Derby City Council

Community Action

The Vaccination
Wave 3 Report

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Derby Health Inequalities Partnership

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Introduction

The Vaccination Wave 3 programme, delivered by Community Action Derby and funded by NHS Derby and Derbyshire Integrated Care Board (ICB) through the Derby Health Inequalities Partnership (DHIP), supported local voluntary and community organisations to encourage open conversations with communities about vaccination. The aim was to build a clearer understanding of community knowledge, experiences and attitudes towards vaccination in Derby and explore how local services can become more inclusive, accessible and responsive to those needs.

Through this programme, nine community groups designed and delivered engagement activities, including workshops, focus groups and informal discussions. These activities created safe spaces for individuals to share their experiences, ask questions and discuss their views on vaccinations, including COVID-19, Flu, RSV and wider life-course immunisations, particularly where uptake is lower across underserved communities.

As part of the programme, community leads undertook structured training to support the delivery of engagement activity and ensure accurate, consistent messaging. Seven leads completed Level 2 RSPH training in encouraging vaccine uptake, building their confidence in addressing misinformation, answering questions and supporting informed decision-making. This builds on learning from previous delivery, where trained community leads reported increased confidence in engaging the public and facilitating open conversations around vaccination. Additional training was also delivered by a local pharmacist, who is a DHIP Strategic Connector, focusing on how to have difficult conversations about vaccination. This approach was developed based on feedback received during Vaccination Wave 2, helping to further strengthen delivery and engagement.

The project sought to:

- Listen to community experiences and identify barriers to accessing vaccinations, including issues around trust, misinformation and access.
- Build understanding of how services can be improved to meet the needs of diverse groups, particularly ethnic minority communities, people living in deprived areas, young people and pregnant women.
- Strengthen relationships between health services and community organisations that already have trusted links within local communities.
- Encourage open, culturally sensitive and stigma-free discussions around vaccination to improve confidence and uptake.

By working through trusted local organisations, the programme aimed to gather insights that will help shape how vaccination information is communicated and delivered across Derby, ensuring that services are inclusive, accessible and reflective of the city’s diverse communities, while supporting longer-term approaches to reducing health inequalities.

Aapni Welfare Society

Aapni Welfare Society supports individuals and families from South Asian communities, with a strong focus on older adults, carers and those facing cultural, language and access barriers to health services.

Who they engaged with on this project:
Community members from predominantly South Asian backgrounds, including older adults and carers of vulnerable individuals who may be at greater risk of health inequalities and lower access to vaccination.

Number of sessions: 3
Number of participants: 27
Number of community connectors: 2

The sessions were delivered through small, informal group discussions at Rebecca House, a familiar and trusted community setting for the group. A conversational approach was used, supported by multilingual communication in Punjabi, Hindi and English, helping participants feel comfortable sharing their views and experiences around vaccination.

Demographic Data

Across the three sessions, a total of 27 participants were engaged, all from South Asian backgrounds. The majority identified as Indian (approximately 78%), with the remaining participants identifying as from other Asian backgrounds.

In terms of age, the group was predominantly older adults, with approximately 74% aged 56 and over, and a further 26% aged between 46–55. The group included both male and female participants, with around 56% female and 44% male participation.

In relation to religion, most participants identified as Hindu (approximately 63%), followed by Sikh (approximately 30%).

A small proportion of participants (around 11%) reported having a disability.

How did participants feel about vaccines?

Participants shared a range of views about vaccines, reflecting both understanding and uncertainty. Many recognised the importance of vaccination in protecting themselves and vulnerable family members, particularly older relatives. However, this was often balanced with underlying anxiety, especially around potential side effects, long-term health impacts and how vaccines might interact with existing conditions. These concerns were frequently shaped by personal experiences and information shared through social networks, including conflicting messages from social media. Overall, participants were not opposed to vaccination but expressed a clear need for reassurance and more accessible, trustworthy information before making decisions.

What things help people choose to have a vaccine and what makes them decide not to?

Decisions around vaccination were influenced by a combination of trust, information and personal circumstances. Participants highlighted that trust in healthcare professionals, particularly those who understand their cultural background and experiences, played a key role in encouraging uptake. The desire to protect family members, especially those who are older or vulnerable, was also a strong motivator. Access to clear, simple information in their preferred language and hearing positive experiences from others further supported decision-making. At the same time, hesitancy was often driven by fears around side effects, exposure to misinformation and uncertainty about vaccine ingredients. Previous negative experiences with healthcare services and the influence of family or wider community opinions also contributed to reluctance.

What difficulties do people have when getting a vaccine or understanding the information about it?

Participants described a number of practical and informational barriers that made accessing vaccination services more difficult. Language was a significant challenge, with much of the available information provided only in English. This, combined with limited digital skills, made booking appointments and navigating systems difficult for some. Participants also highlighted a lack of culturally appropriate information and support, as well as transport and mobility issues, particularly for older adults. In addition, inconsistent or overly complex messaging created confusion, making it harder for people to feel confident in their understanding of vaccination.

What would help people get vaccines more easily? (how could the current offer be improved?)

Participants felt that improving accessibility and bringing services closer to communities would make a significant difference. Suggestions included offering vaccinations in local, familiar settings such as community centres and places of worship, as well as increasing the availability of walk-in clinics and flexible appointment times. Support with booking appointments was also seen as important, particularly for those less confident using digital systems. Participants emphasised the value of having healthcare staff who speak community languages and the need for clear, translated information that is easy to understand and culturally relevant.

What would help people feel sure they are safe and right for them?

Confidence in vaccination was closely linked to trust and understanding. Participants said they would feel more assured if they had access to clear, honest information about vaccine safety, including potential side effects. Reassurance from trusted healthcare professionals was particularly important, especially where communication is culturally sensitive and tailored to individual needs. Participants also valued having opportunities to ask questions in a safe, non-judgmental environment. Hearing positive experiences from others within their community helped to normalise vaccination and build confidence.

Do you feel you are more likely to take up a vaccination?

Following the discussions, many participants reported feeling more informed and better able to understand vaccination. For some, this led to increased confidence and a greater willingness to consider vaccination in the future. While some hesitations remained, the sessions helped participants reflect on their views and feel more equipped to make informed decisions, particularly when supported by clear information and trusted sources.

Conclusion

The sessions demonstrated that community members are more likely to engage in conversations about vaccination when discussions are delivered in trusted, culturally appropriate settings. The use of multilingual communication and familiar environments helped create safe spaces for participants to share concerns and ask questions. Overall, the approach increased understanding, built confidence and supported participants to make more informed decisions about vaccination.

Central Education & Training

Central Education & Training (CET) is a community organisation acting as a trusted community hub for diverse and disadvantaged communities in Derby. Their work focuses on supporting individuals from a wide range of backgrounds, many of whom face language barriers and challenges accessing health services.

Who they engaged with on this project:
Community members from diverse ethnic backgrounds, including individuals from new and emerging communities, older adults, disabled individuals, carers and those experiencing language barriers and low health literacy. Many participants were from underserved communities with lower awareness of vaccination and difficulties navigating the healthcare system.

Number of sessions: 3
Number of participants: 108
Number of community connectors: 7

The sessions were delivered through structured workshops, seminars and community events held at CET on Charnwood Street, a familiar and trusted setting for the communities they support.

Demographic Data

Across the three sessions, a total of 108 participants were engaged from a wide range of ethnic backgrounds, including South Asian, African, Caribbean, Eastern European, Arab and Roma communities.

In terms of age, participants were predominantly adults across working-age and older groups. Based on available data, representation included approximately 20% aged 26–35, 20% aged 36–45, 20% aged 46–55, 20% aged 56–65, and 20% aged 66 and over.

The group included both male and female participants, with an overall balanced gender representation (approximately 50% male and 50% female) across sessions.

Ethnicity data shows strong diversity, with participants identifying across multiple groups including South Asian, Black African, Black Caribbean, Eastern European, Arab and Roma backgrounds.

A small proportion of participants (approximately 10–15%) identified as having a disability.

How did participants feel about vaccines?

Participants initially expressed a degree of uncertainty and hesitancy around vaccines, particularly among individuals from newer or emerging communities where routine vaccination may not be less familiar. Concerns often centred on safety, potential side effects and a broader sense of mistrust, influenced by negative information and narratives circulating within communities. However, as the sessions progressed, there was a noticeable shift. Many participants reported feeling more reassured and better informed, with a clearer understanding of how vaccines work and why they are important. This helped to build confidence and encouraged more open attitudes towards vaccination.

What things help people choose to have a vaccine and what makes them decide not to?

Participants described decision-making around vaccination as being strongly influenced by trust and access to reliable information. Trust in organisations like CET, alongside support from peers, community leaders and familiar faces, played an important role in encouraging uptake. Practical support, such as help with booking appointments and explaining information in accessible ways, also made a difference. At the same time, hesitancy was often driven by fear of side effects, exposure to misinformation and a lack of trust in healthcare systems. Language barriers and low health literacy further compounded these challenges, making it difficult for some participants to fully understand the information available to them.

What difficulties do people have when getting a vaccine or understanding the information about it?

Participants highlighted a number of barriers that affected both access and understanding. Language barriers were a key issue, with many finding NHS information difficult to understand or not available in their preferred language. Low health literacy and unfamiliarity with how to navigate the healthcare system also made the process more challenging. In addition, some participants expressed fear or mistrust of healthcare professionals, while others found it difficult to access appointments or seek further information when needed. These factors combined to create uncertainty and reduced confidence in engaging with vaccination services.

What would help people get vaccines more easily? (how could the current offer be improved?)

Participants emphasised that improving accessibility and communication would make a significant difference. Access to interpreters and multilingual information was seen as essential in helping people understand their options. They also highlighted the importance of outreach through trusted organisations like CET, where individuals feel more comfortable engaging with information. Greater involvement from GPs and healthcare providers within community settings, alongside continued workshops and engagement activities, was also identified as a key way to improve uptake.

What would help people feel sure they are safe and right for them?

Confidence in vaccination was closely linked to trust and clarity. Participants said they would feel more assured if they received clear and consistent reassurance from trusted sources, including healthcare professionals and community organisations. Positive stories and real-life examples of vaccine benefits helped to build confidence, while opportunities to ask questions and discuss concerns openly were highly valued. Culturally appropriate communication was also important in ensuring that information felt relevant and accessible.

Do you feel you are more likely to take up a vaccination?

Across the sessions, there was a clear and positive shift in attitudes. Many participants reported that they felt more informed and more confident after attending, which increased their willingness to consider vaccination. The sessions helped to reduce uncertainty, address misconceptions and support individuals to reflect on their choices. While some hesitancy remained, participants were generally more open to vaccination and better equipped to make informed decisions.

Conclusion

The sessions showed that structured, community-based engagement delivered through trusted organisations can significantly improve understanding and confidence around vaccination. CET's approach of combining accessible information and community support helped to reduce barriers, address misinformation and support individuals from diverse backgrounds to make informed health decisions.

Sahahra

Sahahra is a community organisation based in the Arboretum area of Derby, acting as a trusted community hub for marginalised communities. Their work focuses particularly on supporting older Pakistani community members who may be socially isolated and experience language and access barriers to health services.

Who they engaged with on this project:
Community members predominantly from South Asian backgrounds, particularly Pakistani elders aged 55 and over, alongside individuals experiencing isolation, language barriers and reduced access to healthcare information.

Number of sessions: 3
Number of participants: 101
Number of community connectors: 5

The sessions were delivered through informal workshops held at Sahahra, using a conversational approach supported by interpreted discussions, visual materials and question-and-answer sessions.

Demographic Data

Across the three sessions, a total of 101 participants were engaged, with the majority from South Asian backgrounds, particularly Pakistani participants (approximately 75–80%), alongside smaller proportions identifying as Indian (around 10–12%) and White backgrounds (around 5–10%).

In terms of age, the combined data shows that the group was predominantly older adults, with approximately 80% aged 56 and over and around 20% aged 46–55, demonstrating strong engagement with older and more vulnerable populations.
Gender representation across all sessions included both male and female participants. While one session was entirely male, overall participation was mixed, with a slightly higher proportion of male attendees.

A significant proportion of participants reported having disabilities or existing health conditions, with an estimated 60–70% identifying as having additional health needs across the sessions. In relation to religion, the majority of participants identified as Muslim (approximately 70–80%), with smaller numbers identifying as Sikh and Christian.

How did participants feel about vaccines?

Participants expressed a wide range of views about vaccines, often with strong and deeply held opinions. Many shared concerns around safety, potential side effects and a broader sense of mistrust, which had been shaped by negative stories, personal experiences and misinformation circulating within their networks. Some questioned the effectiveness of vaccines, while others believed they could cause harm, particularly when hearing about adverse experiences from others. Despite this, there was also an underlying recognition that vaccines can play an important role in protecting vulnerable individuals, especially older adults. The sessions created space for open discussion, helping to address some misconceptions and enabling participants to reflect on their views, with some becoming more open to reconsidering vaccination.

What things help people choose to have a vaccine and what makes them decide not to?

Participants described decision-making as being heavily influenced by family and wider social networks, often more so than advice from healthcare professionals. Shared experiences, community narratives and peer discussions played a significant role in shaping attitudes towards vaccination. For many, mistrust and exposure to misinformation acted as strong barriers, reinforcing reluctance. However, participants also highlighted that access to clear, consistent information and the presence of trusted relationships could positively influence decisions. Being able to engage in open conversations and hear balanced information helped some participants to reassess their views.

What difficulties do people have when getting a vaccine or understanding the information about it?

Participants identified several barriers that affected both access and understanding. Language was a key challenge, particularly when information was not available in accessible or translated formats. Many also reported limited communication from healthcare services compared to earlier stages of the pandemic, which created uncertainty about current vaccination guidance. Difficulties in speaking directly with healthcare professionals and confusion around newer vaccines, such as RSV and pneumonia, further contributed to a lack of clarity. These factors combined to reduce confidence and make it harder for individuals to engage with vaccination services.

What would help people get vaccines more easily? (how could the current offer be improved?)

Participants felt that clearer and more consistent communication from GPs and the NHS would help improve access and understanding. They emphasised the need for more visible outreach within community settings, where people feel comfortable and are more likely to engage. Opportunities to speak directly with healthcare professionals and ask questions were seen as particularly valuable. Continued delivery of workshops and discussions within trusted environments was also identified as an important way to support engagement and improve access.

What would help people feel sure they are safe and right for them?

Building confidence in vaccination was closely linked to trust and reassurance. Participants said they would feel more confident if they received clear, consistent information about vaccine safety and effectiveness from trusted healthcare professionals. The opportunity to ask questions and discuss concerns openly in a supportive environment was also important. Culturally appropriate communication and reassurance that their concerns were being listened to played a key role in helping participants feel more confident in making decisions about vaccination.

Do you feel you are more likely to take up a vaccination?

Responses were mixed across the sessions, reflecting the complexity of views within the group. While some participants remained hesitant, many reported that the discussions helped to clarify concerns and improve their understanding of vaccination. For some, this led to a greater willingness to consider vaccination in the future. The sessions provided an opportunity for participants to reflect on their views, with several indicating they felt more open to vaccination after receiving clearer information and having their questions addressed.

Conclusion

The sessions highlighted the importance of delivering vaccination engagement within trusted community settings, particularly for older and more isolated populations. Sahahra’s approach enabled open and honest discussions, helping to challenge misinformation and build understanding. The work demonstrated that sustained, culturally appropriate engagement is key to improving confidence and supporting informed decision-making around vaccination.

Indian Community Centre

Derby Indian Community Centre Association

The Indian Community Centre is a long-established organisation based in the Normanton area of Derby, providing a welcoming and inclusive space for people from all backgrounds, with a strong focus on supporting South Asian communities. The Centre offers a range of services and activities, including advice and support with forms and visa applications, as well as social and wellbeing activities such as luncheon clubs, Zumba, yoga and karate. Through this work, they support individuals, particularly older adults, who may face language barriers and need help accessing health services.

Who they engaged with on this project:
Participants were predominantly older adults from South Asian backgrounds, particularly Indian elders aged 60 and over, including individuals who may have limited English and require additional support to understand and access health services.

Number of sessions: 3
Number of participants: 75
Number of community connectors: 6

The sessions were delivered through workshops, presentations and group discussions held at the Indian Community Centre on Rawdon Street, a familiar and trusted setting. A range of engagement methods were used including presentations, multilingual resources (particularly Punjabi), visual materials such as diagrams and videos, and interactive question-and-answer sessions to support understanding.

Demographic Data

Across the three sessions, a total of 75 participants were engaged, all from South Asian backgrounds, with 100% identifying as Indian.

In terms of age, the group was predominantly older adults, with the majority aged 56 and over, including strong representation from those aged 65+. Gender representation across sessions was relatively balanced, with approximately 45–50% male and 50–55% female participation.

A notable proportion of participants reported having disabilities or existing health conditions. In one session, around 48% (15 out of 31 participants) identified as having a disability, indicating engagement with individuals who may be more vulnerable to poor health outcomes.

In relation to religion, participants were primarily Sikh (approximately 60–70%), followed by Hindu (around 20–30%), with a small number identifying as having no religion or other beliefs.

How did participants feel about vaccines?

Participants expressed a wide range of views about vaccines, often with strong and deeply Participants expressed a range of views about vaccines, reflecting both confidence and growing uncertainty. Some participants, particularly those in earlier sessions, showed strong trust in vaccines and in NHS guidance, describing vaccination as an important and routine part of protecting their health. However, in other sessions there was more hesitation, particularly around COVID-19 vaccines, with some participants feeling that they were no longer necessary or expressing uncertainty about newer vaccines such as RSV. Concerns were often influenced by changing perceptions over time and discussions within peer groups. Overall, attitudes were mixed, with a clear divide between those who remained confident and those who were becoming more cautious.

What things help people choose to have a vaccine and what makes them decide not to?

Participants described decision-making as being strongly influenced by trust in GPs and healthcare professionals. When advice came directly from their GP practice, participants were more likely to accept vaccination, particularly among older individuals who have historically followed medical guidance closely. However, this trust appeared to be shifting, with some participants now questioning advice more than in the past. Peer influence also played a significant role, with participants noting that decisions were often shaped by what others in their social circle were doing. A lack of follow-up or encouragement from GP practices was seen as a barrier, with some participants interpreting this as a sign that vaccination was no longer essential.

What difficulties do people have when getting a vaccine or understanding the information about it?

Participants highlighted that navigating the healthcare system could be challenging, particularly when vaccinations were not offered directly through their usual GP surgery. In these cases, individuals found it difficult to understand how and where to access vaccines. While some participants had sufficient literacy skills to engage with written information, others still relied on verbal explanations and support. There was also some confusion around newer vaccines and changing guidance, which contributed to uncertainty.

What would help people get vaccines more easily? (how could the current offer be improved?)

Participants suggested that stronger and more consistent communication from GP practices would improve uptake. This included more direct encouragement, follow-up messages and clearer guidance about when and why vaccines are needed. They also highlighted the value of aligning vaccination offers, such as providing COVID-19 vaccines alongside flu clinics, to make access more convenient. Overall, participants felt that clearer messaging and more proactive engagement from healthcare providers would make a significant difference.

What would help people feel sure they are safe and right for them?

Confidence in vaccination was closely linked to reassurance from trusted healthcare professionals. Participants emphasised the importance of receiving clear, transparent information about vaccine safety, including honest communication about potential risks and benefits. Direct communication from GPs and pharmacists that they know and trust was particularly important. Participants also valued opportunities to ask questions and receive personalised reassurance, helping them feel more confident in their decisions.

Do you feel you are more likely to take up a vaccination?

Responses across sessions were mixed. In some groups, participants remained confident and willing to continue taking vaccines, particularly for flu. In others, there was more hesitation, especially around COVID-19 vaccines, with some participants indicating they were unlikely to take further doses. However, the sessions provided an important opportunity for discussion and reflection, with some participants reporting increased understanding and a greater ability to make informed decisions about vaccination.

Conclusion

The sessions highlighted the importance of sustained engagement with older populations who may have previously held strong trust in healthcare systems but are now beginning to question vaccination guidance. The Indian Community Centre’s approach provided a trusted space for open discussion, helping participants to explore concerns and seek clarification. The findings demonstrate that continued, proactive communication from healthcare professionals, alongside community-based engagement, is essential to maintaining confidence and supporting informed decision-making around vaccination.

Kelsey Family CIC

Kelsey Family CIC is an organisation working across Derby to support individuals experiencing multiple and complex disadvantages, including those affected by drug and alcohol dependence. Their work focuses on reducing health inequalities through trauma-informed, community-led approaches, using lived experience to build trust and improve engagement with health services.

Who they engaged with on this project:
Participants included adults aged 18–65 experiencing drug and alcohol dependence, alongside individuals in recovery, those living in supported accommodation, and people who may be disengaged from traditional healthcare services. Many participants had experienced stigma, low trust in healthcare systems and barriers to accessing services.

Number of sessions: 7
Number of participants: 39
Number of community connectors: 1

The sessions were delivered through a mix of informal workshops, one-to-one conversations, digital engagement (including social media), and drop-in wellbeing events. Delivery took place across recovery hubs, residential rehabilitation settings, community spaces and online platforms, allowing for flexible and accessible engagement. A trauma-informed, peer-led approach was central throughout, with conversations integrated into existing support settings to reduce stigma and build trust.

Demographic Data

Across all sessions, a total of 39 participants were engaged across a range of community and recovery settings.

In terms of age, participants were primarily younger and working-age adults. Combined data shows approximately 23% aged 18–25, 23% aged 26–35, 23% aged 36–45 and 31% aged 46–55, indicating consistent engagement across adult age groups.

Gender representation was relatively balanced, with approximately 54% female and 46% male. Ethnicity data shows that 100% of participants identified as White backgrounds. A proportion of participants reported having disabilities or additional health needs, with approximately 21% identifying as having a disability and 79% not reporting a disability.

In relation to religion, the majority of participants identified as having no religion (approximately 36%), followed by Christian (around 18%) and other beliefs (around 23%). A proportion of participants did not disclose their religion.

How did participants feel about vaccines?

Participants expressed a wide range of views about vaccines, often shaped by past experiences of healthcare and broader feelings of mistrust. Many described uncertainty, anxiety and hesitancy, particularly linked to fears about side effects, concerns about how vaccines might interact with medication and negative experiences within healthcare settings. Misinformation, particularly from social media, also influenced perceptions. However, when information was shared in a non-judgmental, peer-led way, participants became more open to discussion. Across sessions, there was a noticeable shift from initial resistance towards curiosity and consideration, particularly when individuals felt safe and not pressured.

What things help people choose to have a vaccine and what makes them decide not to?

Participants highlighted that trust and approach were key factors in decision-making. Hearing information from individuals with lived experience, in a relatable and non-clinical way, helped to build confidence. The ability to ask questions in a safe environment and receive clear, simple explanations supports engagement. Practical information about accessible routes, such as walk-in clinics and pharmacies, also encouraged uptake. However, hesitancy was often driven by fear of side effects, concerns about disrupting recovery, previous experiences of stigma in healthcare settings and exposure to misinformation. Anxiety around GP appointments and uncertainty about eligibility also contributed to reluctance.

What difficulties do people have when getting a vaccine or understanding the information about it?

Participants described a range of barriers affecting both access and understanding. Medical information was often seen as complex and difficult to interpret, particularly when delivered in clinical language. Confusion around side effects, eligibility and how vaccines work was common. Many participants also reported anxiety about engaging with healthcare services, particularly GP settings, due to previous negative or stigmatising experiences. Practical challenges such as navigating booking systems, lack of clarity about walk-in options and uncertainty about accessing services without GP registration and further limited access.

What would help people get vaccines more easily? (how could the current offer be improved?)

Participants felt that clearer and more consistent communication from GPs and the NHS Participants suggested that accessibility could be improved through clearer, simpler information and more visible promotion of local access routes, particularly walk-in clinics and pharmacies. Embedding vaccination conversations within trusted community settings, such as recovery hubs and wellbeing events, was seen as particularly effective. Participants also highlighted the importance of peer-led engagement and ongoing support to help individuals navigate services. Flexible delivery approaches, including digital engagement and informal drop-in sessions, were also identified as important in reaching those less likely to attend traditional appointments.

What would help people feel sure they are safe and right for them?

Building confidence in vaccination was closely linked to trust and reassurance. Participants Confidence in vaccination was closely linked to trust, reassurance and the way information was delivered. Participants emphasised the importance of honest, transparent conversations about side effects and risks, alongside clear explanations in simple language. Feeling listened to, not judged, and having the freedom to make their own decisions were key factors. Trauma-informed, peer-led approaches were particularly effective in creating a sense of safety and reducing anxiety, allowing participants to engage more openly with health information.

Do you feel you are more likely to take up a vaccination?

While not all participants expressed an immediate intention to get vaccinated, there was clear evidence of increased openness across sessions. Many participants reported feeling more informed and better able to understand their options. Several individuals shifted from initial refusal to consideration, with some requesting further information or expressing interest in accessing services. Overall, the project supported participants to move towards more informed, confident decision-making at their own pace.

Conclusion

The sessions highlighted the importance of delivering vaccination engagement within trusted community settings, particularly for older and more isolated populations. Sahahra's approach enabled open and honest discussions, helping to challenge misinformation and build understanding. The work demonstrated that sustained, culturally appropriate engagement is key to improving confidence and supporting informed decision-making around vaccination.

Ikhlas Education Centre

Ikhlas Education Centre is a charity based in Derby, with over 15 years of experience supporting local families, schools and faith groups in the Normanton and Arboretum areas. The Centre provides a trusted space for community engagement, using culturally sensitive and community-led approaches to improve access to health information and strengthen relationships between communities and healthcare services.

Who they engaged with on this project:
Participants included adults from diverse backgrounds, particularly South Asian, Black and Eastern European communities, with a mix of older adults and working-age individuals, including parents, families and those experiencing language, cultural and access barriers.

Number of sessions: 11
Number of participants: 799
Number of community connectors: 1

The sessions were delivered through community events, group discussions and one-to-one conversations held in familiar and trusted settings, including Ikhlas Community Centre, Pear Tree Pharmacy and Village Street Mosque. A conversational and culturally sensitive approach was used, with information shared verbally in accessible language, supported by open discussion and question-and-answer sessions to help participants feel comfortable sharing their views and experiences.

Demographic Data

Across all sessions, a total of 799 participants were engaged across a wide range of community and faith-based settings.

Participants were mainly from working-age groups, with approximately 25–30% aged 18–25, 20–25% aged 26–35, 20–25% aged 36–45, and 20–25% aged 46–55, alongside a smaller proportion of around 5–10% aged 56+. This shows strong engagement with younger and working-age adults, alongside some older participants.

Gender representation was broadly balanced, with approximately 50–55% male and 45–50% female participation.

Ethnicity data shows a diverse group, with the majority identifying as from South Asian backgrounds (approximately 60–70%), particularly Pakistani and Bangladeshi, alongside 10–15% White, 10–15% Black, and smaller proportions from mixed and Arab backgrounds.

Most participants did not report having a disability, with approximately 85–90% indicating no disability, and a smaller proportion reporting additional needs. In terms of religion, the majority identified as Muslim (approximately 65–75%), followed by Christian (around 10–15%), with smaller numbers identifying as Hindu, Sikh or other beliefs, or not stating a religion.

How did participants feel about vaccines?

Participants shared a range of views about vaccines, often shaped by age and personal experience. Older adults generally described vaccines as a normal and important part of staying healthy and were more confident in their value. In contrast, many working-age participants felt less certain, often questioning whether vaccines were necessary for them personally.

Across the sessions, most participants were not against vaccines, but many were unsure or had not actively thought about them. Vaccination was often seen as something to consider only when needed, rather than as a routine part of healthcare. Some participants also mentioned ongoing caution linked to the COVID-19 period, particularly around changing information and concerns about longer-term effects.

What things help people choose to have a vaccine and what makes them decide not to?

Participants explained that trust in healthcare professionals, particularly GPs and pharmacists, played a key role in their decisions. When advice felt relevant and tailored to their situation, they were more likely to consider vaccination. Protecting family members, especially those who are vulnerable, was also an important factor, along with requirements linked to travel or work.

However, many participants described delaying vaccination rather than refusing it. This was often linked to feeling healthy and not seeing an immediate need. Concerns about side effects and uncertainty following experiences during the COVID-19 period also influenced decisions. In many cases, vaccination was not prioritised due to busy daily lives, leading to it being postponed rather than declined.

What difficulties do people have when getting a vaccine or understanding the information about it?

Participants described a number of challenges, particularly around understanding information and accessing services. Language barriers made it difficult for some to engage with written or complex information, and many preferred clear verbal explanations.
There was also confusion about which vaccines adults are eligible for, with some participants unsure about what is available beyond flu or COVID vaccines. Practical barriers were also common, including appointment times that do not fit around work, study or caring responsibilities. For some older participants, mobility and transport also made access more difficult.

What would help people get vaccines more easily? (how could the current offer be improved?)

Participants suggested that more flexible and accessible services would make a big difference. Evening and weekend appointments were seen as particularly helpful for working-age adults, while local delivery in community settings such as mosques and community centres was valued by many.

Clearer communication was also important. Participants wanted simple and direct messages that explain why a vaccine is relevant to them. Reminders from GP practices and better signposting of services were also highlighted. Many felt that offering vaccines during routine appointments or community events would make it easier to access them.

What would help people feel sure they are safe and right for them?

Participants said they would feel more confident with clear and honest information from trusted healthcare professionals. Being able to ask questions and have open conversations in a supportive environment was particularly important.

Many preferred verbal explanations, especially where language barriers exist, and valued communication that takes into account cultural understanding. Feeling listened to and not pressured helped build trust and confidence, even where people were still unsure.

Do you feel you are more likely to take up a vaccination?

Responses varied across the sessions. Older participants were generally confident and likely to continue taking up vaccines. Among working-age participants, there was more uncertainty.

Some participants said they felt more informed and would consider vaccination in the future or check their eligibility. Others remained less likely to take action unless prompted or if they felt it was directly relevant to them. Overall, the sessions helped increase awareness and made participants more open to engaging with vaccination information.

Conclusion

The sessions highlighted that the main challenge is not strong opposition to vaccination, but that many people do not see it as a priority, particularly among working-age adults. Ikhlas Education Centre provided a trusted and familiar space where participants felt comfortable discussing their views and asking questions.

The findings show that improving uptake will require clear and relevant communication, flexible and accessible services, and continued engagement through trusted community settings. Making vaccination easier to access and more relevant to everyday life will be key to supporting future uptake.

The Nsibidi Project

The Nsibidi Project is a community organisation based in Derby, supporting people from African heritage backgrounds. Their work focuses on amplifying voices and creating safe spaces where experiences, concerns and perspectives can be shared openly. Through culturally relevant engagement and trusted relationships, they help improve understanding and connection with healthcare services.

Who they engaged with on this project:
Participants included adults from African heritage backgrounds, particularly individuals and families within Nigerian and wider African groups. This included parents, carers and key decision-makers within families, as well as individuals from new and emerging communities who may face additional barriers when accessing health information and services.

Number of sessions: 3
Number of participants: 22
Number of community connectors: 3

The sessions were delivered through small group discussions, community meetings and ongoing conversations, including both in-person engagement and WhatsApp discussions. Sessions took place in familiar and trusted settings, including RCCG Living Seed Church and Churchside Walk Community Room, helping participants feel comfortable sharing their views and experiences.

Demographic Data

Across all sessions, a total of 22 participants were engaged.

Participants were mainly adults aged 26–45, accounting for approximately 80–90% of those engaged, with a smaller proportion from other age groups. Gender representation was relatively balanced, with approximately 50–55% male and 45–50% female participation.

Ethnicity data shows that the vast majority of participants identified as Black African backgrounds (approximately 90–100%), reflecting strong engagement with African heritage groups.

Most participants did not report having a disability, with approximately 85–90% indicating no disability. In terms of religion, participants mainly identified as Christian (approximately 70–80%), with a smaller proportion identifying as Muslim (around 20–30%).

How did participants feel about vaccines?

Participants shared strong and often deeply held views about vaccines. Many described vaccines as something they had grown up with and accepted as part of routine healthcare, particularly for children. However, attitudes have shifted in recent years, especially following the COVID-19 period, with increasing uncertainty and concern.

A key theme across discussions was anxiety around side effects and long-term impacts. Some participants linked vaccines to conditions such as autism and other neurological disorders, particularly in children. These views were often influenced by personal experiences and stories shared within families and social networks. Overall, participants were not always opposed to vaccines, but there was a noticeable increase in caution and scepticism.

What things help people choose to have a vaccine and what makes them decide not to?

Participants explained that decisions were shaped by a combination of personal experience, cultural understanding and information shared within their networks. Some said they would consider vaccination to protect their children or prevent illness in the future, particularly where there was a clear benefit.

However, there was strong hesitation linked to concerns about safety and effectiveness. Many participants questioned whether vaccines developed in the UK are suitable for people from African backgrounds, raising concerns about genetics and how vaccines may affect different populations. There were also discussions around the role of diet and environment in how vaccines interact with the body.

Mistrust of pharmaceutical companies was another important factor, with some participants questioning the motivations behind vaccine development. Concerns about side effects, particularly those associated with COVID-19 vaccines, also influenced decisions. In many cases, this led to delay or refusal, especially where trust was low.

What difficulties do people have when getting a vaccine or understanding the information about it?

Participants did not highlight major barriers to accessing vaccines, but there were clear challenges around understanding and trusting the information available. Many felt that information about vaccines is limited, unclear or not fully transparent.

For some participants, this was the first opportunity they had to openly discuss vaccines and ask questions. There was a lack of safe spaces where concerns could be explored without judgement. Participants also felt that information was not always culturally relevant or tailored to their experiences, which made it harder to build confidence.

What would help people get vaccines more easily? (how could the current offer be improved?)

Participants said that access to clearer and more detailed information would make a significant difference. They wanted more transparency about how vaccines are developed, what they contain and how they work in the body.

There was also a strong emphasis on the need for ongoing conversations and engagement. Participants felt that workshops and discussions like these should continue, as they provide an opportunity to ask questions and hear different perspectives. Support with signposting to trusted sources of information was also highlighted as important.

What would help people feel sure they are safe and right for them?

Participants said they would feel more confident if they received reassurance from trusted healthcare professionals, particularly those who understand their background and experiences. Clear and honest information about both the benefits and risks of vaccines was important.

A key theme was the need for reassurance that vaccines are safe and effective for people from different backgrounds. Participants wanted to understand whether vaccines are designed with consideration for different populations and how they may affect them. Being able to ask questions and have open discussions in a safe and respectful environment was essential in building trust.

Do you feel you are more likely to take up a vaccination?

Responses were cautious but showed some openness. Many participants said they would consider vaccination if they were provided with clear, balanced and transparent information about the benefits and risks.

While concerns remained, the sessions helped to open up conversations and increase awareness. For some, this was the first time they had explored these topics in detail, which supported a better understanding and made them more open to considering vaccination in the future.

Conclusion

The sessions highlighted that vaccine hesitancy within this group is strongly influenced by trust, cultural beliefs and shared experiences. While access to vaccines was not a major issue, confidence in information and trust in healthcare systems were key challenges.

The Nsibidi Project created a safe and trusted space where participants felt able to share their views openly. The findings show that improving vaccine confidence will require culturally relevant communication, transparent information and continued engagement through trusted networks.

Derby Asian Women's Network

DAWN
DERBY ASIAN WOMENS NETWORK
Empowering South Asian Women

Derby Asian Women's Network is an organisation supporting women from diverse backgrounds, particularly those from South Asian and other ethnically diverse groups, with a focus on improving the lives of Asian women, young people and their families. Their work focuses on creating safe, supportive spaces where women can access information, build confidence and engage with health and wellbeing services.

Who they engaged with on this project:
Participants included women from South Asian and other ethnically diverse backgrounds, particularly those who may experience language, cultural and access barriers when engaging with healthcare services. This included mothers, carers and individuals who play a key role in making health decisions for themselves and their families.

Number of sessions: 3
Number of participants: 33
Number of community connectors: 2

The sessions were delivered through small group discussions, informal conversations and integrated workshop sessions within existing parenting groups. They took place at the Pakistan Community Centre, providing a familiar and trusted environment for participants.

A culturally sensitive approach was used, with interpreters supporting Urdu, Punjabi and Bengali speakers alongside multilingual materials, verbal explanations and peer discussions. This created a safe space for participants to ask questions and build confidence in understanding vaccination information.

Demographic Data

Across all sessions, a total of 33 participants were engaged.

Participants were mainly adults aged 25–55, accounting for approximately 80–90% of those engaged, with a smaller proportion of older participants. All participants were female, reflecting the organisation's focus on women.

Ethnicity data shows that the majority identified as South Asian backgrounds (approximately 70–80%), particularly Pakistani, alongside smaller proportions from Indian, Bangladeshi and other Asian backgrounds (20–30%).

Most participants did not report having a disability, with approximately 85–90% indicating no disability. In terms of religion, the majority identified as Muslim, with some identifying as Sikh and other faiths.

How did participants feel about vaccines?

Participants shared a mix of views about vaccines, often shaped by personal experience, family influence and information shared within their networks. Many recognised that vaccines are important, particularly for protecting children and vulnerable family members.

However, there was also strong uncertainty and concern across sessions. Participants expressed anxiety about side effects, particularly fever and possible longer-term impacts, alongside confusion caused by mixed messages from social media and family networks. Trust in healthcare services had been affected following the COVID-19 period, with some participants describing a loss of confidence in official guidance.

Overall, participants were not strongly opposed to vaccines, but many felt unsure and wanted reassurance from trusted sources before making decisions.

What things help people choose to have a vaccine and what makes them decide not to?

Participants explained that trust and familiarity are key factors in decision-making. They were more likely to consider vaccination when advice came from trusted healthcare professionals, such as GPs, or from community connectors who understood their language and experiences.

Hearing positive experiences from other women, particularly mothers within their community, also helped build confidence. The desire to protect children and family members remained a strong motivator.

However, hesitation was strongly influenced by misinformation, particularly through WhatsApp and social media, as well as pressure from family members. Concerns about side effects, including fertility and children becoming unwell, were commonly raised. Many participants described delaying vaccination due to uncertainty rather than refusing it completely.

What difficulties do people have when getting a vaccine or understanding the information about it?

Participants highlighted several barriers, particularly around language and understanding. Information is often provided in English, making it difficult for some participants to fully understand or feel confident in what they are being told.

There were also challenges in navigating the healthcare system, including booking appointments online, understanding NHS messages and managing appointments around childcare and daily responsibilities. Some participants relied on family members to interpret information, which could lead to delays or missed appointments.

A lack of culturally relevant communication and limited opportunities to ask questions in a safe environment further reduced confidence.

What would help people get vaccines more easily? (how could the current offer be improved?)

Participants suggested that making services more accessible and community-based would significantly improve uptake. This included walk-in clinics, flexible appointment times and sessions delivered in trusted community venues.

Providing information in community languages such as Urdu, Punjabi and Bengali, alongside simple and clear explanations, was also seen as essential. Participants also highlighted the importance of female-only sessions, childcare support and trusted community ambassadors.

There was strong support for bringing vaccination services into community settings, rather than expecting individuals to navigate unfamiliar healthcare environments.

What would help people feel sure they are safe and right for them?

Participants said they would feel more confident with clear, honest and consistent information about vaccines, particularly around side effects and what to expect after vaccination.

Reassurance from trusted healthcare professionals, especially female staff, was important, alongside opportunities to ask questions in a safe and non-judgmental environment. Participants also highlighted the importance of culturally sensitive communication, including addressing concerns around ingredients and religious considerations.
Seeing other women from their community having positive experiences also played a key role in building confidence.

Do you feel you are more likely to take up a vaccination?

Responses varied across sessions. In earlier sessions, participants were generally less likely to take up vaccination due to strong mistrust and uncertainty. However, later sessions showed a shift, with many participants reporting increased confidence after taking part in discussions.

Several participants said they felt more informed and reassured, with some planning to book missed appointments or consider vaccination in the future. While hesitancy remained for some, the sessions helped to open up conversations and improve understanding, which is an important step towards increased uptake.

Conclusion

The sessions highlighted that vaccine hesitancy within this group is strongly influenced by trust, language barriers and misinformation, particularly within family and social networks. While many participants recognised the benefits of vaccination, a lack of confidence and culturally relevant information limited uptake.

Derby Asian Women's Network successfully created safe, trusted spaces where women felt able to share their concerns and ask questions openly. The findings show that improving uptake will require culturally tailored communication, community-based delivery and continued engagement through trusted networks. Building trust through consistent, relationship-based approaches will be key to supporting informed and confident decisions about vaccination.

The Hadhari Project

THE HADHARI PROJECT

The Hadhari Project is a registered charity supporting local communities, with a focus on older adults, particularly those from African and Caribbean backgrounds. The organisation promotes welfare, education, social and recreational needs of people who are elderly or experiencing poor mental health, providing a trusted space where individuals can access support and engage with health and well-being information.

Who they engaged with on this project:
Participants were mainly adults aged 55+, with a diverse mix of African Caribbean, White, Asian and mixed heritage backgrounds. This included individual managing long-term health conditions and those who may face challenges in accessing or understanding health-related information.

Number of sessions: 3
Number of participants: 102
Number of community connectors: 2

The sessions were delivered through community-based workshop events held at the Hadhari Centre. Sessions included presentations from health professionals and guest speakers, supported by visual materials, group discussions and question-and-answer sessions. This created a familiar and trusted environment where participants felt comfortable engaging and sharing their views.

Demographic Data

Across all sessions, a total of 102 participants were engaged.

Participants were primarily older adults, with approximately 85–90% aged 55+, including strong representation from those aged 56–65 (around 30–40%) and over 66 (around 40–50%), alongside a smaller proportion aged 46–55. Gender representation included both male and female participants, with a relatively balanced split of approximately 45–55% male and 45–55% female.

Ethnicity data shows a diverse group, with participants identifying as Black Caribbean and Black African (approximately 40–50%), alongside Asian backgrounds (around 20–30%) and White backgrounds (around 20–30%).

A proportion of participants reported having a disability, with approximately 20–30% indicating additional health or mobility needs, reflecting the older age profile of the group. In terms of religion, the majority identified as Christian (approximately 70–80%), with smaller numbers identifying as Hindu and other beliefs (20–30%).

How did participants feel about vaccines?

Participants shared a wide range of views about vaccines, reflecting different experiences and levels of confidence. Some participants, particularly those with healthcare backgrounds such as retired nurses, felt strongly that vaccines are essential and described them as a necessary part of protecting public health. Others expressed uncertainty or mistrust, particularly around safety, effectiveness and long-term impact.

The influence of COVID-19 was strongly evident, with some participants describing feeling overwhelmed by the increased attention on vaccines and unsure about what information to trust. Social media was frequently mentioned as a source of confusion, with participants exposed to conflicting and often negative messages.

Discussions around specific vaccines, such as shingles and RSV, highlighted gaps in understanding, particularly around eligibility, symptoms and purpose. Personal stories shared during sessions, including experiences of illness and recovery, helped shift perspectives and encouraged some participants to reflect more positively on vaccination.

What things help people choose to have a vaccine and what makes them decide not to?

Participants explained that having a clear understanding of how vaccines work and seeing evidence of their benefits were key factors in choosing to be vaccinated. Individuals with medical knowledge or healthcare experience were more confident, often referencing their understanding of disease prevention and public health outcomes.

Learning about vaccination schedules and the role vaccines play in reducing illness and death rates also helped increase confidence. Hearing from health professionals and trusted speakers was particularly influential in supporting informed decision-making.

However, hesitancy was often driven by lack of clear information, exposure to misinformation and personal or religious beliefs. Some participants felt unsure about whether vaccines were necessary or safe, particularly when influenced by conflicting messages. For many, the decision was not a firm refusal but a delay due to uncertainty and lack of reassurance.

What difficulties do people have when getting a vaccine or understanding the information about it?

Participants highlighted that understanding vaccine information was a key challenge. Many felt that written information can be too complex or difficult to interpret, particularly for individuals with lower literacy levels or undiagnosed conditions such as dyslexia. This made it harder for some participants to follow instructions or understand eligibility.

There were also concerns about how vaccines might interact with existing health conditions or medications, particularly among older adults. Some participants delayed vaccination because they were unsure whether it was safe alongside their current treatment.

Practical barriers such as travel and mobility were also mentioned, especially for those with physical health needs. In addition, participants reported not always knowing where to access reliable information, which contributed to uncertainty and hesitation.

What would help people get vaccines more easily? (how could the current offer be improved?)

Participants suggested that delivering vaccination services in community settings would make access easier. Locations such as community centres, religious buildings, pharmacies and local gathering spaces were seen as more convenient and familiar.

There was also a strong emphasis on improving communication, particularly through verbal explanations and interactive sessions rather than written materials alone. Participants valued opportunities to ask questions and have discussions in a supportive environment.

Some participants also highlighted timing as an issue, noting that vaccines are sometimes offered too late in the season. Earlier availability, particularly for winter vaccines, was seen as important in improving uptake.

What would help people feel sure they are safe and right for them?

Participants emphasised that trust is central to building confidence. Receiving information from trusted individuals, particularly those within their own community or with shared cultural understanding, made people more likely to engage and feel reassured.

Clear, transparent and honest information about how vaccines are developed, tested and monitored was also important. Participants wanted reassurance that vaccines are safe, particularly in relation to their age, health conditions and medications.

Being able to ask questions and have open discussions in a non-judgemental environment was key. Participants felt more confident when they were listened to and their concerns were addressed directly.

Do you feel you are more likely to take up a vaccination?

Many participants reported that the sessions helped improve their understanding and confidence. Being able to hear directly from health professionals, alongside discussions with peers, helped address misinformation and reduce uncertainty.

While some participants remained cautious, many felt more informed and reassured. Several indicated they were more open to considering vaccination, particularly after gaining a clearer understanding of how vaccines work and their benefits.

The sessions played an important role in helping participants move from uncertainty towards more informed and confident decision-making.

Conclusion

The sessions highlighted that vaccine hesitancy within this group is influenced by misinformation, lack of accessible information and concerns about safety, particularly in relation to existing health conditions. Social media, personal beliefs and uncertainty all contribute to shaping attitudes.

The Hadhari Project created a trusted environment where participants felt comfortable discussing their concerns and engaging with reliable information. The findings show that improving uptake will require clear, accessible communication, trusted community engagement and continued opportunities for open discussion. Delivering information and services within familiar community settings, alongside trusted voices, will be key to building confidence and supporting informed decision-making.

Breakdown of Sessions

A total of **39 sessions** were delivered by **nine community organisations** as part of the vaccination programme, engaging **1,306 participants** in total and supported by **29 community connectors.**

Organisation Name	Number of Sessions / Events	Number of Community Connectors	Number of Participants Engaged
Aapni Welfare Society	3	2	27
Central Education and Training	3	7	108
Derby Asian Women's Network	3	2	33
Kelsey Family CIC	7	1	39
Sahahra	3	5	101
The Hadhari Project	3	2	102
Ikhlas Education Centre	11	1	799
Nsibidi Project	3	3	22
Indian Community Centre	3	6	75
Total	**39**	**29**	**1,306**

Overall findings summary

Across the nine organisations, a total of **39 sessions were delivered, engaging 1,306 participants** from a wide range of communities, including South Asian, African, Caribbean, Eastern European and new and emerging populations. While each organisation adapted delivery to meet the needs of their communities, several consistent themes emerged.

1. Safe and familiar environments support open discussion

Across all sessions, creating safe and familiar environments played an important role in supporting engagement. Delivering sessions within community settings such as community centres, faith venues, schools and existing group activities helped participants feel more comfortable discussing vaccination.

A relaxed and informal approach encouraged open conversation, allowing participants to ask questions and share their views in a way that felt natural. This was particularly important for individuals who may not usually engage with health services or who may feel less confident accessing formal healthcare settings.

2. Gaps in understanding and need for clearer information

Participants across all organisations described varying levels of understanding about vaccines. While some had a general awareness, many identified gaps in knowledge, particularly around eligibility, purpose and potential side effects.

In several sessions, participants shared that the information they had previously received was either limited, outdated or difficult to understand. This highlights the need for clear, consistent and accessible information that supports people to make informed decisions.

3. Misinformation and mixed messages influence confidence

Misinformation was a common theme across sessions, with many participants referring to conflicting messages from social media, online sources and wider community discussions.

The impact of COVID-19 was frequently mentioned, with some participants describing ongoing uncertainty about vaccine safety and effectiveness. For some, this contributed to hesitation or delay, rather than a clear decision not to vaccinate. Sessions that created space to discuss and clarify information helped to address some of these concerns and improve understanding.

4. Barriers to access and understanding

Participants highlighted a range of barriers to accessing vaccination services and understanding related information. Language barriers were particularly evident, especially for those whose first language is not English.

There were also concerns about how vaccines may interact with existing health conditions or medications, particularly among older adults. In addition, some participants described difficulties in knowing where to go, how to book appointments or what services were available. These barriers often contributed to uncertainty and reduced confidence in accessing vaccination services.

5. Importance of culturally appropriate and accessible communication

Across all organisations, participants responded positively to information that was delivered in a clear, accessible and culturally appropriate way. Verbal explanations, group discussions and opportunities to ask questions were particularly valued.

The role of community connectors and trusted facilitators was key in supporting engagement. Being able to receive information from individuals who understand cultural context, language and community dynamics helped to build trust and improve understanding.

6. Increased confidence through community-led engagement

Feedback from participants across all sessions showed an increase in confidence and understanding. Many said they felt better informed and more able to make decisions about vaccination following the sessions.

The opportunity to ask questions, hear from others and discuss concerns in a supportive environment helped to reduce uncertainty. Providers also observed that once participants began engaging in conversation, they were more willing to continue learning and exploring the topic.

Recommendations

The vaccination engagement work delivered through community organisations has provided valuable insight into how people access, understand and respond to health information when it is delivered in trusted and familiar settings. Across 39 sessions, organisations engaged 1,306 participants and identified key areas to strengthen future delivery.

1. Continue to invest in community-led delivery

Participants consistently responded positively to sessions delivered through trusted community organisations. Familiar settings helped reduce barriers and created a more comfortable environment for discussion.

Future work should continue to support and invest in community-led engagement, recognising the important role that local organisations play in reaching communities who may not engage in traditional healthcare services.

2. Provide clear, consistent and accessible information

Across all sessions, participants highlighted the need for information that is clear, consistent and easy to understand. Many described confusions around vaccine eligibility, purpose, side effects and how vaccines relate to existing health conditions.

Future information should be simplified and avoid technical language, using clear explanations that reflect common questions and concerns raised by communities. Providing information in multiple formats, including verbal discussions, visual materials and translated resources, will help ensure it is accessible to a wider range of people.

There is also a need for consistency in messaging across different sources, as conflicting information can lead to uncertainty and delay in decision-making. Ensuring that communities receive clear, accurate and aligned information will support greater confidence and understanding.

3. Address misinformation through open discussion

Misinformation was a common concern across all organisations, particularly through social media and word of mouth within communities. Participants valued opportunities to ask questions and have misconceptions addressed in a supportive environment. Future engagement should continue to priorities open discussion, allowing people to explore concerns, challenge myths and build understanding in a non-judgmental setting.

4. **Improve awareness and visibility of local services**
Many participants were unsure about where to access vaccination or how to navigate services. Increasing awareness of available support, including local clinics, pharmacies and community-based provision, will be important. Communication should be strengthened through community venues, faith settings, schools and local networks to ensure information reaches people in spaces they already trust.

5. **Provide culturally appropriate and accessible communication**
Participants highlighted the importance of receiving information that reflects their language, culture and lived experiences. Community connectors and interpreters played a key role in supporting this.

   Future delivery should continue to priorities culturally appropriate engagement, including translated materials and community-led communication that reflects the needs of different groups.

6. **Deliver vaccination information in ways that reflect how communities engage**
Participants engaged most effectively when information was delivered through familiar, informal and community-led settings. Group discussions, conversational sessions and integration into existing community activities helped people feel more comfortable and more willing to take part.

   Future delivery should continue to use these approaches, ensuring that vaccination information is shared in ways that feel accessible, relevant and easy to engage with, rather than relying on formal or clinical settings alone.

7. **Build on increased confidence and sustain engagement**
Participants reported increased confidence and understanding following the sessions, with many more open to considering vaccination. Maintaining this momentum will be important. Ongoing engagement, follow-up sessions and continued presence in the community can help reinforce messages, build trust over time and support longer-term behaviour change.

8. **Strengthen partnership working and shared learning**
The programme demonstrated the value of collaboration between community organisations and NHS, primary care and local health organisations. Sharing learning, approaches and resources can help improve consistency and impact across delivery. Creating opportunities for organisations to continue working together will support stronger, more coordinated community engagement in future.

Conclusion

The Vaccination Wave 3 Programme has shown how effective community-led engagement can be in helping people talk more openly about vaccination and their health. **Across 39 sessions, nine community organisations reached 1,306 participants**, many of whom had not previously taken part in vaccination-related discussions.

By delivering sessions in familiar and trusted spaces, organisations created the right environment for people to have honest conversations about topics that can sometimes feel uncertain or difficult to discuss. This approach helped to break down barriers, build confidence and increase awareness of vaccination and local services.

The learning from this programme highlights that change happens when health information is made accessible, relatable and local. With continued support and collaboration, there is a strong foundation to build on this work and support more people to make informed decisions about vaccination.

DHIP is a co-led, joint initiative between Derby City Council (Public Health) and Community Action Derby, working with community organisations and leaders.

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Derby Health Inequalities Partnership