



**The Hangleton
& Knoll Project**
Working for a better community

HKP Report on Childhood Immunisation Campaign Project

Introduction –

The Hangleton and Knoll Project (HKP) were commissioned by Brighton and Hove City Council Public Health to co-design a program of outreach and engagement with residents with a specific focus on targeting those from ethnically diverse backgrounds to capture views, barriers, and experiences of childhood immunisations.

Brief from Public Health -

Whilst the data indicates nearly 20% of school aged children are not fully vaccinated, the emphasis of this campaign is to take a non-stigmatising approach - 'catch up on your child's missing immunisations'. It will also include providing suitable information for people in various formats and languages, an opportunity to ask questions and to support families to access the vaccinations. It is important to work through the city's community networks, building on our learning from Covid vaccinations and wider health work. This is a co-designed project, and the plans need to be flexible to adjust for community feedback and changes along the way.

What we did –

Claire Johnson Community Development Manager and Aleya Khatun Equalities and Inclusion CD Worker at HKP worked in partnership with Anne Smith, Nurse – Clinical Lead infection, prevention and control, Tina O'Donnell, Public Health Project Manager and Vicky Hickson HAS Practitioner at BHCC to –

- Attend an initial partner meeting to scope the delivery of the project and agree roles.
- Claire and Aleya attended online public health childhood immunisation training.
- Co-facilitated three sessions with Public Health and the following groups between January-April 2023 – Big Munch Family Lunch Club, Hangleton and Knoll Multi Cultural Women's Group and the Egyptian Coptic Association.
- Meet in between group sessions to de brief and reflect on delivery and outcomes of discussions.
- Share information via social media platforms.
- Verified summary and recommendations with key members of the groups

Session one Hangleton and Knoll Multi Cultural Women's Group 12th January 2023 15 members of the group attended, the session was facilitated by Anne, Vicky, and Aleya

Experience of Childhood Immunisations –

The group said overall they have had a good experience and they relied upon information from Midwives, Health Visitors and Health professionals.

One member, a retired Health Visitor, said before the 'Red Book' a card was filled in.

What is 'Red Book' –Some members did not know the Red Book, or how it was used? Locally and nationally? What is the content, why it's there, what it is used for and how it is used? There is a lack of knowledge around this, not knowing the system.

What is helpful? Automated messages from GP's, Midwives, Health Visitors and Health professions for appointments, routine checks, and reminders.

What additional support would help? – Discussion around sharing information widely - Interpreting, published materials in other languages, google translate, translations available online. A Health Rep, dedicated midwife/health visitor to provide information needed at that time and when moving to school, similar provision in place. Community Learning, workshops in community and by GP's/Health professionals.

Teenage Vaccines – 5 tetanus – no Booster for tetanus now - updated information is required.

Sharing information – discussions around sharing information and learning to better inform individuals to make informed choices.

How the information is held: Information held by GP/Health Visitor/ CHIS is shared so there's overview

Questions from the group -

How information is received by those newly arrived in the country. What help and support is there if you are unfamiliar with a country's health system?

How will professionals support those with no record of immunisation?

Answer -

Via the GP – First initial appointment will assess.

Ongoing vaccinations? The group would like further information on vaccines at every stage of life.

Public Health are keen to explore ways of training and developing people's levels of knowledge.

Discussion on vaccines in general

Common concern – one person's experience of feeling unwell prevents others from having the vaccine.

Risks of vaccine and no vaccine - Disease is more risk than the vaccine.

Vaccine hesitancy - There were mixed discussions around vaccines, mixed messages coming out of people's experiences from family and friends, communities, and media.

Some felt they were being forced to take Covid vaccine due to not being able to travel and go back to country to visit family.

Some heard about experiences such as blood clots etc. Becoming more hesitant to take any type of vaccine. 'Fear' played an important factor. Not knowing facts and information.

Unable to reach GPs meant not getting the right help, support and information. Not getting appointments, routine checks, and vaccination.

Some felt they had no one to talk to, not knowing where to obtain accurate information from, health inequalities by not receiving care and treatment. Loss of trust and now hesitant to approach GP's and health professions.

Some members spoke highly of vaccines and about keeping themselves and others safe, especially in the higher risk categories.

Shingles and chicken pox which related to the members in that age category of the group, they talked about the increased risks of getting older and other factors will trigger the risk of shingles.

If you are 70 and over you can have a shingles vaccine – This was NEW information for members as they did not know about it and found it an interesting discussion of how the referral is made. It has been highlighted that there is a lack of information and knowledge in the community.

Shingles can only occur once you have had chicken pox.

You can't catch shingles from another person chicken pox is infectious and you can catch it from others.

Members have said families in India and Canada are not taking vaccines due to side effects and one member said someone they knew had a blood clot following a Covid vaccine.

The public health team talked through a photo of risk of vaccines which worked well with the group backing up their answers with evidence and science.

Summary –

This group's overall experience is positive but there is a significant gap in knowledge, around the red book with many members of the group not knowing anything about it.

Language is a barrier and HKP continues to deliver conversational ESOL courses for this group focused on health to support members to understand their rights to healthcare and how to ask questions and describe symptoms to a GP or health professional.

There is a need to provide translated materials on childhood immunisations which we know public health is developing.

This session was positive in raising awareness of and providing information on other vaccines such as shingles and highlighting lack of knowledge around this vaccine.

The groups experiences of the Covid vaccine were voiced in discussion and included fear around side effects, mixed messaging in the media and the impact of being unable to see a GP during covid.

Session two Big Munch Family Lunch Club 17th February 2023 40 people attended (including children) 18 adults participated in the discussion.

Session co facilitated by Claire, Vicky, and Anne

Introduction to the project and conversation from Anne and Vicky

Vicky asked - **If you had your children have had immunisations, do you know what they are and what ones are due. Do you use a red book?**

Answers -

Yes, I do and easy to use through GP.

One of my kids has not, the others have had all of theirs. He is 9. One of the reasons is suspicions around the vaccine. I trusted everything with the other children. I had 2 of the vaccinations and will not have any boosters. I don't what to think about it all, there has been a lot of different information.

My child got lots of lumps and bumps after his last immunisation (tetanus), I am concerned about that.

Mine have had all their jabs. My sister's child has Downs Syndrome and thinks there is a link with immunisations.

I have had my Covid vaccines, my 2 young children have not.

I work for the NHS, and I had to have a covid vaccine because of my job, I am not happy about that, lack of free will, no human rights.

Anne – We have vaccinations because they protect us, sometimes we need them to protect others. Herd immunity, e.g measles, mumps, rubella. It's worth thinking about the reasons why we have vaccines.

Vicky – Children can easily spread disease.

Question - Why are we having flu vaccines for children now rather than before?

Ann – To protect society, bigger picture, protecting for the future. Explained about predicting patterns and creating strategies.

Question - Was the Covid Vaccine the first global vaccine?

Vicky - It was the quickest produced vaccine.

Anne- If anyone has an adverse reaction, they can report using yellow card.

It's really difficult to use the yellow card, the system is hard.

Anne - The problem with Astra Zeneca came through the yellow system.

Claire – Has anyone heard of the yellow card system.

A – 1 person out of 18 people had heard of the yellow card system

Anne explained there is a need to find a balance between side effects and benefits. Useful to take Ibuprofen as an example.

It was the way we were forced, and the control that made me suspicious of vaccinations. I don't understand what's in vaccines, I don't understand that kind of thing.

Vicky – Babies are born with of immunity. The reason why babies have so many vaccinations is because they are so tiny, if they get something it would be dangerous. The environment is full of pathogens, bacteria etc....

Anne – A common side effect of vaccination is a raised lump on skin, very normal. Some people have a bigger response than others. I would expect some side effects.

We don't know what the future we be with the Covid vaccination, but it has allowed us to be together in society.

The pandemic made me totally against vaccinations, I got depressed, we were cooped up.

Anne – worth having an open mind and keep doing the research.

Anne- You cannot over immunise, so if you are behind you can catch up if you would like to.

Summary

It was clear from this group there was a strong link between experiences and information on the covid vaccine and the impact of take up of childhood immunisations following Covid.

The session was made up of parents with a variety of views, some parents said they had all their children vaccinated pre covid but were unsure post covid, some parents said they would not have their children vaccinated at all post covid and some were unaffected by the covid vaccine and would continue to have their children immunised as and when required.

Due to the mix of opinions in this group some parents requested a 1-1 conversation with Anne/Vicky after the session – details of those conversations are below.

- Checking to see what autumn vaccination a child would have been called for- review of schedule showed only vaccination due was Flu immunisation. We also discussed the impact having lots of vaccination conversations with different people can lead to misinformation and confusion on what to do for their child.
- Not sure of what vaccinations their child had. This raised the issue of call and recall invitation letters. **Action:** PH team will follow up with NHSE and local teams on process in place and if this is something that has dropped off since COVID-19 impact.
- Use of red book-can be forgotten to be taken to vaccination visits; parents are able to update the book with the date of the vaccination.
- Vicky to send some information to a parent: regarding the COVID & Flu vaccination for children.
- Conversation with parents who were set on their 'ideals and reminder that we can change our minds.
- Discussion re HPV vaccination
- Providing information & vaccination sessions at the schools around vaccinations: what the diseases are and what vaccinations are due, how they can be given.

Big Munch Family Lunch Club session
February 2023



Session three – We decided to conduct a 1-1 interview with a member of the Egyptian Coptic Association with a set of questions provided by the public health team and Aleya from HKP interviewing.

Female, Age: 53, Mother of two and grandmother of three

Egyptian Coptic Christian Association

Have your children/grandchildren been immunised? Yes/No if no would you like to talk about the reasons why.

Yes, her two daughters have been immunised in Egypt. They have a 'yellow book' system in Egypt. Parent/carers are invited to the immunisation session/s with a booked date and time. It is compulsory to attend. If not attended a couple of follow up appointments are sent and if not attended legal actions are taken. M is happy with this system as she is aware of the importance of immunisation and why they are in place.

Her daughter's arrived in UK the age of 12 and 15. so did not receive early childhood immunisation. M was familiar with the 'red book' used by her daughter for her grandchildren, which she thinks it's a really good idea and holds a lot of useful information and is helpful.

What was your experience of that? (Did she have clear information and understanding of immunisations?)

M was happy with the invitation and info received from the school; she didn't necessarily know the full detail but was happy to give consent to any type of immunisations as she knows the importance of it. M's daughter is a scientist so she understands why people should be vaccinated.

M is confident in accessing information herself online and prefers to look at many sources before making a decision and asks her daughter for second opinion.

Are there other experiences of people in her community she would like to share with us or any concerns/questions (explain we are working with public health and can pass on questions)

There are mixed views. Some refused Covid vaccination as they didn't believe in it. There were myths around fertility and politics although after one of the members became seriously ill with Covid many of them have now decided to have the vaccine.

GP'S, Health visitors, nurses visit the group and church to give advice and guidance. Open discussion really helps the community to have direct conversations with the health professionals, to receive information from trusted sources. Some of the Health professionals are part of the group or are related so share information in the same language which is very useful as they can speak in their own language or interpret directly.

Do they know if their child is up to date with their immunisations as per UK schedule [Routine childhood immunisations schedule from June 2020 \(publishing.service.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/437222/routine_childhood_immunisation_schedule_from_june_2020.pdf) up to date with immunisation.

1. Have they received an invitation from their GP practice to get their child vaccinated?

Her daughter's receive information from the health Visitor, GP and the use of Red Book helps to give information.

2. Where do they get their vaccination/immunisation information from?

M's Husband is at 'high risk', she tends to look for information herself online, she feels the NHS website is reliable source. As mentioned previously she likes to look at various sources before making up her mind and speaks to her daughter or the community GP's, directly as the group has the direct phone number for the health professionals. It helps the community a lot and have trust amongst them. They call directly for any health-related issues.

3. Who do they use or see as a trusted source of information?

GP's, health professionals who come to their groups/gathering. Egyptian Health professions working in the community who understand their community well, they have access to instant support and have a trusted relationship.

4. Have they or do they know of anyone who has experienced difficulties or barrier in getting their child vaccinated?

If so, what were they –

Lack of information available, how and where to access trusted source and whom they can go for help. Translated materials, easy to read information. Systems in place.

What would help to make it better, any improvement, system better, or done differently in their experience?

NHS website and doctors/health professions having direct conversations of the 'journey' of immunisations.

5. Have they had an interpreter and if not, would they find it useful?

They have Egyptian health professions coming to their groups, it would be helpful to have the help outside of the group setting and knowing how access it though.

6. What changes/improvements can be made in future to make it accessible?

More information readily available to suit the community. Community workshops and information sessions, knowing the system and what to expect and to look out for.

Conclusion –

It was clear across all discussions that the experience of Covid vaccinations has had an impact on people's views of childhood immunisation and that the contributing factors are fear of side effects, misinformation, and lack of information from trusted sources. Many were left feeling they were forced to have the Covid vaccine to enable them to work or visit family in other countries, this has had a huge impact on people's perception of the ethics of vaccination.

There are significant barriers to knowledge and information for people from ethnically diverse communities including the understanding of the red book alongside translated information.

Not being able to access a GP during Covid meant that some people were left feeling alone and unable to access information they needed, the key messaging from these discussions from public health which people may not have realised is that it's never too late to be immunised and you can catch up, this message was reassuring for some.

This piece of work also raised awareness of and enabled discussion on other vaccines including Shingles, Flu and HPV for which there was a clear interest in.

Recommendations –

To provide translated information for people from ethnically diverse communities, specifically Bengali and Arabic around vaccination.

To increase information on childhood immunisation generally and make it available in community settings and schools, not just in clinical settings to inform but also build trust.

To develop a public health campaign to raise awareness around the Red Book

To explore tailored HKP community learning workshops/training with public health

For all to be non-judgemental in communications re vaccines

Claire Johnson

Community Development Manager

For and on behalf of The Hangleton and Knoll Project

May 2023