

# Supporting communities where the uptake of the COVID-19 vaccine is low in Birmingham and Solihull

## Action card

### Background

An estimated 400,000 people living in Birmingham are either unvaccinated against COVID-19 or have not received their full course, often living in areas of deprivation. There are many factors contributing to the lower uptake including historically lower trust of authorities, poor experiences of health services, financial restraints meaning they are unable or unwilling to travel to access the vaccine and language barriers (meaning important information is missed).

### What we did

The COVID-19 vaccination team have developed a model to support the uptake of the COVID-19 vaccine in communities where uptake is low, by working closely with key stakeholders to identify the most effective approach. The model is evolving and under continual review and learning is used to inform the next initiative.

The initiatives the team have undertaken include holding myth-busting conversations and offering the COVID-19 vaccine at:

- A pop-up service at a church community hall where they offered a complementary food and cost of living support. More about this work can be found in a case study written by the team [here](#).
- A session where they joined a soap making activity for mothers. More about this work can be found in a case study written by the team [here](#).
- Joining an established Lottery Community Funded Project which supports a community in an area of specific deprivation. More about this work can be found in a case study written by the team [here](#).
- A wider health-hub (e.g. services to support mental health, housing, registering with a GP, Hepatitis B and C vaccines) for asylum seekers residing in a local hotel.
- A drop-in service for people experiencing homelessness. The team also initiated 8 onward referrals to support health needs. More about this work can be found in a case study written by the team [here](#).
- A focus group for women in Black, Asian and minority ethnic (BAME) communities about the COVID-19 and childhood immunisations. More about this work can be found in a case study written by the team [here](#).
- A session at the local University to support pharmacy students.

# Supporting communities where the uptake of the COVID-19 vaccine is low in Birmingham and Solihull

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### The impact

- During our pop-up clinics, we have had many myth-busting conversations about the vaccine with members of the public, including those who had had their primary dose but did not feel they needed a booster, as well as those who are vaccine hesitant. Approximately 10% of these conversations resulted in people receiving their vaccine.
- Those who were fully vaccinated also welcomed the conversations about the importance of spreading the word to their friends and family of the benefits of being vaccinated.
- We held many wellbeing and general health conversations with people and were able to provide the information onsite or signpost them to relevant services. These conversations were our starting point in many instances and so were important as they often led to a discussion about the COVID-19 vaccine and sometimes a vaccine itself.

### Key aspects to the success of the programme

- Engaging and planning with key people in local communities, such as local leaders, councillors, agencies supporting the communities.
- Having the right people who can understand, engage and communicate with the individual communities at the pop-ups.
- Thoroughly considering the location for the pop-up - members of the community might be more likely to attend if the vaccination is made available/being offered in a locally trusted place (such as a church hall) rather than a bus parked outside it.
- Dove-tailing the COVID-19 vaccination with other services that are relevant to the individual community, such as employment opportunities, registering with a GP, childhood vaccinations, etc. The opportunity to discuss additional health and lifestyle concerns has been found to increase footfall.
- Using an informal approach to maximise engagement. This could include taking part in an activity that is already scheduled or at a community event where practitioners are not in uniforms and opportunistic discussions about vaccinations and the benefits. People need to feel listened to and understood.

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### Reflections from the Trust Inequalities Lead

*"Decision making by communities where uptake is low has complex issues. However, working from a client centred approach and taking the vaccine into communities with community advocates has resulted in improved uptake. Understanding current health priorities such as, child health and childhood imms, Mental health, access to primary care, poor health in general has led to many of our community sites directly referring onto primary and secondary care. This has also supported trust in the NHS, in particularly communities that were negatively impacted by people's experiences of the pandemic."*

*Sandra Fitzpatrick MBE  
RGN, BSc Hons HV, MPH*

**Covid-19 Mobile Clinic  
At  
Newbigins Community Trust  
09/11/2022**



## Turn up, get jabbed, and receive a free meal and £5 cost of living grant to boot!

The vaccination team, Lead Nurse Sandra, Operations Manager Elizabeth, with their team

Is the Covid 19 virus still with us? The answer is unfortunately - Yes! But today (9/11/2022) saw a big drive, getting the local people of Winson Green vaccinated against the virus in time for the coming winter. And the local Lodge Road Church Centre became 'Vaccination Central' for the day. For those who turned up, got jabbed, received a free meal and £5 cost of living grant to boot!

Covid 19 is still here, with hospital admissions and deaths. You'd be forgiven for thinking the virus has passed, as the world is moving again. Shops, cinemas and bars are open again. And the news doesn't bang on daily about new infection rates and numbers who've died. But just because it's not on TV or in newspapers, doesn't mean the virus has gone away. It's out of the news, but still ongoing!

It's thought there are around '400 Thousand' people across Birmingham, who have either not had any vaccinations or not received their full course of-first second and booster. The most significant variant been 'Omicron'. It's deemed less deadly, but more easily infective.

Those unvaccinated tend to live in deprived areas, with low vaccination uptake for many factors. People on low incomes, can't or are unwilling to travel to other non-local areas for vaccination jabs due to cost or effort. They may mistrust authorities, or had bad experiences of GP's and hospitals. They fear hospitalisation, don't know there NHS number, or aren't even registered with a GP. There may be languages barriers, (meaning people missed important information).

Winson Green is one such area, with a low vaccination uptake. Meaning it's a risk of becoming a pocket for the proliferation and spread of the virus. Rev Angela Barker (Anji) explains, "In communities like ours, there tends to be a high density of people with delicate, underlying and vulnerable health conditions".

Anji added, "Some people have a history of drug or alcohol misuse, or smoking related COPD. These only serve to weaken organs (making these people most at risk and susceptible to serious illness and hospitalisation), caused by the virus".

People, who aren't vaccinated, may also be excluded from places and events. Anji didn't want vulnerable people in Winson Green to miss out. As part of 'Flourish', (a West Birmingham NHS partnership), Anji met Sandra Fitzpatrick, a Registered Nurse, (with





an MBE no less). Sandra's a 'Clinical Lead for Covid Programmes', and 'Inequalities Lead for Birmingham'.

Together with Anji, they launched the scheme to reach and vaccinate as many people in the community as possible, using the Newbiggin Trust drop in Centres as Hubs. This was a more effective strategy to reach the people, (where local people feel more comfortable and at ease). As pop up vaccination clinics, using a mobile van wasn't as effective, as people would walk on by.

Sandra already had success setting up a vaccination scheme to reach pregnant women going through maternity. Called 'The big push', it's been going for 9 months. A concern of expectant mothers, was the safety to the baby. But Sandra explains, "The vaccine produces antibodies to the virus in the mother, that crosses the placenta to protect the baby. And after birth, the protective antibodies are passed onto the baby through the mother's milk".

The visiting nursing team talked to people about the positives of having the vaccine jab. Sandra explains, "We talk about staying healthy during the winter period. Discussing chest infections, then flu jabs, and then talking about Covid. How receiving a jab gives protection from becoming really ill from Covid, and being less likely to need hospitalisation". Sandra also talks to families about their childhood immunisations and the importance of contacting their GP/Health Visiting service to receive any outstanding immunisations.

Today was 'Day 1' of this NHS initiative in the Community Centre. Anji, herself received a Covid vaccine booster jab, (setting a positive example for others). The vaccination day was so successful, that after just an hour, the team ran out of doses, ordering more to be rushed to the Centre, because of the bigger than expected uptake, (by 20 people in all). The nursing team expected to be at the centre from 10am - 2pm, (but stayed until 3pm due to the demand).



From a national standpoint, utilising Community Centres as 'Vaccination Hubs' is proving a good strategy to better reach people in deprived regions, particularly serving the vulnerable. So eliminating pockets for Covid to linger and spread within communities. Meaning people are less likely to need hospitalisation, which reduces winter pressures on NHS clinics and hospitals. This frees up hospital bed availability for those who need them for other conditions. This strategy is to be repeated across the region. Newbiggin Trust have two more drop in sessions planned for this month.

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## **Benson Community Hub**

### **16/11/2022**

#### **Background:**

Mothers attending the hub came from a mix of Pakistani, Bangladeshi and Black African backgrounds. A number of myth busting challenging conversations were held, five individuals converted to a vaccine with others saying they will think about it. Others said "no I am not interested," "thanks for the information I will think about it." There were around 20 mothers that were engaging in the activity put on by the hub, everyone was spoken to.

#### **Impact:**

The community knew we were at the hub a gentleman presented having had a fall. First aid was applied to his nose and forehead, conversation continued and his foot was cleaned and dressed, he was referred to a podiatrist for urgent treatment. Whilst having a conversation with a cup of coffee he was persuaded to have his vaccine.

We were approached by a concerned mother of three who was worried about the weight of her two youngest children. We went through both children's red books and identified that whilst weight and length were running along the same centiles, and advised to get a more up to date measurement. The mother was encouraged to attend her next health visiting clinic. Immunisations was also discussed and for this to be also updated at the health visiting clinic which was booked for w/c 28th November. Dietary suggestions were discussed at length including breast feeding, with advice documented in both red books.



It was identified that a nurse prescriber for even one session a week would have been very beneficial across both sites.

#### **Number of people vaccinated:**

In total seven booster vaccines were delivered. Five of which were their first booster and that was between 12 and 15 months.

### **Service User Engagement:**

We had already been informed that this group were extremely vaccine hesitant. We therefore took part in the activity using this opportunity to softly engage in dialogue which eventually seven people were persuaded to have their vaccine.



**One service user said** *"I'm now definitely going to go to the health visiting clinic and get my children measured properly, I feel so much better now that I understand. I can tell my family that you have to look at weight and length together and now I know that this is normal for my children."*

### **Agreed Way Forward:**

Staff have agreed to send key messages, post social media assets on all platforms appropriately, mothers with children they will highlight immunisations and key appointments.

### **Feedback from Chrissie (Hub Manager):**

*"It was great to have NHS workers at our Benson Hub last Wednesday to offer Covid19 Vaccinations and boosters. Not only did they make it extremely convenient for our community members by setting up on site, they also took the time to chat to our Wednesday morning attendees during our soap making workshop and answer some health questions, ranging from queries around vaccine concerns to regarding their children's developmental milestones.*

*I believe several people took advantage of the offer, which felt worth the call-out. This may have been more successful if the notice to school staff and parents was better circulated beforehand, and perhaps if we had had a sign on or fencing as a reminder or invitation. The NHS staff themselves were wonderfully warm, welcoming, friendly and respectful, which is all in line with our charity's ethos. Yes we would do this again."*

**Sandra Fitzpatrick MBE  
RGN, BSc, Hons HV, MPH  
&  
Elizabeth Allcott  
MPH & BSc Hons DR**

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# Nechells Pod

09/12/2022

## Background:

Nechells has a significantly younger age profile than the city as a whole and has a higher BAME population share. Nechells is amongst the city's deprived wards and has the lowest average income out of the city's 69 wards. Resident employment rates in the ward are well below the city average and economically inactive residents account for nearly half of the working age residents.

Nechells Pod works with and for the local community to enhance life chances for Nechells residents. The Pod also runs a successful 'All of Us Project' funded by the National Lottery Community Fund. The All of Us Project has three key priorities:

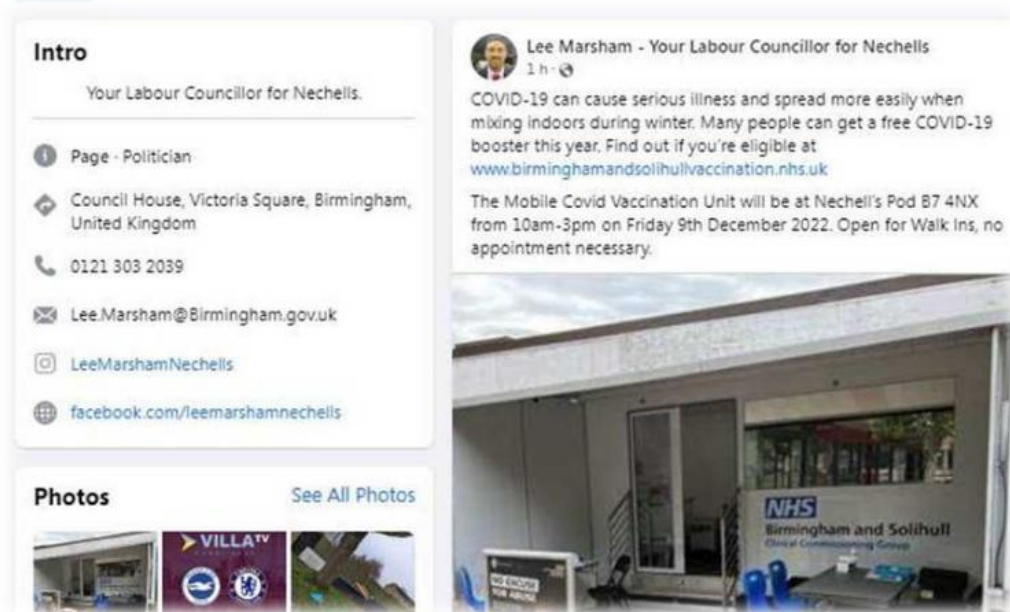
- **Outcome 1** - *Newly arrived families and isolated older people will engage in positive activities that improve community cohesion and reduce social isolation*
- **Outcome 2** - *Newly arrived adults will improve their communication skills and have access to training, volunteering and employment.*
- **Outcome 3** - *Physical and mental well-being of newly arrived families and isolated older people will be improved*



The vaccination team attended Nechells Pod on Friday 9<sup>th</sup> December 2022 as the pod was open as a food bank and a coffee morning for local residents on this particular day. Residents attending the pod came from a mixture of Pakistani and Black African backgrounds. This gave us the opportunity to engage with the local community and talk about staying healthy this winter including vaccinations.

## Partnerships:

Prior to attending Nechells Pod we worked in partnership with local community organisations, local leaders and Cllr Lee Marsham who is the local Cllr for Nechells. This was to ensure information about the vaccination van being present was promoted and advertised. Information was also disseminated into the local community about the importance of Covid and Flu and the impact of the winter pressures. Beth Bailey who is the manager of Nechells Pod displayed posters at the pod and other community settings. The Local Cllr also supported by promoting the vaccination van through his social media (as seen on the image).



Cllr Lee Marsham post on Facebook



Posters displayed at Nechells Pod

**Impact:**

Around 32 residents attended the pod and engaging conversations were held with the offer of vaccination to everyone. A number of myth busting conversations were held, examples of the conversations were:

- *"Covid only affects older and vulnerable people"*
- *"The virus is becoming milder"*
- *"Masks don't work"*
- *"Vaccines don't reduce transmission"*
- *"Covid vaccine is a trial and I do not wish to be a part of it"*
- *"I have had a booster and do not need another one"*
- *"My family say I don't need the vaccine"*
- *"I have never had a vaccination and I have been fine, so I do not wish to have a Covid vaccine"*

Two individuals who had concerns around not needing another booster, after a conversation explaining the importance of needing an additional booster as antibodies gradually wane over time and a further booster is needed to help improve their protection. They both were persuaded to have and take the offer of an additional booster.

Around 10 individuals spoken to were already fully vaccinated but welcomed the advice and the importance of spreading the word to family and friends to get vaccinated.

**Health & Wellbeing:**

Several wellbeing conversations were held with residents at the pod. One resident had concerns around financial support, the individual was signposted and given details for the local council and who to contact to get support. Another resident had a housing concern, luckily on the day there was a local housing officer present at the Pod who was able to offer support with temporary to permanent accommodation. Another resident with a chest infection who mentioned coughing up blood and had not contacted his GP. Advice was given for him to contact his GP for an emergency appointment. The resident agreed to ring his local doctors whilst we were present and got an emergency appointment the same day.

**Number of vaccines delivered:**

In total five booster vaccines were delivered. All of the five boosters given it had been recognised it had been between 12 to 18 months since their last booster.

### **Agreed Way Forward:**

Cllr Lee Marsham came down to Nechells Pod on the day to provide support and look at ways to help further with the local community. It was identified by the Cllr that more targeted work in the area was needed and the possibility of dropping leaflets through doors in the high rise flats within Nechells. Further conversations were held around looking at places the vaccination team had been previously and establishing possible venues and events to target.

The local community leaders and the Cllr have also agreed to continue to send key messages, post social media assets on all platforms appropriately. The key information will be then disseminated into the local communities with Nechells.

### **Feedback:**

Established relationships within the communities with local leaders and people with trusted voices are important and paramount to the work we undertake. This helps us to set out clearly priorities and locally implement them effectively. The visit to Nechells Pod demonstrated prior, during and after the importance of partnerships and having leaders on board to continue to support the local community.



**Elizabeth Allcott** (Operations Manager) **Michele Owen**  
(Nurse in Charge) **Cllr Lee Marsham** (Nechells Cllr)

***Elizabeth Allcott***  
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# Salvation Army

## William Booth Centre

Birmingham & Solihull Covid Vaccination Programme



### Background:

The Salvation Army operates over 80 supported accommodation services across the UK and the Republic of Ireland, these are known as 'Life Houses' because they are more than a place to stay. They are places where people can get support with their housing issues but also find support with other aspects of their lives such as employment, debt problems, training, spirituality, loneliness, addiction or mental health. The centre offers a safe, supportive environment for individuals, helping individuals to make positive choices about their current circumstances.

The William Booth Centre provides first stage accommodation and support for people currently experiencing homelessness. The service is intended for men and women aged 21 and above and each individual is allocated a key worker to help them work through their support issues. The centre runs services in a person-centred way by putting them in charge of the process. The aim is to look at things from the perspective of what they can do and are good at rather than what they can't do. By creating a calm, supportive environment the purpose is to make residents feel empowered and respected.



Solving someone's immediate need for housing is a vital first step and for some people that is enough. For other people they require more support, the ethos of the William Booth Centre is to recognise that everyone is an individual and people have different wants and needs. They also recognise that for some people the experiences that have led up to those becoming homeless may have been traumatic and they may require some specialist support.

### **Partnership:**

Prior to the attending The Salvation Army Centre we worked in partnership with Will Neville who is the centres manager who also has lived experiences of being homelessness and drug addiction.

The vaccination team attended the centre on Tuesday 24<sup>th</sup> January 2023 from 9:30am to 2pm. The Hepatitis C and HIV clinic was also present on this day. This gave us the opportunity to work in partnership with the centre to help support the community with COVID vaccinations as well as engaging conversations around health and well-being and making referrals where appropriate.



### **Impact:**

We spoke to twenty residents at the centre who were all offered the vaccination. Two health referrals were made and two health and well-being advice was given to residents at the centre.

Many tough and challenging myth busting conversations were held on the day with some residents who had strong anti-vaccination views. Several residents appeared not interested or not wishing to talk about vaccinations. Below are examples:

- "You are killing everyone with them vaccines"
- "Is it compulsory for me to have a vaccine?"
- "Am I being forced to have a vaccine?"
- "I refuse to have anymore"

- "Why are you making different vaccines"
- "COVID is not real and it's about time you realised"
- "You are all doing a great job but I do not want any more vaccines"
- "What is the point in having the vaccine as I can still catch COVID and spread it?"
- "I am immune to COVID"
- "I got told by my mate the vaccine is there to kill you"

We spent a lot of time with some residents to understand their reasons and trying to break down the barriers of vaccine hesitancy. It was important to understand people's COVID-19 beliefs, their interactions with health misinformation and attitudes towards a COVID-19 vaccine. Residents spoke about a wide range of sensitive misinformation they had encountered which resulted in confusion, stress and mistrust. We found vaccine hesitancy was recognised by safety concerns, negative stories and personal knowledge. For many this didn't lead to a vaccination however, the intent was to assure residents with facts of the most relevant and up to date information in relation to COVID-19 in the hope they change their views which potentially might lead to a vaccination in the future.

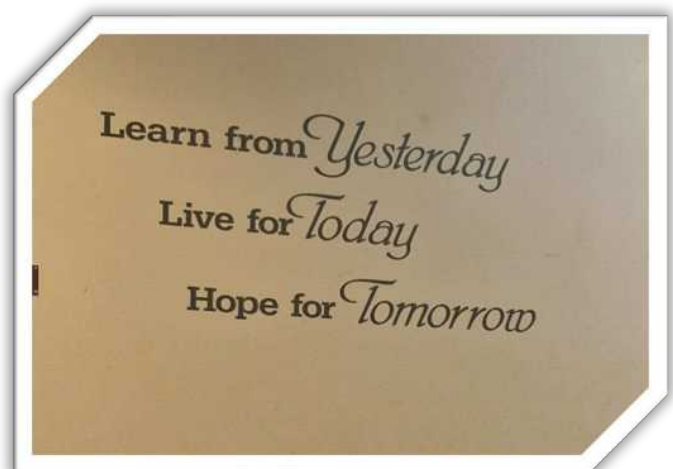
#### **Number of vaccines delivered:**

We delivered one COVID booster to a resident where it had been over a year since their last vaccine.

#### **Cases:**

A resident presented with a clicking neck issue. It was understood they had already been to the Doctor who according to the resident suggested they needed vitamins. Michele our Nurse in Charge had a very general discussion about the neck and could see they was holding a very heavy bag on the shoulder. It was suggested changing sides for the day with the bag but also looking to try a back pack to try and distribute the weight more evenly. It was also recommended heat for the neck and painkillers if needed. This was more about taking time with the resident and showing them care.

Another resident presented with a sore ear. It was established they had ear surgery previously and had moved from another part of the country and did not have a GP in Birmingham. They described a sore



ear with discharge so it was advised to attend the walk in clinic that was open on the day downstairs in the Health Exchange to see if treatment was required.

Finally, we were asked to look at a resident's finger. This individual was an alcoholic on methadone and was in significant pain. On inspection the resident had an infected finger which had tracked up his arm and was showing early signs of a possible significant infection. We liaised with the individual's key worker to try and persuade him to attend hospital; sadly he was not compliant with this. Therefore, we utilised the centres well stocked First Aid bag. The resident's finger was cleansed and redressed with clean dressings. The resident's key worker was going to get the prescription made up to try and persuade him to at least take oral antibiotics. The resident was very grateful for our Nurses help and very upset he couldn't stop drinking. The centre agreed they would monitor and keep a close eye on the resident. We followed up with the centre on Thursday 26<sup>th</sup> January 2023. The resident's key worker said the antibiotics were collected and the individual had started taking them. It was mentioned he had been downstairs to the Health Exchange to see the GP. However, the resident still refuses to go to hospital but he is doing okay at present.

#### **Outcome:**

When carrying out these particular visits we are increasing the scope of the service we are offering. It is important to give all the individuals we meet the time and care they need, especially when they do not have access to mainstream medical services or advice of when to seek intervention when required. Signposting is an essential part of our role along with making referrals where appropriate. We are lucky to have fantastic nurses attending the visits to offer their support to meet the resident needs. The visit highlights how our system goes above and beyond to reach our most vulnerable populations.

#### **Feedback:**

Martin (Team Leader):

*"The model of presenting ourselves as a health outreach primarily, with vaccination secondary, I felt helped pull down since of the initial resistance people had with talking to our team. We did one vaccination, but considering the low footfall today and the complex issues that the majority of the clients had, then this low number is not surprising."*



Nurses in Charge Lorna & Michele



Michele (Nurse in Charge):

*"This has been my first session of this type and I have welcomed the opportunity to talk to people and try to engender trust in NHS staff where maybe they have not always trusted."*

Lorna (Nurse in Charge)

*"It felt as though when doing these visits, it would be good to increase the scope."*

**Reported by:**

**Elizabeth Allcott**

**Operations Manager (Inequalities & Engagement)**

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# Birmingham & Solihull Vaccination Programme

## Bangladeshi Islamic Centre

15/02/2023

### Background:

The Bangladeshi Islamic Centre is a formally constituted, community led, independent charitable organisation, committed to the alleviation of disadvantage, inequality and deprivation through a targeted range of services to the communities with a particular focus upon the Bangladeshi community. The centre provides a wide range of services including information, advice and guidance to support the community. The centre bridges gaps between public sector partners and the communities they represent.

The key service areas the centre offers are:

- *Community centre management*
- *Sustainability & partnership development*
- *Advice, information & welfare*
- *Healthy living*
- *Women's development & empowerment*
- *Young people's social, educational & economic development*
- *Community centre development*



The vision of the Bangladeshi Islamic Centre is to be the most inclusive and successful community and voluntary sector organisation. Underpinning this high level aspirational vision is the total commitment to improving quality of life for all local residents and with a particular focus upon on Bangladeshi and other BAME groups living and working in the community. The centres mission is 'to promote health and wellbeing of the local community and support the achievement of lifelong learning for excellence.'

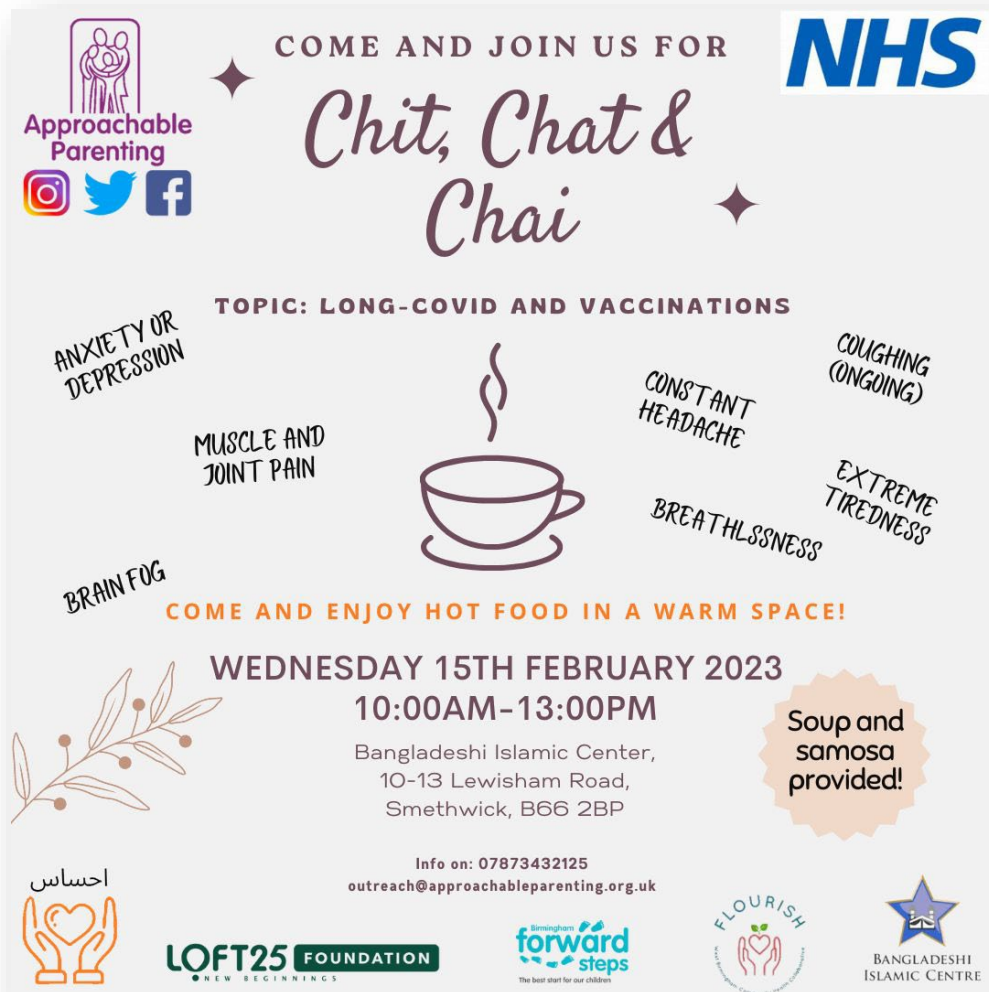
### Partnerships:

Prior to attending the centre the Vaccination Inequalities team have been working in partnership and supporting the Flourish Project. Flourish is the West Birmingham Community Health Collaborative, an open group of third sector organisations working in partnership with the NHS and other care providers to reduce health inequalities across West Birmingham. Through Flourish our team was introduced to Approachable Parenting which is an organisation which was established in response to the needs of the Black, Asian and minority ethnic (BAME) communities. The organisation offers a variety of services and recognised parenting courses drawing from both Psychology and

Faith Principles. Approachable Parenting works with people from all different backgrounds, cultures and faith communities, in a non-judgmental and supportive environment. Approachable Parenting have been working in partnership with Birmingham Community Healthcare (BCHC) and are undertaking some work with Post Covid Syndrome, whereby The Voluntary, Community, Faith and Social Enterprise (VCFSE) organisations across Birmingham and Solihull have been provided with small grants to undertake community engagement on Long Covid. The organisations have been primarily focused in the most deprived areas of Birmingham and Solihull, engaging with communities that are often under-represented, seldom seen or seldom heard. The events are held in the communities and raise awareness of Long Covid, self-management of symptoms and how to access BCHC service if needed. Therefore, this was a great opportunity for our team to where possible join the events held in person and enable uptake of vaccine.

We were invited to support and attend the Bangladeshi Islamic Centre on Wednesday 15<sup>th</sup> February 2023 to support a women's only focus group with discussions around not only COVID vaccinations but also childhood immunisations. Data currently shows COVID-19 vaccination rates remain low within the Bangladeshi cohort and reaching and engaging into these communities have been difficult. The team consisted of Elizabeth Allcott (Operations Manager for Inequalities and Engagement) and Paula Skid (Senior Midwife). The flyer (below) was promoted through social media channels to promote the event.

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## Impact:

In total twenty-two Bangladeshi women attended the discussion with all women spoken to about their vaccination status with additional discussions around childhood immunisations. We provided vaccination leaflets in multiple languages to support the discussions. The centre also provided translators to help with people where English was not their first language.

The aim was to understand the beliefs, barriers and hesitancy associated with the COVID-19 vaccine among Bangladeshi residents. It was important to connect with the community to





help build and improve confidence to gather key insights.

### Communications:

Below are examples of the discussions around COVID-19 vaccines collected from the women who attended the discussion:

- *"I am worried about the side effects of the vaccine."*
- *"What about the unknown future effects of the vaccine."*
- *"I have doubt in vaccine safety as the vaccine was rolled out very quickly."*
- *"Herd immunity will protect me if I don't have the vaccine."*
- *"The impact of the virus has been greatly exaggerated."*
- *"I have low confidence in the health system."*
- *"My own GP told me I don't need the vaccine."*
- *"Not enough information around the adverse reactions."*
- *"My husband died and I am positive it was because of the vaccine."*
- *"I have only had the vaccine as I need to travel."*
- *"Five days after I had the AstraZeneca vaccine I developed a blood clot, I am too scared to have another vaccine."*
- *"I have doubt in the effectiveness of the vaccine."*
- *"It's not on the news anymore so is it that serious?"*
- *"I have seen cardiovascular problems linked to the vaccine."*



Paula (Senior Midwife) also responded to questions around childhood immunisations in particular women who were pregnant which included; if the vaccination the child is receiving is a live vaccine, how long protection lasts for, if getting their child vaccinated is the right thing to do, being told by family members childhood diseases are not a large threat, therefore their child doesn't need any vaccinations. Paula explained in great detail the importance of childhood vaccinations and leaflets were also provided to support discussions for parents to make an informed decision.

### Discussion:

Vaccine hesitancy is a key barrier within the Bangladeshi community. Women who had more knowledge regarding the COVID-19 vaccine seemed to have a higher level of acceptance and lower level of hesitancy concerning the COVID-19 vaccine. Over half of the group declared to be fully vaccinated but still had worries and concerns regarding the future effects of the vaccine. Many women also stated they had the vaccination for travelling reasons with others suggesting if it was mandated to travel they would take up the vaccine. Although the women understood the importance of the vaccine they still had hesitancy around the safety and potential side effects. Social media was also identified as another factor to misinformation and misleading news about COVID-19 vaccinations.

The discussion at the centre signified the importance on building trust in COVID-19 vaccines and disseminating trusted information. There needs to be more of a focus to resolve and clear misconceptions to try and stop people within the Bangladeshi communities losing trust. Misinformation and lack of knowledge is a key driver to vaccine hesitancy which was highlighted through many concerns around side effects. The discussion emphasised the importance of health information in disease prevention and vaccine acceptance.

Many women felt reassured about the information given in the discussion and emphasised they would consider having a COVID-19 vaccination. They also expressed having more accurate advice from healthcare professionals would reduce hesitation and build confidence around vaccination uptake.



### **Moving Forward:**

Moving forward we plan to continue to work in partnership with BCHC and Approachable parenting to help support more discussions around COVID-19 vaccinations within our low uptake areas to assist with disseminating trusted information.

Supporting the Bangladeshi Islamic Centre has highlighted how our system can play a significant part in contributions to sharing trusted information and advice on staying protected. The visit also emphasised the importance of working in partnership with organisations which creates a better chance of creating services that meet people's needs, improving their outcome and experience. Working together can benefit from pooled expertise, resources and power sharing, with the goal to enhance the efficiency and quality of service provision.



### **Reported by:**

**Elizabeth Allcott (Operations Manager – Inequalities & Engagement)**

# **Birmingham & Solihull COVID-19 Vaccination Programme**

## ***‘Pakistani Women Focus Groups’***

### **Background:**

The vaccination inequalities programme continues to work in partnership with Flourish and Approachable Parenting to establish the needs of the Black, Asian and minority ethnic (BAME) communities. Approachable Parenting are working partnership with Birmingham Community Healthcare (BCHC) and are undertaking some work with Post Covid Syndrome, whereby The Voluntary, Community, Faith and Social Enterprise (VCFSE) organisations across Birmingham and Solihull have been provided with small grants to undertake community engagement on Long Covid. The organisations have been primarily focused in the most deprived areas of Birmingham and Solihull, engaging with communities that are often under-represented, seldom seen or seldom heard. The events are held in the communities and raise awareness of Long Covid, self-management of symptoms and how to access BCHC service if needed. In partnership with Approachable Parenting we were invited to support a Pakistani women’s only focus group being held at Masjid Al Faalah and The Abrahamic Foundation.

According to Birmingham City Council, data currently shows COVID-19 vaccination rates remain low within the Pakistani cohort and reaching and engaging with these communities has been difficult the COVID Vaccination Programme. Therefore, this was a great opportunity to support local discussions and encourage and enable vaccine uptake. Elizabeth Allcott (Operations Manager for Inequalities and Engagement) attended the sessions to engage with the community.

### **Visits:**

On Friday 17<sup>th</sup> March 2023 Elizabeth Allcott supported Approachable Parenting by attending Masjid Al Falaah which is a Mosque within Birmingham that provides support services and activities for Birmingham’s local community. According to the Office of National Statistics (ONS, 2021) Islam is the fastest growing religion in Birmingham and a large number of Muslims live in Birmingham. Mosques in Birmingham are the glorious example of the unity of Muslims who practice different faiths of Islam but stay together as a Muslim. The majority of Muslims





attend Masjid Al-Faalah in Birmingham where the Mosque is used for prayers, religious festivals such as Ramadan and community work.

On Monday 20<sup>th</sup> March 2023 Elizabeth Allcott attended The Abrahamic Foundation in partnership with Approachable Parenting. The Abrahamic Foundation was established in 2009 to serve the diverse needs of the Muslim community. It was founded by a group of scholars, teachers and other professional members of the community. The aim of the organisation is to create a centre that excels in providing high-quality education, youth work and training services. The Abrahamic Foundation is an inclusive organisation and endeavours on serving the community regardless of colour, race or ideological orientation.



#### **Impact:**

Even when vaccine supply is available and consistent, differences in rates of vaccination uptake are evident within specific populations including the Pakistani communities.

In total thirty-two Pakistani women attended the discussions over the two visits. The team provided leaflets including COVID-19 and childhood immunisations in multiple languages and translators were also available to support the discussions.

The aim of the visits was to understand experiences of coronavirus and COVID-19 vaccination whilst building confidence in the vaccine and highlight the safety and efficacy of the vaccine. The visit was also important to gather insights into the beliefs, barriers and hesitancy associated with the COVID-19 vaccine within the Pakistani community.



#### **Communications:**

Many Pakistani women didn't want to disclose their vaccination status with the majority revealing they were either unvaccinated or partially vaccinated with several being fully vaccinated.

Conversations collected from the women who attended the groups are found below:

- *"I have had one vaccine and believe I am now immune."*
- *"There has been so many stories on social media that has scared me."*
- *"Since I had the vaccine me and my family have lost our identity."*
- *"Since the vaccine I have never felt the same."*

- ***"The vaccine still allows you to catch COVID so I don't need it."***
- ***"I was very dizzy after the first vaccine so I did not return for another vaccine."***
- ***"I have not took any vaccines due to my diet being good and my body getting all the vitamins it needs."***
- ***"The vaccine has impacted me mentally."***
- ***"I work in a college and young people are not educated enough about the vaccine."***
- ***"There was not enough education within our community around the vaccaintions."***
- ***"Trust has been lost within the NHS since the pandemic."***
- ***"There has been too much scare in our community about the vaccination."***
- ***"The side effects of the vaccine has played a big part in the uptake within the community."***
- ***"Rumours spread very quickly in our community and our community is very close knitted."***
- ***"Misinformation around the vaccinations also came from healthcare professionals so we have lost trust."***
- ***"Many people in the community have had COVID and believe they are protected and don't require a vaccine."***
- ***"Too many women had problems with periods after the vaccine."***
- ***"Many people in our community especailly the elderly do not have access to technology and only listen to the rumours in the community which then scares them and they refuse to have the vaccine."***
- ***"I took the vaccine to protect my family."***
- ***"Im worried about the long term side effects of the vaccination."***
- ***"I was very sick after the vaccine so I didn't take another one."***
- ***"I was told by my midwife not to have the vaccine whilst I was pregnant."***
- ***"Many stories have spread about side effects of the vaccine within the community which has put many peiple off coming forward for a vaccine."***



### **Discussion:**

The focus groups showed that the Pakistani community views ranged from those that clearly accept all vaccines to those who undoubtedly decline all. The groups indicated education level and previous infection played a significant role in vaccine acceptance, while not believing in vaccination was the primary reason for hesitancy. The women who stated that they were fully vaccinated were driven by securing their family's safety and protection.

The team held discussions around what would help motivate the community take the offer of the vaccination. Feedback from the women revealed that Pakistani men hold the power of decision making and if the men in the mosques were targeted and influenced to take the offer of the vaccination, this would be the key to convincing the community.

These expressed views highlighted that Pakistani women in the community still feel unable to make independent decisions about their own health.

The women's confidence in vaccine safety and efficacy was also another factor. The women suggested that in order to regain trust in the health system, more health literacy is required to share and better understand the purpose of not only the COVID-19 vaccination but all vaccinations within the Pakistani community. The Pakistani women were keen to have more and clearer information on COVID-19 vaccines and specifically; side effects, their contents and how they were developed and the differences between the COVID-19 vaccines.

The attendees suggested that increased knowledge and understanding of these factual issues may change their attitudes towards the vaccine.

The women also expressed confusion and concern about the different types of COVID-19 vaccines. The media coverage they were exposed to made it harder for individuals to understand whether they were all safe.

The discussion also emphasised the access to childhood immunisations. A Pakistani woman revealed not being able to have her child vaccinated due to the restricted clinic time. The lady stated the clinic only offered a 9am-11am clinic time to have her child vaccinated and wasn't able to accommodate any other times. The lady emphasised how this made it difficult for her as she can't afford to take time off work.

### **Moving Forward:**

There are a lot of factors at play as to why individuals within the Pakistani community may have chosen not to be vaccinated or have delayed their vaccination.

Factual information, understanding more about the benefits and contents of the vaccine as well as overcoming family male influences are creating hesitancy.



Targeted interventions work such as here within the Pakistani community are vital as it helps the team to understand the preparations and provisions required to support and inform choice and therefore bridge the equity gap.

The partnerships that continue to be formed are significantly important to the work we carry out; using our listening and well-being approaches we work with community leaders because they are well respected and trusted individuals.

Approachable Parenting is very keen for our system to support more group discussions as this is an essential tool for women to make their voices heard and to gain equality and empowerment.

We continue to share these learning experiences with our partners to optimise how we respond to these concerns and fears.

**Reported by:**  
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