

What are people's views about childhood vaccinations and the vaccination service in Wiltshire?



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ABOUT HEALTHWATCH

Healthwatch is your local health and social care champion. We're here to listen to the issues that really matter to people and to hear about your experiences of using local health and social care services.

Healthwatch uses your feedback to better understand the challenges facing the NHS and other care providers and we make sure your experiences improve health and care for everyone – locally and nationally. We can also help you to get the information and advice you need to make the right decisions for you and to get the support you deserve.

ABOUT THIS REPORT

Purpose and research objectives

The purpose of this research is to understand people’s attitudes towards childhood vaccination and the vaccination service in Wiltshire. Our objectives are to:

1. Assess public attitudes towards vaccination and the factors influencing these views.
2. Identify gaps in public understanding and misinformation about vaccinations and propose strategies to address them.
3. Explore any barriers faced by underserved groups in accessing vaccination and identify ways to make the service more inclusive. We will be focusing on resettled families, the traveller community and military families.
4. Evaluate satisfaction with the vaccination service and identify ways to improve its ease of use.

Commissioning

This work has been commissioned by the Public Health team at Wiltshire Council.

Methodology

We used a mixture of surveying and conversations, as follows:

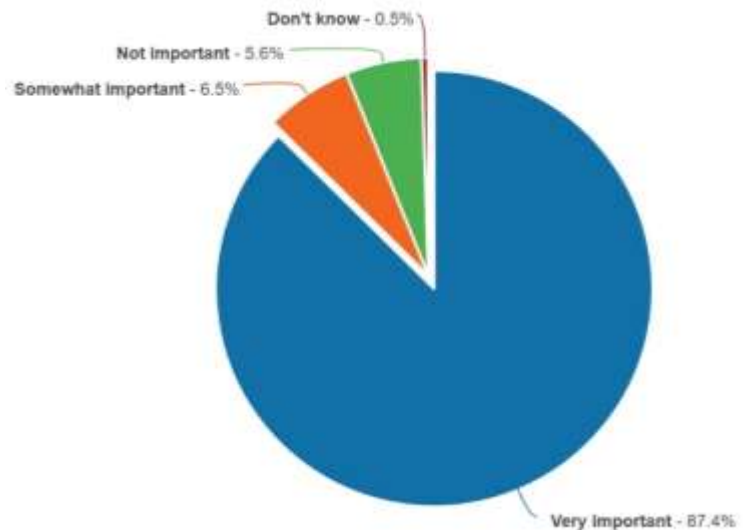
Type of research	Extra information	Number of engagements
Online survey	Takes approximately 5 minutes to complete	456 (as of 13/12/2024)
Attending events	Existing events	3
Site visits	Talking to people in public buildings e.g. libraries and leisure centres	3
Interviews	1:1 conversation	26
Group discussions	Focus groups	2 including focus group with 8 Afghans from resettled families

EXECUTIVE SUMMARY

The results of this research can be summarised by the following key findings:

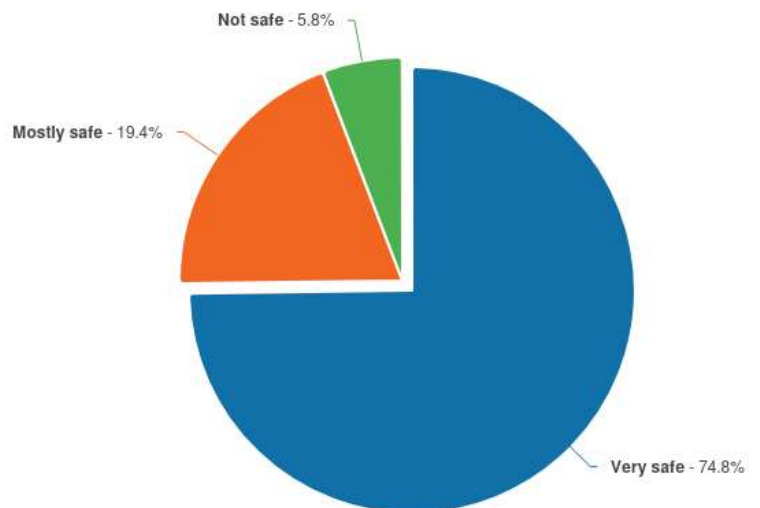
Importance

Nearly 90% of respondents think that childhood vaccinations are very important.



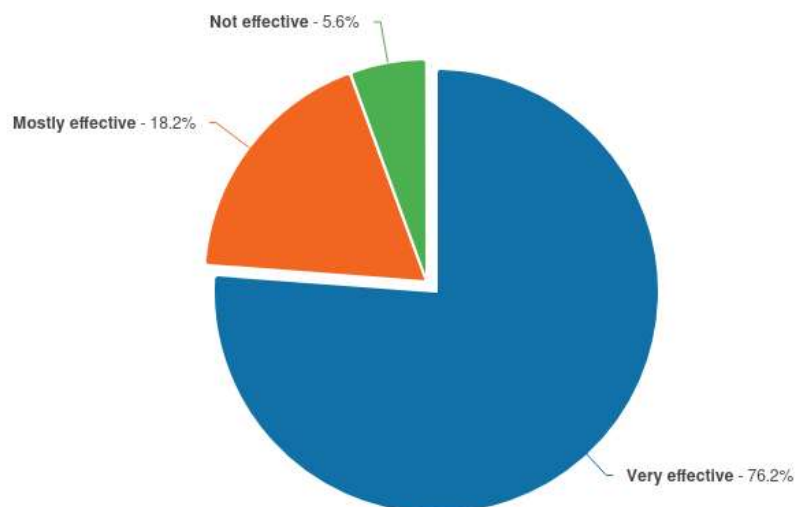
Safety

75% of respondents consider childhood vaccinations to be safe. They are most concerned about the Covid and MMR vaccinations.



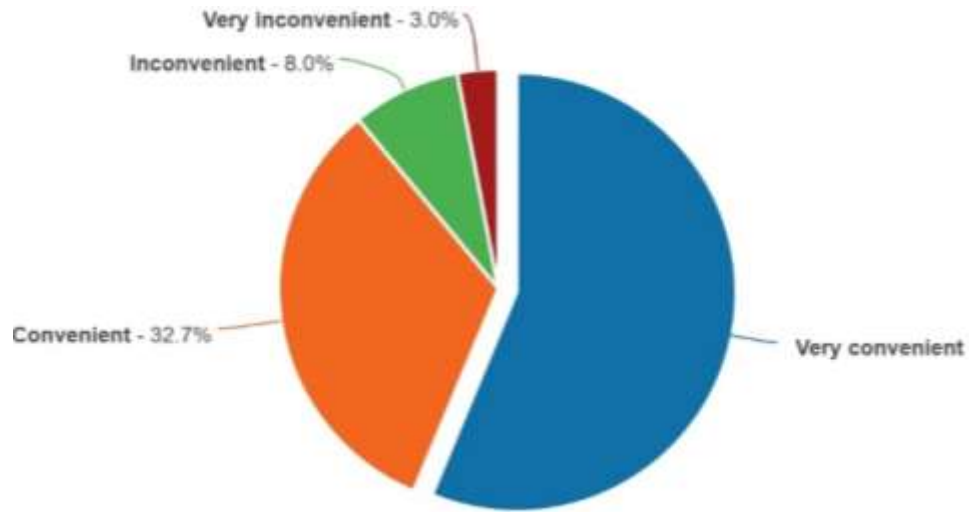
Efficacy

76% of respondents think that childhood vaccinations are very effective. The flu and Covid vaccines are seen as least effective.



Convenience

56% of respondents think that it's very convenient to get their child vaccinated. Respondents would find it more convenient if appointments are available outside of working hours.



Strong voice

Although in the minority, respondents with significant concerns about childhood vaccinations often express their views very strongly.

Unequal access

Underserved groups, such as resettled families, face barriers to accessing vaccinations.

PART 1: CONTEXT

Falling vaccination rates in the UK

According to NHS England, between 2023 and 2024, coverage decreased for all 14 childhood vaccinations that they track. (NHS England, 2024).

There is significant variation in uptake, which often reflects wider health inequalities. (UK Health Security Agency, 2024).

Professor Dame Jenny Harries, Chief Executive of UKHSA, said: “Unless uptake improves, we will start to see the diseases that these vaccines protect against re-emerging and causing more serious illness.” (UKHSA, 2024).

Falling vaccination rates in Wiltshire

Wiltshire generally has high childhood vaccination coverage, exceeding the national average. However, some vaccinations fall short of WHO targets, including MMR, pre-school boosters, and vaccines given to children in secondary school. The uptake target for the HPV vaccination is 90%, but Wiltshire’s rates are 81.5% for girls, and 76.2% for boys.

What we know already

The NHS Vaccination Strategy¹ stipulates for local vaccination services to have the following characteristics:

Characteristic	Examples
High quality, convenient to access and tailored	<ul style="list-style-type: none">• easy access to safe, high quality vaccination services• convenient settings• support people to understand vaccinations• book appointments easily
Supplemented by targeted outreach	<ul style="list-style-type: none">• targeted outreach to increase uptake in underserved populations
Delivered in a joined-up way	<ul style="list-style-type: none">• integrated teams, working across the NHS and other organisations, to improve patient experience and value for money

(NHS England, National vaccinations strategy, 2024)

Change of context Our research indicates that the context of childhood vaccinations has significantly changed, meaning that longstanding vaccination strategies may need reappraising. We heard from our respondents about three, overlapping themes: Covid; mainstream vaccination concern: and social media.

¹ This strategy relates to all vaccines, rather than just childhood vaccinations.

Covid

For some people, concerns about the Covid vaccination have translated into concerns about childhood vaccination. One of our respondents felt that the Covid vaccination wasn't sufficiently tested before its rollout. There is also a strong, retrospective critique of lockdowns, because of their perceived damage to health, education, and the economy. This has led to distrust of authorities.

- We were told by a professional working with resettled families that: "we needed to reassure some people that we were not inserting [computer] chips into their arms".
- A professional working in a Family Hub said that, compared to pre-Covid times, fewer people are getting out of their houses to meet others. He believes this is because they are used to avoiding groups and are anxious about catching illnesses.

Mainstream vaccination concern

According to our survey, MMR is one of the least trusted vaccinations by parents. Of those parents who believe that some vaccinations are safer than others, 21% view MMR as the least safe. (Only the Covid vaccination is trusted less – at 32%).

Part of the concern about MMR is due to decades of misinformation triggered by a doctor in 1998. A professional working in maternity services said there is still concern about the disproven link he made between MMR and autism.

Misinformation about MMR

In 1998, Andrew Wakefield, a British doctor, published a study in *The Lancet* suggesting a link between the MMR vaccine and autism. His study, which involved 12 children, claimed that the vaccine caused intestinal inflammation, leading to autism. This sparked widespread fear and a significant drop in vaccination rates. However, it was soon discovered that Wakefield's research was deeply flawed. He had manipulated data, failed to disclose financial conflicts of interest, and violated ethical standards. Subsequent extensive research, involving millions of children, has thoroughly refuted any link between the MMR vaccine and autism. Wakefield's medical license was revoked, and *The Lancet* retracted his study, citing it as fraudulent.

Vaccination hesitancy is now far more widespread. Respondents felt that this hesitancy is now deeply entrenched in cultural and social contexts and magnified by a broader mistrust of institutions. We were told that:



I've lost faith in all vaccination programs since they have clearly been taken over by pharmaceutical corporations who put financial gain ahead of public safety. [They are] absolute criminals, along with all involved with distributing them.



One of our respondents read about President Trump's call for a review of the US vaccination programme in Time magazine. The President said this was required because "the autism rate is at a level that nobody ever believed possible". Our respondent made the case that his views (although scientifically disproven) will directly influence parents in Wiltshire. "It's a small world", she said. (Time Magazine, 2024)

Social media

A professional who works at a Family Hub shared his concerns about how algorithms re-enforce people's views on vaccinations. He explained that if you watch and like a video on Tiktok that raises vaccination concerns, the algorithm can provide you with more videos with the same views – and shield you from videos that present a different view. This is known as the 'echo chamber' effect. In this way, vaccination misinformation can spread quickly, without challenge of context.

Our research framework

1	Trusted relationships	Who do people trust to inform their attitudes towards childhood vaccinations?
2	Trusted information	What information do people trust to inform their attitudes?
3	Convenience	What will make it easier for people to access the vaccination service?
4	Equity	What can be done to ensure greater inclusion of underserved groups in the vaccination service?

Many of the reports we have reviewed, including the NHS Vaccine Strategy, give priority to improving **Convenience** and **Equity**. Our findings indicate that building **Trust** in relationships and information is equally important.

PART 2: PARENTS & TRUSTED RELATIONSHIPS

Trust in healthcare staff

79% of respondents said they trusted healthcare staff to give them reliable information about childhood vaccinations – e.g. midwives, doctors, nurses and pharmacists.

This result is in line with recent Government research which showed that 86% of parents rank NHS staff most trusted on vaccination information. (Gov.uk. 2024)

Trust in midwives

Many of our respondents have a high degree of trust in midwives. We were told this is because:

- They provide personal and continuous care, which develops a relationship with the mother.
- Midwives mention vaccines during pregnancy, each time a mother comes in for a scan – which helps to normalise the subject.
- Parents feel that midwives are experts at advising about the risks of vaccinations to an unborn baby.
- Midwives are good at signposting – to other information or services; or even prompting mothers to consult with their own partners.

Conversation with the midwife

Midwives aim to give parents the information they need to make an informed choice about pregnancy vaccinations. Often mothers ask midwives: “what would you do in my position?”. But midwives feel it is not their role to provide directive advice or to persuade. Instead, we were told that they explain the scientific evidence for vaccines and leave the decision up to the parent.

Areas of improvement

We identified three interventions that would enable midwives to have greater impact:

1. 1-2-1 conversations with parents are resource intensive. Consider having conversations with small groups of parents.
2. Extra training.
3. Allocation of extra time, per appointment so they have time to cover childhood vaccinations, as well as other topics such as safeguarding and domestic abuse.

Training

One health care professional told us of the difficulty in getting the right balance between presenting scientific information (to empower) and challenging misinformation (to advise). During our research, we came across an invitation to a training session, organised by Public Health, Swindon. Consideration should be given to rolling out this approach wider.

Vaccine Confidence Training

Dear Colleagues

Our Vaccination Clinical Hub Team at the Integrated Care Board (ICB) has organised training sessions on vaccine confidence, tailored to equip our healthcare staff with valuable tips and strategies to engage confidently in vaccination conversations with the people we look after, colleagues and families...This could help:

- Boost your confidence when discussing vaccines
- Provide you with practical strategies to handle common questions and concerns
- Support our residents/service users by promoting informed, healthy choices

We hope you'll take advantage of this opportunity to strengthen your skills and contribute to a healthier, well-informed community.

GPs

One respondent commented on the lack of a trusted relationship with their GP, reflecting a wider theme. This was put down to a lack of continuity of care by a named GP; lack of time in appointments; and a professional manner that was described as "unfriendly" or "brusque". We were told that although a GP appointment can be useful to diagnose a problem, it isn't the right format for a sensitive conversation about the risks and benefits of vaccinations.

Health Care Support Worker

We were told that Health Visitors can build trusted relationships. However, because of a reduction in their numbers, they have less time to spend with families – and this has significantly affected their impact.

A midwife recommended to us that a new tier of worker (band 3 or 4) is established with a job title such as Health Visitor Support Worker. They would be less expensive to train and their work would be closely supervised by fully qualified Health Visitors. These Support Workers could run groups and lead parent education about vaccines.

A good 'source' of these new workers could be health apprenticeships at local colleges. We were advised that some health professions would much prefer to increase the number of Health Visitors, rather than create a cheaper, less well-trained version of their role. However, the midwife who proposed this idea recommends that a cost-benefit analysis is conducted into their viability.

The Grandparents

15% of respondents said that they trusted family, friends and personal networks to provide them with reliable information about vaccinations.

We explored one trusted source that is rarely mentioned in this context: the grandparent relationship. We heard that parents turn to their parents for advice about vaccinating their child. Many grandparents have a favourable view of vaccinations. This is particularly the case because this older generation have had direct experience of the diseases that are vaccinated against. One told us:

- “My mother had polio and my father had Tuberculosis. It’s a miracle I’m even here. And that’s why I’m pro vaccines.”

The grandparents we talked to had greater trust in the medical profession and were happy to ‘follow’ the majority:

- “At school we all trooped in to have the vaccine together and it was great to have time off lessons. I don't remember any of the children not being there, but if they were they would have felt the odd one out.”

Conversely, we heard from a Family Hub professional that where a grandparent had typically turned down vaccinations, it was likely that their child (now a parent) would also turn them down. He captured the thinking of this parent: “you weren’t vaccinated, and you’ve turned out alright”.

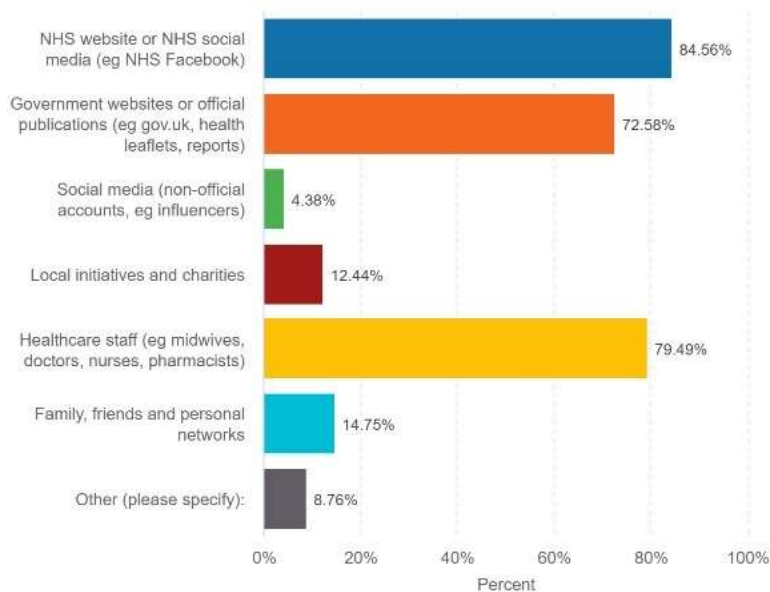
Peer pressure

Respondents also turn to their peers for advice. However, they do not want to feel under pressure. We heard that a sticker is affixed to the parent's maternity notes (the Little Red Book) each time their child is vaccinated. Some were concerned about other parents judging their attitudes towards vaccination, based on the number of stickers on their Book. This particular problem will be eliminated as the Books are replaced by digital alternatives. However, other forms of peer pressure may remain.

PART 3: PARENTS & TRUSTED INFORMATION

Who do you trust?

These are the sources that respondents trust to provide reliable information:



Our conversation with respondents points to a subtlety in the result for social media. Although only 4% of respondents say they 'trust' social media to 'give reliable information' it is clear that a much higher percentage are influenced by its content. Nearly a quarter of our respondents have come across information that has reduced their trust in vaccinations. We heard that much of this information is communicated on social media.

Polarity of views

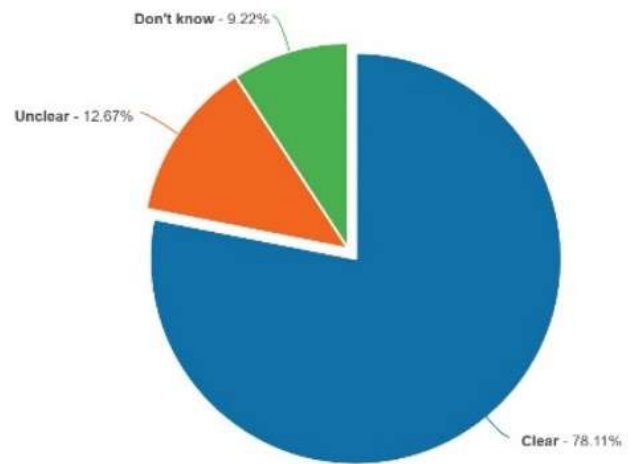
The comments provided by respondents to this survey question reflect the polarity of attitudes to vaccinations. On the one hand, 20% of respondents trust information produced by Government and NHS funded organisations. This includes guidance from NICE; UKHSA; official information leaflets and the Green Book, a guide about vaccinations produced by the government.

On the other hand, almost a third of respondents only trust what they call "my own independent research" and "independent scientific research". This reflects a lack of trust in information provided by Government who are seen to have a pro-vaccine agenda. Some trust (and name) individuals and podcasts who are known to be critical of vaccinations.

This second group includes a vocal minority who point towards conspiracy and cover up. For example, one respondent only trusts "the publicly silenced and censored researchers, pathologists, medics who have seen the harms caused by vaccines, who have done longitudinal research."

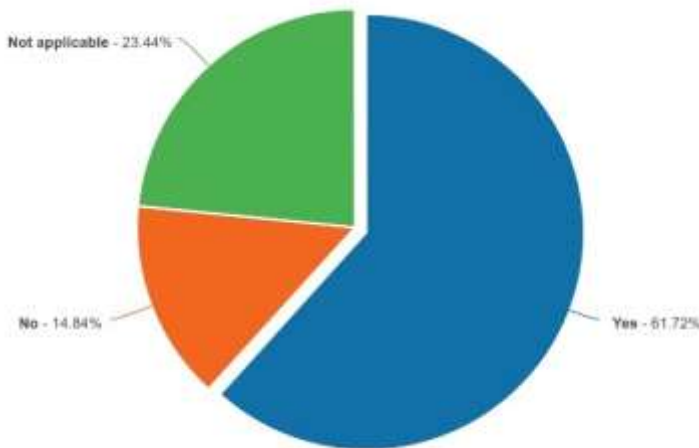
How clear?

78% of respondents think that NHS communications about vaccinations are clear. The lack of clarity relates to communications that are: not translated or culture appropriate; use technical language; provide inconsistent messaging; and rely on healthcare users to be confident readers.



Vaccination during pregnancy

People who have been pregnant are less impressed by the information they receive. Only 62% (of 338 respondents) felt they were provided with enough information about vaccinations during pregnancy.



This result is not widely recognised by the maternity and neonatal professionals we met, who believe their services provide comprehensive information.

The lack of information helps to explain why only 45% of respondents feel very confident about having a vaccination during pregnancy. 16% are not confident at all.

Missing information

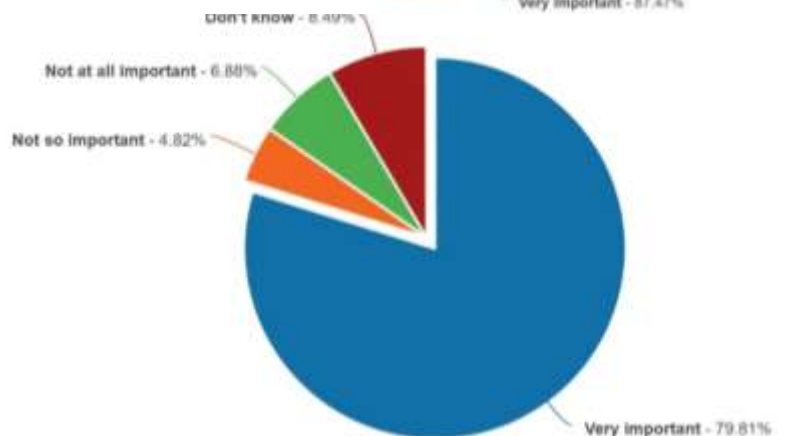
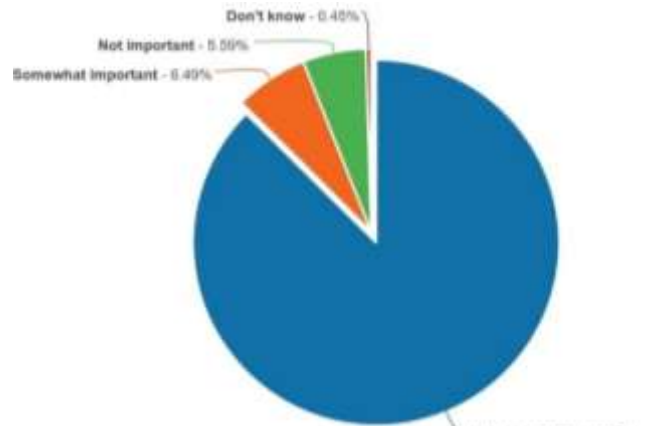
- A number of people we spoke to want to know why a vaccine against chickenpox isn't offered. These include those who have spent time in America, where this vaccination is given. We heard that "lots of children" are now opting to have their children vaccinated against chickenpox privately, at a cost of £80. Some of these parents are concerned that, because their child already has a skin condition, it would be problematic to catch chickenpox too.
- Parents want more information about the RSV vaccination, given to pregnant women. It is a new vaccination, and we were told that "people just don't know anything about it".
- Some mothers leave a number of years between their first and second child. It was pointed out that vaccination requirements might change during this time, so the mother will need to be clearly informed of these changes.

Based on the information that they trust, we can now examine parents' views towards the importance, safety and efficacy of vaccinations.

How important?

Nearly 90% of respondents think vaccines are very important for children. This is a key result, indicating that, for the vast majority of respondents, it is not the perception of importance that creates vaccination hesitancy.

This result drops to 80% when respondents are asked about the importance of vaccinations specifically for unborn children. This drop is mainly explained by a larger number of parents choosing the 'don't know' option for unborn children – indicating that an educational intervention is required.



How serious?

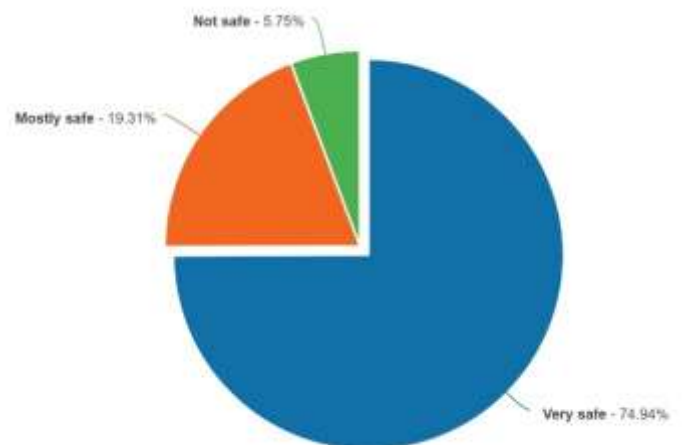
Respondents highlight two diseases as very serious for children: Meningitis (95%) and Measles (79%). The results for Whooping Cough and flu are 69% and 38% respectively. We also asked how serious parents felt these diseases are for babies. The results were: Whooping Cough (80%); Flu (62%) and Covid (59%). We heard from some parents who believe that the decision to vaccinate should be based on the health of the child.

There was a reported belief that if the child is healthy, then there's no need to vaccinate, as they will be able to fight the disease "naturally".

How safe?

Top results from this theme are:

- 1 in 4 (25%) of respondents have some level of doubt about the safety of vaccines, describing them as Mostly Safe or Not Safe. This is a key result underlying the size of the task to fully reassure parents of the safety of childhood vaccinations.



There are varying levels of concern about the safety of vaccinations, which are based on a lack of scientific understanding or misinformation:

Parent's level of concern	% of parents	Example quote
Vaccines are believed to be mostly safe, but they have concerns about specific areas of science	19	"The live vaccines tend to scare me a bit." (These are vaccines that use a weakened form of a virus or bacteria to stimulate an immune response.)
Vaccines are believed to be not safe at all, with concerns about conspiracy and cover up	6	The Government "basically say anything to look good and don't do proper independent reviews".

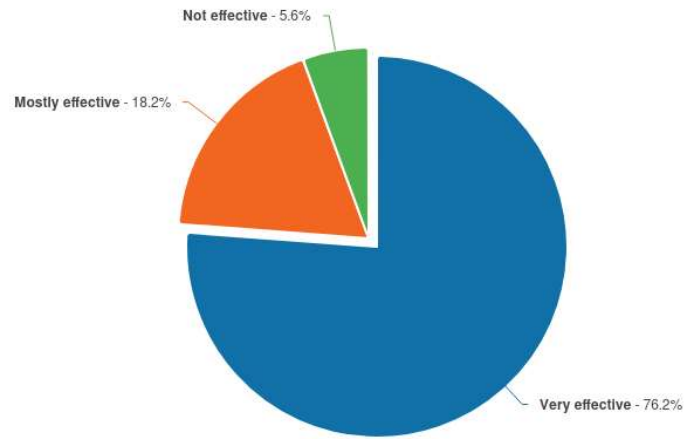
Comparative safety

15% of respondents believe that some vaccinations are less safe than others. 24% of respondents have declined at least one childhood vaccination. These are some typical views expressed, which are based on misinformation:

Vaccine declined	% of respondents who declined this vaccination	Typical quote
Covid	32%	"In my opinion, it was produced too quickly. The other vaccines have been around for years and lots of research. This one has not."
Flu	21%	"Flu as this makes my child ill. Had [the vaccination] twice and [those were the] only times he's had the flu."
All vaccinations	8%	
MMR	4%	<p>"Vaccines are safe, but it would be safer to give them as separate jabs. I believe you can overload your immune system with all these jabs combined."</p> <p>"Parents are worried that the increase in referrals due to neurodiversity (particularly autism) might have come about due to MMR vaccination."</p>

How effective?

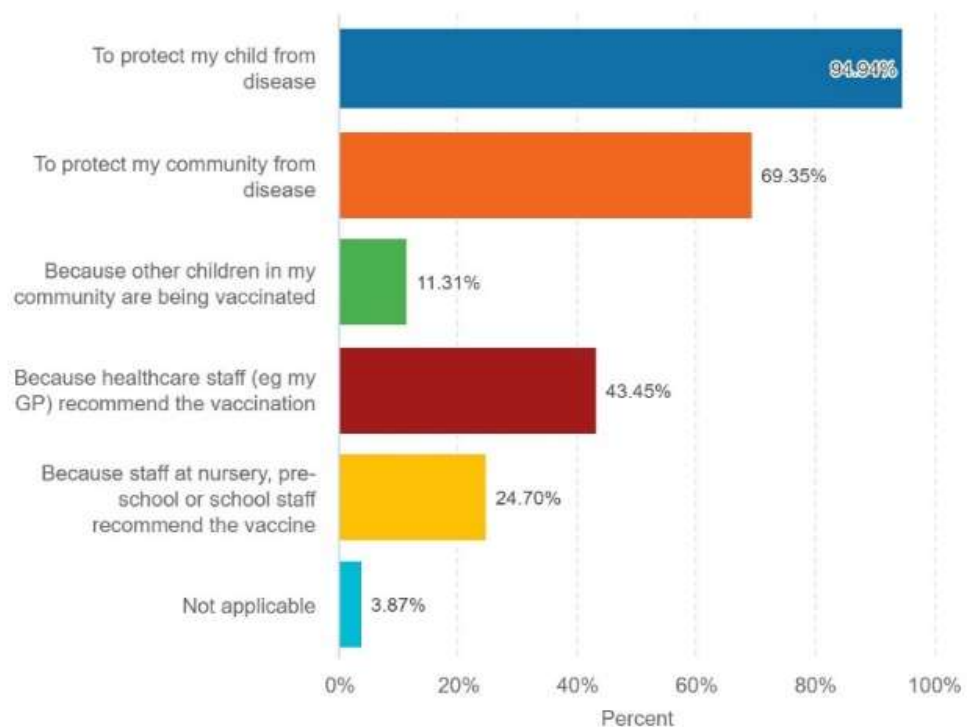
76% of respondents regard childhood vaccinations as very effective. 13% believe that some vaccines are less effective than others, particularly Covid and Flu.



Vaccine considered to be less effective.	% of respondents who think some vaccinations are less effective than others	Typical quote
Flu	45%	"The side effects [of the flu vaccination] can seem as bad as getting the actual thing."
Covid	21%	"Any variant of Covid vaccination for children is pointless."

Why vaccinate?

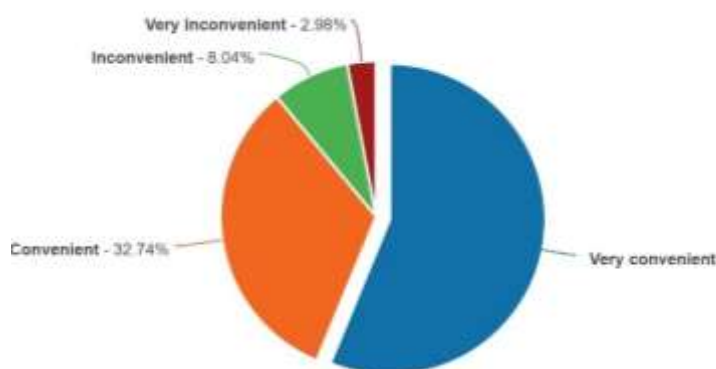
We asked parents why they choose to get their child vaccinated. Particularly noteworthy is the trust parents have in the recommendations of healthcare and educational professionals.



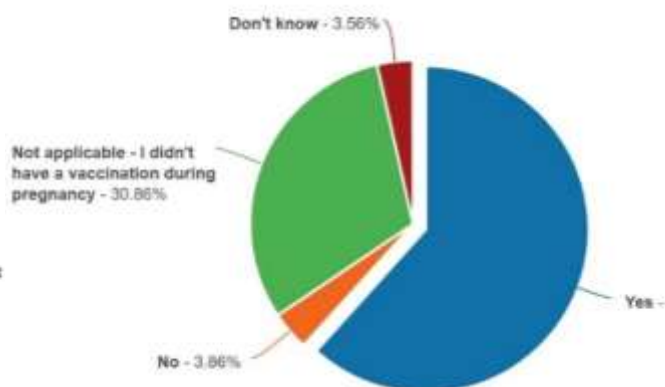
PART 4: PARENTS & CONVENIENCE

We asked respondents about the convenience of the vaccination service.

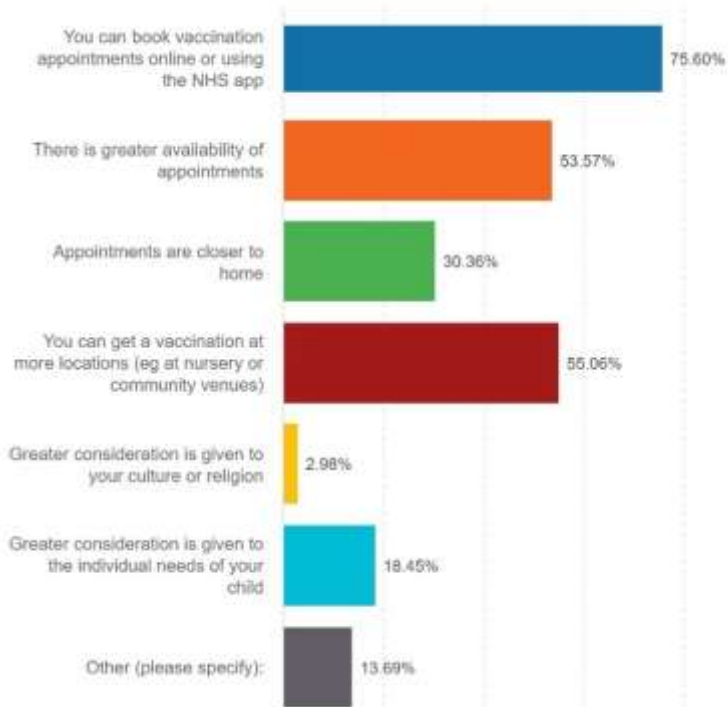
How convenient is it to get your child vaccinated?



Did you find it convenient to have a vaccination during pregnancy?



Which of the following would make it easier to get your child vaccinated?



These are the most frequent comments made by respondents about what would make it easier to get their children vaccinated.

Theme	Quotes	% of respondents answering this question
Availability of appointments outside of normal working hours	"Offering appointments outside of standard working hours for parents that work full time."	13
GP reminders	"GP Practice reminds you they are due."	4
Staff able to manage children with anxiety and/or SEND	<p>"We are needing all help from staff supporting us while she has a huge meltdown. She does eventually get it but it does take a while. The staff have always been amazing."</p> <p>"Trying to get numbing cream, and extra time to give my child a vaccine is so difficult it is a battle with my GP. Walk in centres are not equipped or have the correct training to deal with SEND kids."</p>	4

Other suggestions included:

- Prioritise children who are at risk or from a high-risk family
- Greater availability of appointments at GP
- Communication to both parents
- Inclusive of children who have alternative educational provision
- Available at GP for secondary school children
- Less jargon
- Counter online misinformation
- Simpler paperwork
- Sites that are accessible if you don't have a car (a challenge in very rural areas of Wiltshire) – or pop-up clinics within community
- Better data about vaccine status of child
- Access for children with disabilities

In our conversations with respondents, we explored three extra themes.

Trust and convenience

We heard that mothers appreciate it when they can discuss vaccinations, or receive a vaccination, from someone they trust (the midwife) at the same time as they go into a clinic for another reason. One midwife told us that “everyone wants a baby scan”, so she uses this opportunity “as a carrot” to offer the vaccination.

Off track

We heard from some parents that if they miss a vaccination, because of illness or being away, it is difficult to get back on track. In one parent’s view, it is “a real hassle” to access a convenient alternative. We heard from one team of nurses that they employ a ‘fail safe officer’. This person proactively follows up anyone who misses a vaccination, offering a new date or a local drop-in service. We were told that this system is working effectively.

Working with GPs

We heard a number of concerns from professionals that different parts of the vaccination service are not working well together. For example, we were told that a new NHS vaccination service is “battling with GPs” who offer the same services. As the two services are not co-ordinated, parents are receiving vaccination offers from both.

A professional from a Family Hub told us that parents are advised by a Health Visitor to expect a vaccination appointment from the GP. However, there can often be delays in receiving this appointment, which causes parents anxiety. Similarly, we were told by a professional working with children that GPs are not prompting people to get vaccinations at the agreed times, for example when a child is three years and four months. He recommends that this must be reviewed.

PART 5: TRAVELLER COMMUNITY & EQUITY

Equity

In our research, we focused on three populations that typically have less equal access to healthcare. These are: the traveller community, resettled families and the military.

Background of traveller community

To understand how Travellers experience childhood vaccination, it's vital to appreciate their wider culture. These are some insights that were raised repeatedly in our conversations:

- Many Travellers have a deep-seated distrust of the authorities. This is rooted in long-standing cultural experiences of feeling targeted and marginalised
- Some of this target audience cannot read or write and have poor digital literacy.
- Some have no access to online communications.
- The father of one of our respondents hasn't been to a doctor in 30 years – because he doesn't trust them. He inherited this approach from his parents.
- One of our respondents went to 9 schools in 10 years.
- Some Travellers feel that they are being forced to live in a world created by the majority and abide by their rules.
- One respondent avoids going to the GP because of the prejudice he feels from staff and patients. He said:



**“ I don't want to go to a GP
because I get looked like I'm a
dog”**



Distrusted relationships

We learnt that:

- It's hard for professionals to build relationships with Travellers because of their relocations. One respondent said that “their GP loses track of them”. Though this problem has reduced as Travellers are generally relocating less frequently.

- One professional sent a letter to a Traveller family to confirm their conversation. Because the family have poor literacy, they only knew of the discrepancies between the letter and their conversation after a friend read it to them.
- Many Travellers report that they don't trust their GP. They feel that the GP doesn't understand their culture and can have "their own agenda". One respondent told us that "the leaflets at the GP surgery, I don't 100% trust them. How can I trust what they say?".

Trusted relationships

- Although some Travellers avoid regular communication with state-run institutions, we were told that "they are very good at communicating with each other". But this sometimes creates a network of miscommunication. One said: "If someone's uncle dies the day after having a vaccine, at lightning speed, this is sent around the community".
- One respondent said that distrust passes down the generations. When she asks her parents about childhood vaccines, she is influenced by their distrust of them.
- We were told of a Traveller who was an "anti-vaxxer" and refused to get her child vaccinated. The child caught meningitis and was very ill. The mother then put considerable effort into communicating to the traveller community that they should vaccinate their children.

Trusted liaison workers

Wiltshire Council employ people to liaise between health services and the traveller community. One of these professionals is a Traveller herself, which significantly strengthens her credibility in the community. She spends time listening to their needs, offering practical assistance and connecting them with other healthcare professionals. She advises these professionals how to be inclusive of the traveller community; and she advises the Travellers how to prepare for the interactions. She can also be present at the appointments, to act as the family's advocate. If the council and Travellers have a gap in understanding, this person serves as the bridge.

Distruated information and Covid

In general, Travellers' pre-existing distrust of government increased during Covid. We were told that two conspiracy theories are held by a small minority of the community:

- The Covid pandemic was not a reality, but made up by government
- The Covid vaccinations can't be trusted as there wasn't enough time to test them. If there still isn't a vaccine for cancer, goes the logic, how can there be vaccines ready to use for Covid?

For some travellers, their views on Covid vaccination have reduced their trust in childhood vaccinations; while for others, it has not. However, it is widely recognised that travellers are now even more cautious about which sources of news to trust.

Distruated information and social media

A traveller told us that her community find it difficult to identify trusted information online, particularly on social media. One respondent told us: "there is so, so much different information, so much to and fro, and because we don't

trust the medical authorities, it is hard to work out what's true. You don't know what to do in the end and so just leave it for now".

Misinformation

There are two specific pieces of misinformation believed by some Travellers:

- Asthma and certain allergies are caused by childhood vaccines
- There is a link between the MMR vaccination and autism

Trusted information

We were told that many Travellers trust the Friends, Families and Travellers charity website for advice, including on vaccines: www.gypsy-traveller.org



Convenience

The following steps would make the vaccination service more convenient to use:

- An easy-to-use process to register with a GP, particularly when the Traveller family do not have a long-term registered address. We were told of one family who were still registered with their GP in Manchester, one year into their stay in Wiltshire. This is because they found the registration system to be complex, particularly because they can't read or write.
- Because some Travellers can't read, it would be more effective to call them regarding appointments, in addition to sending written communications.
- We were told that: "It can be distressing to receive a series of letters telling us we've missed a vaccination. It doesn't help. What I needed was reassurance."
- The vaccinator comes to the Traveller site. This must be in co-ordination with the liaison officer, who can make sure the visit is set up properly. This would be particularly beneficial to a number of families who have several children and therefore find it a challenge to get to the GP surgery.

- An easy-to-use process is needed to order and collect medication. Some families find the current GP systems too complex.

The result

We asked one professional, who works closely with the traveller community, about the take up of vaccinations. She estimates that 50% of those she works with don't get their children vaccinated. She said that families who decide to turn down vaccinations, turn down all of them. About 3% of the population have had a Covid vaccination.

PART 6: MILITARY COMMUNITY & EQUITY

Trusted relationships – GP

Because of their frequent deployments, some military parents find it difficult to build trusted relationships with their GP. They have a unique medical arrangement whereby the service member is seen by a Defence Medical Services GP and the spouse and children are covered by an NHS GP. In some cases, the system is more complicated – but we heard that the split of care adds a layer of complication to the formation of trusted relationship between the GP and the family.

Misinformation: is vaccination obligatory?

We came across two narratives about the approach the military takes to increase childhood vaccination rates.

Narrative 1 – we heard that families are ‘told’ to get their children vaccinated. If the child is not fully vaccinated, then a Commander may prevent the service member being deployed. An Outreach Officer, who has been in the army for decades told us: “If there’s a problem, the service member is told to re-educate their spouse”. He concluded: “that’s why there’s no problem with childhood vaccinations in the army”.

Narrative 2 – we were told that this narrative of ‘enforced’ vaccination is completely untrue. The army don’t have access to the vaccine records of military children; Commanders wouldn’t take a member off deployment if their child was unvaccinated. The reality is that parents have the freedom of choice to take up childhood vaccinations.

Which narrative is true?

Narrative 2 (where parents have a choice) is factually correct, according to an Army Welfare Officer. But Narrative 1 (parents are obliged) is how some military parents feel. This is because:

- A senior medical nurse told us that: “we are good at chasing parents [to get their children vaccinated]. They may perceive they are under pressure, but they shouldn’t”.
- For many service members, their own vaccinations are obligatory and can affect their deployment if not taken. Some parents are influenced by this command-driven culture and feel obliged to get their children vaccinated.
- There are online forums where misinformation is spread that parents are being ‘forced’ to get their children vaccinated.

Why does this matter?

Even if the uptake rates are high, some parents may not feel comfortable about the vaccination programme. This could cause them stress and decrease their

trust in authorities. We recommend that further research is conducted on how military parents feel.

Trusted information – travel

Some of our military respondents have questions about vaccination because of their travels. This is because:

- When posted overseas, the vaccination service and requirements can be different to the UK system.
- This can also be true when moving between the four nations of the UK. For example, there are minor differences in eligibility for the Flu vaccination.
- Families can be given mixed messages when they move to a different area of the same UK nation. For example, one GP surgery may use different communications to another.
- In America, the chickenpox vaccination is widely recommended for children. When some military families return from an American deployment, they don't understand why this protection isn't offered in the UK.

Convenience

These steps would make it more convenient for military families to access childhood vaccinations:

- A faster, simpler way of registering with their new GP, and reminders to do so.
- Other measures to ensure continuity of child healthcare when moving between bases.
- Easier to access vaccination hubs, as the rural nature of Wiltshire can make travel difficult.
- Digitised health records of the child's vaccines that seamlessly move with the family when they redeploy.
- A stronger system to follow up with families when there are gaps in vaccination schedules or missed appointments.
- If both parents are serving, both get access to the NHS app, so they can manage their child's vaccination schedule.

More insight

Healthwatch expect to publish a report in February 2025 with the title: 'The health needs and experiences of military families in Wiltshire'. We recommend reviewing this report for further insight into the context of childhood vaccinations in the military. The most relevant sections are; the disruption to healthcare because of frequent relocations; how children with SEND are supported; and the stress military families face.

PART 7: RESETTLED FAMILIES & EQUITY

Trusted relationships

We were told that good relationships between resettled families and health care professionals are critical to make the vaccination service culturally inclusive. A number of families told us that it is against their faith to give their children a nasal flu vaccine if it contains pork gelatine. They felt that GPs don't always understand the gravity of this issue. We also heard from a professional that some resettled mothers were not used to talking about the health of their babies to anyone outside their community. The professional noted that she had to build up this relationship to gain trust.

Trusted information – Muslim guidance

Resettled families reported consulting the British Islamic Medical Association for guidance on childhood vaccination.

Measles Guidance 2024
Home > Advice > Measles Guidance 2024

About this advice

Measles is a serious viral illness that can be prevented.

1 in 5 children who catch it need to go to hospital. Adults with vulnerable immune systems can also become very sick, such as pregnant mothers, elderly relatives, and those with cancer.

Right now are several outbreaks in major cities affecting many Muslim communities. These are thought to be driven by low rates of MMR vaccination.

Please share this one page summary and encourage those who have yet to have their MMR vaccine to come forward.

Who is this advice for?
[Healthcare Professionals](#), [Healthcare Students](#), [Our Community](#)

Topics
[Measles](#), [Vaccinations](#)

Published
26th January 2024

Publisher

Missing information

A group of people from the Afghan community told us that they do not have enough information about the Red Book (the personal child health record). They have received no information about it, from either their GP or Health Visitor.

Some of the Syrian people we met were concerned about what they called "over vaccination". They explained that pre-war (prior to 2011) Syria had a good vaccination service, but it wasn't always recorded or recognised by UK

authorities. They worry that this raises the possibility that their children will be given the same vaccination twice. As one put it: “how many MMRs can you have!”.

An Afghan man told us that there are 6 diseases vaccinated against in their home country. He isn't clear how the system is different in the UK – and the reasons for the discrepancy.

Convenience – language

A key barrier preventing settled families from easy access to healthcare as a whole (including the vaccination service) is insufficient translations of key communications. As one professional put it: “It's strange really. This problem has been the same for years and years. I don't understand why it isn't addressed.” For example, we were told that:

- The Red Book isn't translated, despite being a core communication tool.
- One midwife says her team is not able to properly engage with the Afghan community because of the language barrier.
- An Afghan man said that he couldn't find any translated information about the health system as whole, so he could learn “how things work”.
- Leaflets about the new RSV vaccine were recently sent to a Wiltshire hospital – but without translations
- GPs send out vaccination reminders – but usually only in English
- Health Visitors sometimes take NHS communication that has not been translated to Wiltshire Council translators, who then explain it to parents. But this system isn't proving to be effective.
- Some community members are using online translation services, for example Google Translate on their phones, to understand NHS leaflets. A professional expressed concern about this approach, as the quality of the translation may not be sufficient to translate key medical guidance.

Convenience – in the community

A professional explained to us that it is more difficult to access Afghan families once they leave their allocated temporary accommodation, and are dispersed in the wider community.

PART 8:

RECOMMENDATIONS

Summary

We recommend the following:

	Recommendation	Primary category	Purpose
1	Invest in trust-building capability	Trusted relationships	Strengthen the ability of professionals to build trust between the vaccination service and underserved groups.
2	Transform communications approach	Trusted information	Develop a communications approach that is fit for a world where anti-vaccination sentiment is mainstream and driven by social media.
3	Improve patient journeys	Convenience	Implement recommendations to make the vaccination service easier to use.
4	Understand emerging technologies	Convenience	Understand how emerging technologies could make the vaccine service easier to use.
5	Set up Translation Taskforce	Equity	Resolve the systemic problems that prevent the vaccination service from providing effective translations of its communications

1. Invest in ‘trust-building’ capability

The liaison officer, previously described on page 21, is a trusted member of the traveller community, and has improved their access to the vaccination service. Similarly, midwives often have a positive impact because they build meaningful relationships with parents and are respected for their specialist knowledge. We recommend taking a strategic approach to assess and strengthen this trust-building capability. This can include:

- Breaking down this capability into its core competencies: knowledge, skills, values and behaviours; and determined methods for their assessment.

- Formalise the trust-building capability into job specifications, objectives and supervision of relevant staff; as well as into reward, recognition and accreditation schemes.
- Identify the people who are critical to building trust in the vaccination service, and assess the strength of their current trust-building capability.
- Strengthen the channels through which these ‘trust-builders’ can propose and advocate for ideas to enhance the equity for underserved populations.
- Raise the profile of these trust-builders, ensuring other healthcare staff understand the benefits of working with them
- Introduce training for staff in trust-building. These can range from small modules to more comprehensive programmes.

Trust-building training

A good example of ‘trust-building training’ has been produced by the Friends, Families and Travellers organisation. The learning objectives of its online 90-minute session are:

- Increased knowledge of cultures, traditions and histories of the Gypsy and Traveller communities
- A better understanding of diversity within the Gypsy and Traveller communities
- Identified obstacles to access and attitudinal issues or barriers in education, health, employment, accommodation, safeguarding and other public services, that inhibit the delivery of quality provision to Gypsy and Traveller communities
- Improved understanding of how to engage effectively with Gypsy and Traveller communities and what can be done to ensure inclusion in the delivery of services

This sort of training could be required of GP Practice Managers. Midwives could be offered extra training in how to manage ‘difficult conversations’ with patients who do not trust childhood vaccination.

(Friends, Family and Travellers, 2024)

2. Transform Communications Strategy

We recommend conducting a formal review of the vaccine service’s communications strategy – led by an expert in healthcare communications. The review can address the following critical questions:

2.1 Strategic effectiveness

- Are our current strategies for addressing disinformation and misinformation effective?
- Are we leveraging research to implement the most effective communication methods? For example, there was a useful systematic review of interventions published in 2023.

Research into effective communication methods

Promising approaches include emphasising scientific consensus, tailoring messages to specific audiences, using humour, and incorporating warnings about misinformation. Ineffective approaches include debunking myths, employing scare tactics, or communicating with rigid certainty.

(A systematic review of communication interventions for countering vaccine misinformation, 2023.)

2.2 Adapting to the mainstreaming of vaccine hesitancy

- How should our communication strategy evolve in light of vaccine hesitancy becoming mainstream?
- What types of scenario planning are necessary to prepare for high-profile misinformation events, such as false claims from influential figures?

2.3 Audience insight and personalisation

- Do we have a continuous feedback loop in place to monitor and understand the attitudes, concerns, and behaviours of our target audiences?
- How can we better tailor communications to specific groups using personalised approaches such as targeted social media campaigns?

2.4 Leveraging trusted voices

- Are we effectively collaborating with trusted influencers, community leaders, and grassroots organisations who have credibility with our target audiences?
- Could we expand the use of testimonials and case studies from respected figures within these communities?

2.5 Social media and digital expertise

- Do we have a team of social media experts who understand how to maximize engagement and counter misinformation effectively, rather than simply posting stories?

- Are we prepared to deploy real-time response teams to address viral misinformation on social media swiftly and accurately?

2.6 Behavioural science integration

- Do we have access to experts who can design interventions rooted in behavioural science to encourage vaccine uptake and counter hesitancy effectively?

2.7 Staff training and preparedness

What additional training do our teams and colleagues need to:

- Understand the modern communication environment?
- Improve skills in audience engagement, crisis communication, and public messaging?
- Handle media and public platforms effectively?

2.8 Future-proofing the strategy

- Are we prepared for emerging platforms and communication trends?

In summary: addressing vaccine hesitancy in the modern era requires a multidisciplinary approach that bridges public health expertise with advanced communication skills and behavioural science.

3. Improve patient journeys

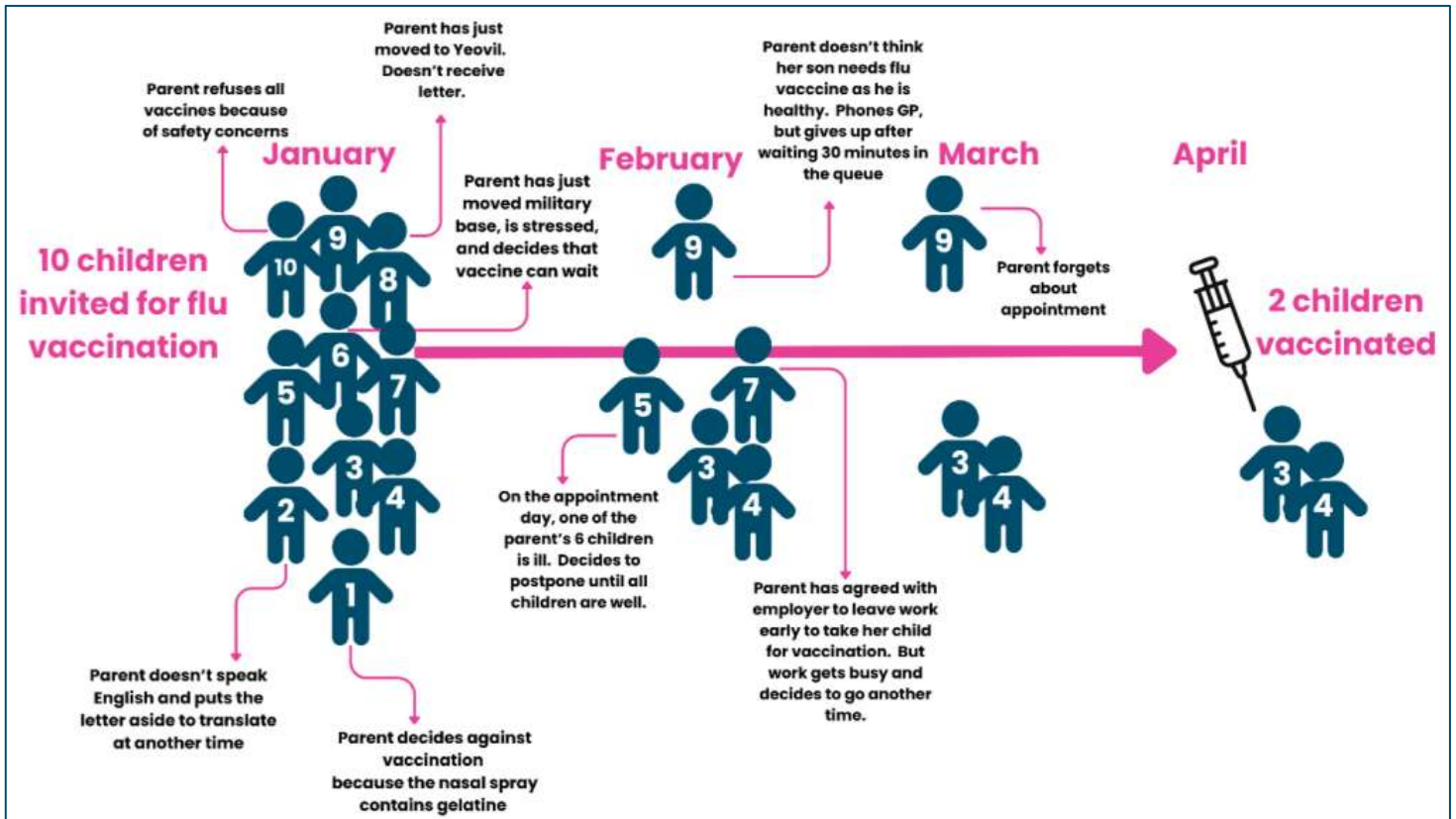
We recommend implementing the interventions we've described in this report to make vaccination more convenient. Our top 6 are:

- Simpler GP registration – particularly for parents who frequently move.
- Easier to book appointments – by phone, online, app and in person – as well as walk-in clinics that don't require an appointment.
- Clinics come to the patient, rather than the patient comes to the clinic. E.g. mobile clinics outside supermarkets, in schools, or on Traveller sites.
- Vaccinations, or conversations about them, offered at existing appointments, e.g. at midwife meetings
- Easy-to-access and transferable vaccination health records
- Automated and personal reminders, particular for parents who are outside of the normal vaccination schedule.

However, these interventions need to be considered as part of the overall 'patient journey' that families navigate to get their children vaccinated.

The picture below is a basic illustration of these journeys. In this fictional example, 10 children are invited in January to have a flu vaccination. Five children immediately 'drop off' the patient journey, for reasons including safety concerns and lack of translation. Two of the remaining parents are on track to have a vaccine, but then barriers get in their way – for example, they can't get through on the GP phoneline to discuss a concern. By March, one of the remaining

parents is all set to get the vaccination, but then forgets about the appointment. So, in the end, by April, only 2 of the 10 children are vaccinated.²



(A larger version of this graphic is provided in the appendix)

Building on the insight from this report, we recommend that detailed 'maps' of the typical patient journeys of segmented groups of parents (eg military) are drawn up. These should identify the simplest ways of minimising the greatest number of drop-offs.

² This is a fictional example and does not reflect the % of children who leave the patient journey.

4. Understand emerging technologies

New technologies are emerging which have the potential to transform the vaccination service. At present, they can be prohibitively expensive. Also, this technological revolution may be for public health at a national level to navigate – rather than at a Wiltshire level.

However, we still recommend that public health Wiltshire keep abreast of the latest developments. Technologies that feel aspirational now may become commonplace in the near future; and perhaps Wiltshire could pilot innovative approaches. Some examples of this technology are:

Technology	What is it?	Example	Benefit
Multi-lingual AI chat bots	Computer programmes designed to provide information and have conversations, in many languages	A healthcare user, who only speaks Arabic, wants reliable vaccine information at 11pm. He has a conversation in Arabic with the chatbot about where the vaccine centre is, and the risks of not giving his child a flu vaccine.	Gives equity of access to those who don't speak English.
Personalised communications	Online tools give detailed insights into people's views and characteristics, which enables more personalised communications	A parent will see a Facebook advert about the location of vaccination centres in her town.	Parents pay attention to vaccination communications, which increases take up rates.
Easier interface	Users find information on websites and apps to be simple to use.	It takes 2 minutes to book your child for a vaccination.	A key reason for lower vaccination rates is removed – ease of access
Virtual reality (VR) and gamification	VR creates immersive environment that users explore using headsets. Gamification adapts tools traditionally used in computer gaming to engage users.	An interactive experience offered outside a supermarket, targeted at children who are concerned about vaccination needles.	Public Health messaging would have significantly greater impact.

Integrated Artificial intelligence tools	These include predictive analytics and sentiment analysis.	AI reviews large amounts of quantitative and qualitative data to analyse the emotions of the public in real time and predict their behaviour.	Public Health can decide when to concentrate their service (eg term time) and which concerns to focus on (eg MMR).
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Digital inclusion

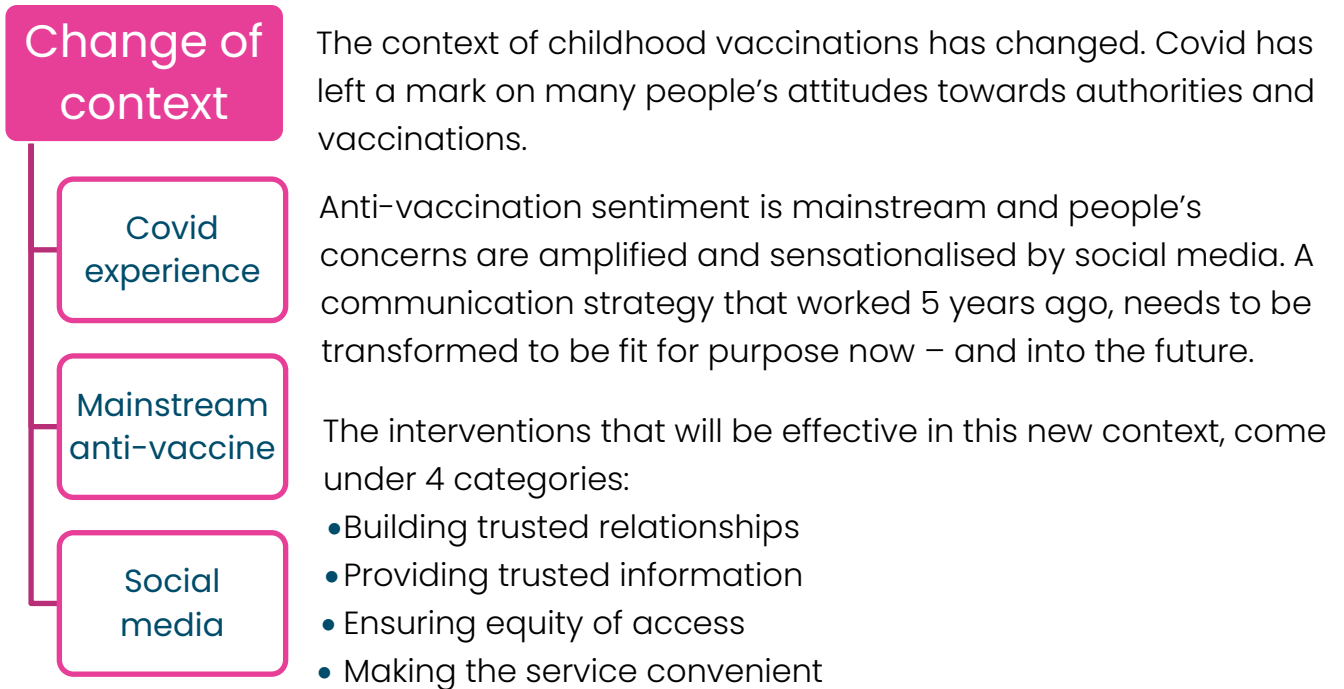
Alongside investments in emerging technologies, it is important to ensure that all populations have equal access to them. For more information about digital inclusion, see the ‘Inclusive digital healthcare’ report, updated in 2024. (A Framework For NHS Action On Digital Inclusion, 2024.)

5.Set up Translation Taskforce

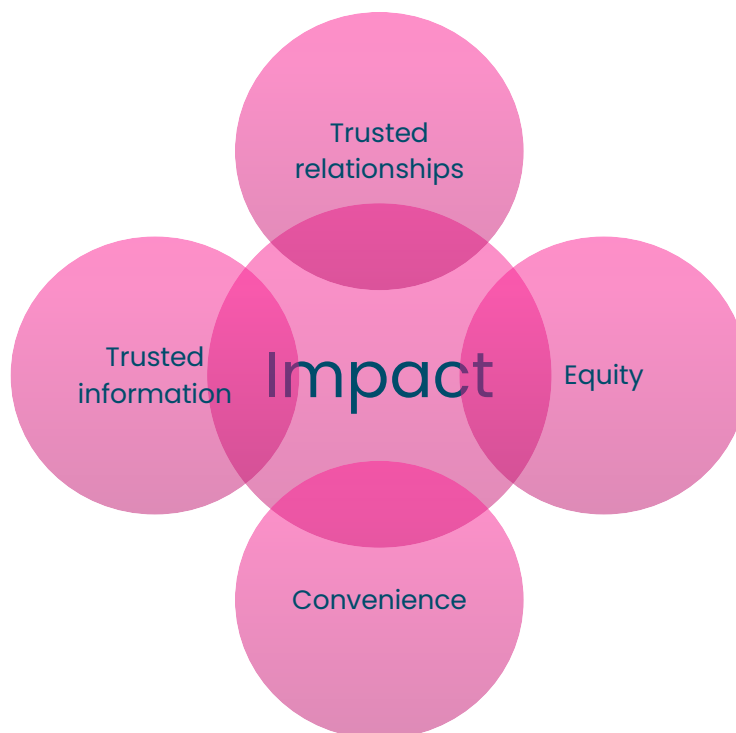
The lack of sufficient translation of NHS communications, including information about childhood vaccinations, is a longstanding, entrenched problem. So , it will require a considerable effort to tackle. We therefore recommend setting up a Translation Taskforce to direct the effort.

Terms of reference	Detail
Purpose	To ensure that all parents and carers, regardless of their proficiency in English, have equitable access to accurate, understandable and culturally appropriate information that will enable them to make informed decisions about childhood vaccinations.
Objectives	Identify the gap between how effective translation is now and how effective it needs to be Decide on priorities Raise awareness with professionals and budget holders of the importance of translations Increase translation to agreed levels and monitor its impact
Membership	Include representatives / community leaders of target populations (e.g. Afghan person from settled family.

PART 9: SUMMARY



To conclude, we want to highlight that the most impactful interventions are those that cover more than one, or even all four of these headings at the same time.



For example:

Intervention	Categories
A parent hears about a vaccination from her midwife – who she trusts	Building trusted relationships
The midwife is trained to manage vaccinations conversations – and provides information the parent trusts	Providing trusted information
The midwife meets the parent in her home	Ensuring equity of access
This conversation takes place at the same time as the midwife is meeting the parent to cover other topics.	Making the service convenient

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PART 2: Parents and trusted relationships

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[Part 7: Resettled families and equity](#)

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Recommendations

Building Trust in Traveller community: <https://www.gypsy-traveller.org/our-flagship-projects/online-cultural-competency-training/>

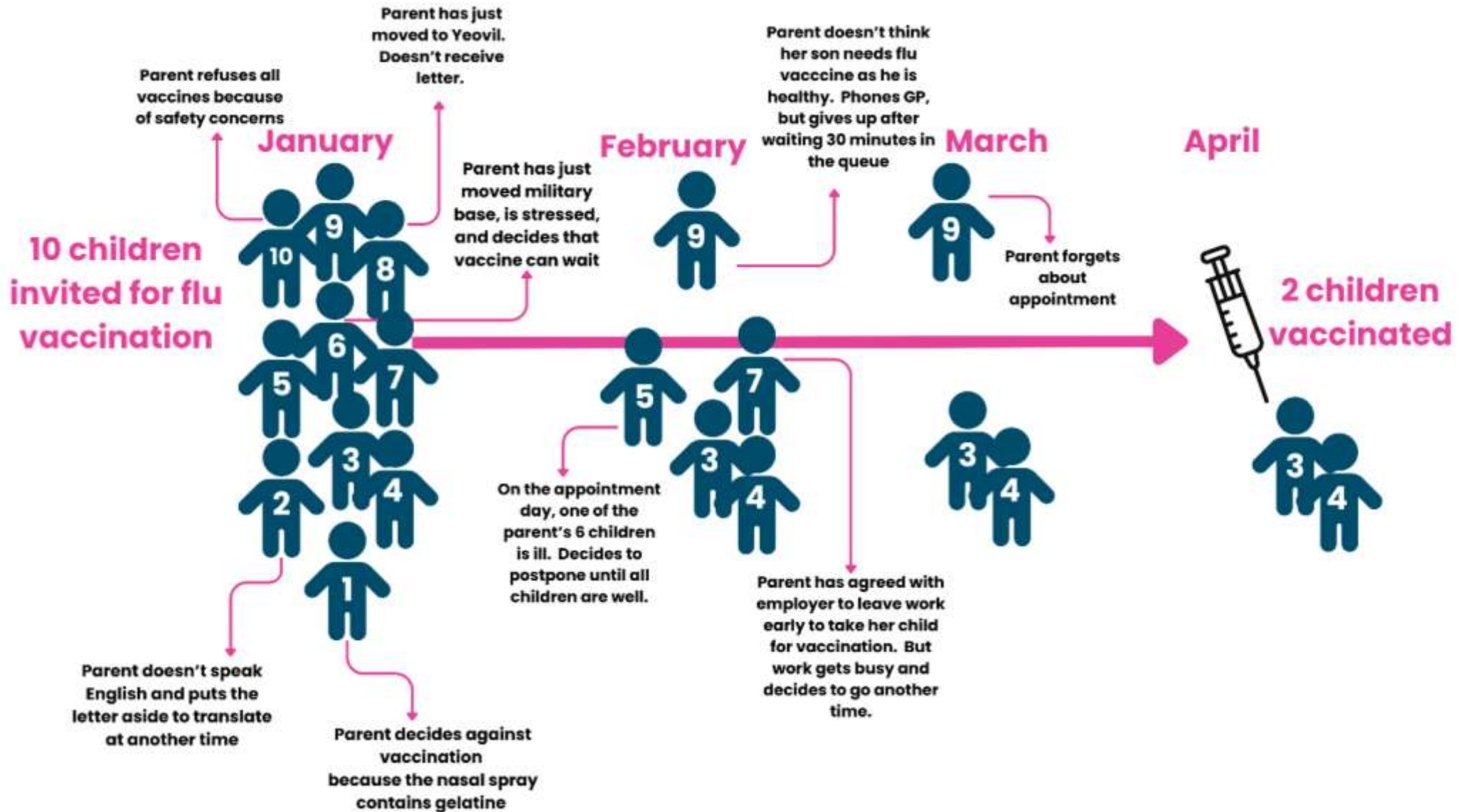
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APPENDIX: THE PATIENT JOURNEY





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