vaccine mandates that voice **broad concerns around employee welfare and working conditions**.

The union position broadly stated is that vaccine mandates are a **‘nuclear’ option**. The GMB union²⁶ and the Trades Union Congress (TUC)²⁷ are against vaccine mandates. A TUC survey found that only 45% of care homes are giving staff paid time off to receive the vaccination,²⁸ whilst a UNISON study

²² Brown, J. Half of employees want mandatory vaccinations before returning to the office, poll finds. *People Management*. 11 March 2021. <https://www.peoplemanagement.co.uk/news/articles/half-of-employees-want-mandatory-vaccinations-before-returning-to-the-office#gref>

²³ Sprengholz P, Felgendreiff L, Böhm R, Betsch C. Vaccination Policy Reactance: Predictors, Consequences, and Countermeasures. 2021. 10.31234/osf.io/98e4t. (PREPRINT)

²⁴ Largent EA, Persad G, Sangenito S, Glickman A, Boyle C, Emanuel EJ. US Public Attitudes Toward COVID-19 Vaccine Mandates. *JAMA Netw Open*. 2020;3(12):e2033324. doi:10.1001/jamanetworkopen.2020.33324.

²⁵ Hall MA, Studdert DM. "Vaccine Passport" Certification - Policy and Ethical Considerations. *N Engl J Med*. 2021. doi: 10.1056/NEJMp2104289. Epub ahead of print. PMID: 33789006.

²⁶ Shears, D. Why compulsory vaccination is not the way. *GMB*. 17 May 2021. <https://www.gmb.org.uk/long-read/why-compulsory-vaccination-not-way>

²⁷ Don't force workers to get vaccinated, says TUC. *TUC*. 23 March 2021. <https://www.tuc.org.uk/news/dont-force-workers-get-vaccinated-says-tuc>

²⁸ Less than half of companies giving staff paid time-off to get vaccinated – TUC poll. *TUC*. 22 March 2021. <https://www.tuc.org.uk/news/less-half-companies-giving-staff-paid-time-get-vaccinated-tuc-poll>

found that care staff were nearly twice as likely to reject vaccination if they had been threatened by an employer.²⁹

They say **other measures to increase voluntary vaccine** uptake should be prioritised. Such measures could include running on-site vaccinations, mandated sick pay in case employees experience vaccine side effects, and increased outreach to care employees from marginalised communities who may be justifiably skeptical of state authority.

A number of private providers including Barchester, Care UK and Advinia Healthcare have already mandated employee vaccination.³⁰ Some management level employees, including the hosts of *The Caring View* podcast, a show led by care home managers, have voiced concerns about the **impact of mandated vaccination on employee retention**.

These perspectives from both unions and management are illuminating, particularly when contextualised with more data:

- A 2020 report conducted by Skills For Care found that 21% of adult social care workers identified as black, Asian, mixed, or minority ethnic, with 66% of staff in London identifying as black, Asian, mixed, or minority ethnic.³¹
- Studies have consistently shown greater rates of vaccine hesitancy amongst black, Asian, mixed, or minority ethnic individuals.³²
- Skills for Care also found that 24% of care jobs were on zero-hours contracts, a state of employment which disincentivises workers from taking time off work to get vaccinated.
- Moreover, the average turnover rate of employees was 30.4%, meaning 430,000 care workers left their role during 2019/20.
- Although most of those who left their jobs went into other roles in the sector, the 112,000 vacancies across the sector in 2019/2020 suggests there are significantly fewer workers than necessary to meet demand.

This data and arguments from both unions and management, shows that **the decision to introduce vaccine mandates cannot be isolated as a simple yes/no answer** mapping onto general public attitudes, however important such surveys are in informing decision-making. Instead, the decision must be informed by understanding the particular concerns and contexts of care home employees, who are disproportionately from black, Asian, mixed, or minority ethnic backgrounds and more likely

²⁹ Care staff more likely to decline job if threatened by employers, says UNISON survey. *UNISON*. 24 May 2021. <https://www.unison.org.uk/news/press-release/2021/05/care-staff-more-likely-to-decline-job-if-threatened-by-employers-says-unison-survey/>

³⁰ Albert, A. Care homes fear mandatory vaccination will lead to exodus of workers. *Carehome.co.uk*. 26 April 2021. <https://www.carehome.co.uk/news/article.cfm/id/1647914/Fears-grow-mandatory-staff-vaccination-could-make-care-home-workers-unemployable>

³¹ The state of the adult social care sector and workforce in England. *Skills for Care*. October 2020. <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/The-state-of-the-adult-social-care-sector-and-workforce-2020.pdf>

³² Razai MS. Covid-19 vaccine hesitancy among ethnic minority groups. *BMJ*. 2021;372:n513, doi: <https://doi.org/10.1136/bmj.n513>

to be vaccine hesitant, often as a result of skepticism of government, or less able to access vaccination because of challenges relating to their employment.

A wide range of other options, from community-led vaccination outreach efforts, to improving working conditions so that it is easier for workers to voluntarily receive vaccination, must be considered alongside vaccine mandates. The possibility that imposing government mandates could exacerbate an already acute staffing crisis must be considered as a reason to explore more softer forms of incentivisation before the introduction of a workplace requirement. Given the proposed mandate places the burden for guaranteeing evidence of vaccination on care home managers, they should be likewise **empowered to take any necessary steps to ensure voluntary vaccination before any mandate is enforced.**

Concluding remarks

In this submission we have shown that not only is **the quality of data vital for the ethical development of the proposed policy**, but **public engagement with and understanding of these data is also vital**. Since numerous public stakeholders will be affected by it, public engagement should go beyond mere survey data and explore underlying reasons and concerns.

We have also highlighted a potential limitation in the way that the government's consultation has been framed. The direct question format has its advantages in focusing submission responses towards the most pertinent questions, but it necessarily excludes a diverse range of response formats, and makes it harder for respondents to present alternative futures as viable options.

The tone of the consultation questions is leading. It mentions 'proposed requirements' and sketches this out in some detail, for example its limitation to older care homes and asks for input on the details of the proposal, such as which people working or visiting a home should be covered by its scope. The implication is of a policy that is already determined, with no question explicitly asking for visions of alternative futures.

Given the complexity of the topic and the importance of comprehensive, detailed, high-quality data, as evidenced by the considerations above, this format limits the scope of the enquiry required for the government to make fully informed policy choices.

Recommendations

1. Investment in infrastructure and skills and must be made to monitor and evaluate the mandate **measure**. This is because **no vaccination mandate will be 100% effective** in eliminating covid-19 transmission and infection in care homes for older adults. Consequently, data will be critical in identifying, assessing, and addressing limitations to the mandate measure and mitigating ongoing risk to vulnerable residents.
2. **Data policy tied to vaccine mandates should be integrated into wider reforms in the sector** that aim to better understand long-term and emerging needs.
3. Mandating vaccinations will increase burdens on care home providers, managers and data entry staff, care staff, the Care Quality Commission and vaccine certification infrastructures

which may in turn include patient data providers such as GP practices and NHS Digital services. **Provision must be made to mitigate these burdens.**

4. **Mandates need to be accompanied by evidence that identifies the reasons for public attitudes.** At present, evidence is inconclusive regarding public attitudes towards vaccine mandates. The public acceptability of vaccine mandates may vary according to the risk profile of different professions and working environments.
5. Divergent but nuanced arguments from stakeholders like unions and care home management show that the decision to introduce vaccine mandates cannot be isolated as a simple yes/no answer that maps cleanly onto general public attitudes. **We strongly recommend urgent and immediate dialogue with all stakeholders that opens up possibilities for complementary or alternative measures not considered in this consultation.**
6. Meaningful steps should be undertaken by all care homes to **increase voluntary take-up** of vaccination before mandatory measures are imposed.

About this evidence submission

This submission was supported by the UK Pandemic Ethics Accelerator, grant number AH/V013947/1. The submission was compiled by Dr Cian O'Donovan, Jamie Webb and Dr Alex McKeown. For further details contact Cian O'Donovan at the Department of Science and Technology Studies, UCL, Gower Street, London, WC1E 6BT. Email: c.'donovan@ucl.ac.uk.

The *UK Pandemic Ethics Accelerator* is a UKRI/AHRC-funded initiative that aims to bring UK ethics research expertise to bear on the multiple, ongoing ethical challenges arising during pandemics. We provide rapid evidence, guidance, and critical analysis to decision-makers across science, medicine, government and public health. We also support public debate on key ethical challenges. See <https://ukpandemicethics.org>.

May 2021.