

# James Jones

## Research Executive

☎ 07803587542

✉ jimjones94@hotmail.co.uk

📍 Liverpool

### Child criminal and sexual exploitation in Greater Manchester

#### Background

Child exploitation comes in many forms and has evolved over recent years to include various forms of abuse. Child criminal and sexual exploitation have devastating impacts on the lives of victims and their families and are considered both a policing and a public health priority. One such form of abuse is 'County lines'. This is a term used to describe the activity of gangs and criminal networks to coordinate the movement of drugs from urban cities to rural, coastal and smaller towns in the UK by using children to transport those drugs.

#### Objectives

- Qualitatively evaluate two current Greater Manchester child exploitation campaigns, one focused on criminal exploitation and one focused on sexual exploitation.
- Explore if these campaigns can be combined under one brand.
- Test campaign creative routes.
- Co-create key elements of a new campaign with young people.

#### Methods

I planned and facilitated focus group discussions with three groups of young people including children convicted of serious violent crimes and murder. I also developed a one-to-one interview guide for 'complex safeguarding' staff to conduct interviews with individuals who were considered too volatile to take part in group settings.

#### Results

This project is currently in progress, so results are currently unavailable.

## **Investigating barriers to PrEP uptake in three hard to reach audiences (2022-2023)**

### **Background**

PrEP (pre-exposure prophylaxis) is a drug that reduces an individual's chance of contracting HIV during sex. If taken as prescribed PrEP is approximately 99% effective. The client identified three target audiences who had low levels of uptake, but would benefit from using PrEP.

### **Objectives**

Investigate barriers that three target audiences face and develop recommendations to increase PrEP uptake.

### **Target Audiences:**

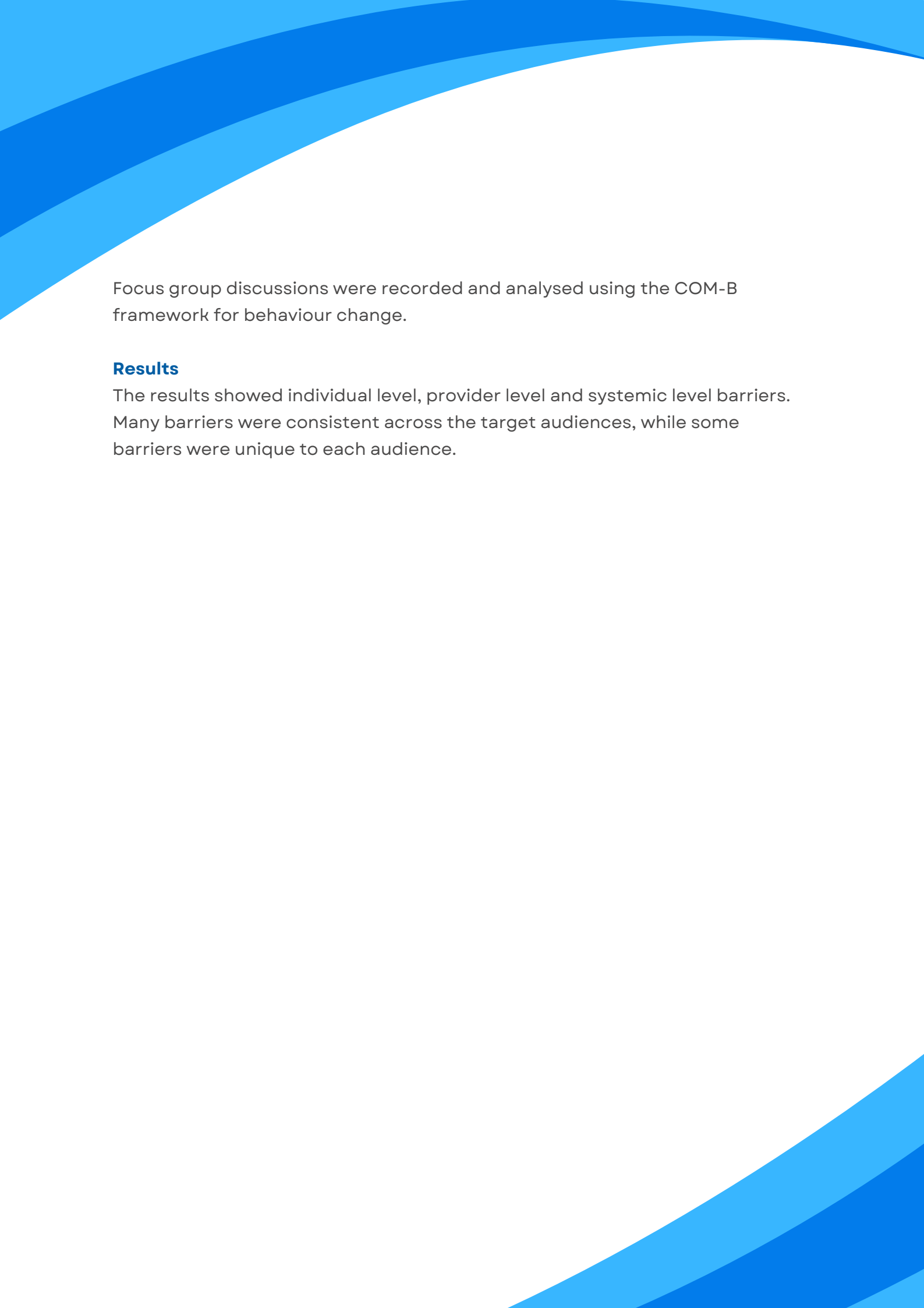
- Black African Women
- Female Sex Workers
- Trans and non-binary people

### **Methods**

The first phase of research involved talking to stakeholders who worked in sexual health services across England to identify systemic barriers to PrEP uptake and to co-create data collection methods for phase 2.

Research methods and materials were produced using feedback from conversations with stakeholders. These materials included a screener questionnaire, demographic questionnaire and qualitative discussion guide which used the COM-B model as a framework.

The second phase of the project involved talking directly to people in the three target audiences to find out the barriers that they faced. We partnered with stakeholders in sexual health services to recruit participants for focus group discussions. We then provided training to these stakeholders so that they could collect data. This route was used because stakeholders had established relationships with service users in the target audiences.



Focus group discussions were recorded and analysed using the COM-B framework for behaviour change.

### **Results**

The results showed individual level, provider level and systemic level barriers. Many barriers were consistent across the target audiences, while some barriers were unique to each audience.

## **Investigating consumers' attitudes towards pre-filled returnable packaging (2022-2023)**

### **Background**

The term 'pre-filled returnable packaging' is defined as when a product is available to consumers pre-filled in packaging that is designed to be returned after the product is used. The packaging is then cleaned and refilled so that it can be used again, by a different consumer.

Pre-filled returnable packaging systems seek to overcome the barriers that are associated with other refill models, whereby a consumer brings their own packaging from home (e.g., to an in-store dispensing system) to fill it with a desired product, uses the product, cleans the product themselves and, ideally, uses the packaging again.

Pre-fill returnable packaging systems are relatively new, so it is important to understand consumer attitudes towards, and demand for, pre-fill systems.

### **Objectives**

- To understand consumer perceptions of pre-filled returnable packaging.
- Identify barriers and facilitators to adopting pre-filled returnable packaging.
- Perform a market segmentation and to identify consumer segments who are 'most likely to adopt' this new form of packaging.

### **Methods**

A self-report survey was used to collect data, which contained both quantitative and qualitative questions and was developed using the COM-B model of behaviour change. Data was collected from a sample of over 2000 respondents across the UK. This data was then used to produce a market segmentation using a cluster analysis.

## Results

The cluster analysis revealed 5 distinct segments.

**Early adopters** - People who have high levels of capability, opportunity and motivation and already use pre-filled returnable packaging.

**Capable and preparing** - People who have moderate levels of capability, opportunity and motivation. They have limited experience with pre-filled returnable packaging but are willing to try if these products were available where they shop.

**Ready and contemplating** - People in this segment have relatively low levels of Capability and Opportunity but high levels of motivation. They are unlikely to have used pre-filled returnable packaging but are very enthusiastic about doing so in the future. The biggest barrier for this segment is lack of availability.

**Need convincing** - People in this segment are apathetic towards the idea of pre-filled returnable packaging and the environmental benefits it can offer. As such, they need to be convinced before they consider purchasing.

**Disengaged** - People in this segment are low in Capability, Opportunity and Motivation. They are not likely to adopt the target behaviour any time soon with 99% indicating they were neutral or unlikely to try pre-filled returnable packaging if it was available where they shopped.

## **Investigating vaccine hesitancy and attitudes towards Covid-19 vaccines in Liverpool (2021-2022)**

### **Objectives**

The objective of this project was to gain behavioural insights on vaccine hesitancy and attitudes towards the vaccine in Liverpool and identify possible local interventions to increase vaccine uptake..

### **Target Audience**

- White men under 50 years old.
- Women of reproductive age (16-45 years old) of all ethnicities.

### **Methods**

I co-created a quantitative / qualitative survey with the help of local community innovation teams. I then delivered training to these teams on how to collect qualitative data. This data was then analysed using qualitative and quantitative methods.

The survey was developed using the using the 5Cs framework of vaccine hesitancy:

**Convenience** - Physical and social barriers preventing vaccination and access to the vaccine.

**Complacency** - Low perception of risk and disease severity.

**Confidence** - Trust in the safety and efficacy of the vaccine and the system that delivers it.

**Calculation** - An individual's voluntary extensive information searching.

**Collective responsibility** - The willingness to protect others by one's own vaccination by means of herd immunity.

## Results

- Convenience does not appear to be the main issue for vaccine hesitancy among unvaccinated people.
- Unvaccinated people lack confidence in the efficacy and safety of the vaccine especially during pregnancy.
- Unvaccinated people are more complacent than vaccinated people. For example, getting vaccinated is not a priority for this group, they perceive their risk to be low and they think that “natural immunity” is better than vaccine immunity.
- Unvaccinated people are much less likely to believe that the vaccine will prevent them being infected with Covid-19, prevent them from becoming seriously ill or dying from Covid-19 or prevent them from experiencing long covid.
- Unvaccinated people are much more likely to state that they have done their own research about the vaccine and that this has prevented them from getting vaccinated.
- The most popular trusted source of information for unvaccinated people was social media.
- Unvaccinated people are more likely to identify with social groups who are also unvaccinated. They are less likely to think that being vaccinated is important for the safety of their community.

## **Rapid community engagement to investigate vaccine hesitancy in Salford (2021)**

### **Background**

Covid-19 vaccine hesitancy poses a significant public health risk. As of December 2021 Salford had one of the highest levels of Coronavirus cases within Greater Manchester and the vaccination rate was lower than the national average. Local data showed that almost 30% of people over the age of 16 were yet to have their first or second jab.

### **Objectives**

The objective of this project was to understand the perceptions of individuals who had not yet received a Covid-19 vaccine.

### **Methods**

I visited Salford to conduct impromptu interviews with local business owners in two neighbourhoods, one predominantly white neighbourhood and the other predominantly orthodox Jewish neighbourhood. This method was chosen as the research had to be conducted rapidly before the Christmas period. It was assumed that local business owners would have an impression of the local sentiment towards the vaccine.

### **Results**

There were many factors that influenced vaccine hesitancy in Salford. We found that there were well known local examples of people who had an adverse reaction to the vaccine which discouraged people from getting vaccinated. Many people were also concerned about potential side effects including that false perception that the vaccine could cause a miscarriage or infertility. Some people underestimated the severity of Covid-19 and thought it was similar to a mild flu.