

# Equality considerations and community perceptions of the Covid-19 Vaccination

## Devon Engagement Service Headline Report

### Introduction

As part of the Devon Engagement Service, Living Options was asked jointly by Devon County Council and Devon Clinical Commissioning Group, to contact a wide range of partners to gather their perspectives on how their often vulnerable and hard to reach service users were understanding the new Covid-19 vaccination programme. It is hoped that this engagement work will improve the communication and implementation of the campaign locally to ensure that any concerns are tackled and to manage peoples' expectations of when they might receive the vaccination.

The following questions were shared:

1. Do you have any concerns (good or bad) about the Covid vaccination and being vaccinated?
2. Are people confident that they will receive the vaccine, and do they know what the priority groups are?
3. How do people feel who will have to wait to get vaccinated despite being vulnerable?
4. Are there any suggestions on the best way to ensure all 'hard to reach' groups are vaccinated?

### Method

The method agreed to achieve this engagement was to ask partners within the Devon Engagement Service to provide feedback from their and their service users' perspective via email and phone / virtual conversations. As the vaccination programme is a significant priority for all health and social care services currently,

the engagement was undertaken under a tight timescale to ensure the commissioners had a response as quickly as possible.

Over 120 service users were consulted. For simplicity, this report summarises feedback under each of the key questions.

## Feedback

### 1. Do you have any concerns (good or bad) about the Covid vaccination and being vaccinated?

- The long and short term side effects and the overall safety of the vaccines were a commonly reported concern. Some people react poorly to vaccines and / or have existing health conditions, and this is increasing their hesitancy to have it.

*“I am really worried; I have a long-term health condition that means I am frequently on oxygen and I have an autoimmune disease. I am really afraid of the vaccine. I have been reading up about it on Facebook and listening to members of my community, and I feel that it has not been tested enough, I feel like I am taking a gamble as there is no insurance that it is safe. I have received a letter asking me to go for the vaccine and this has made me more depressed. But I am also very worried about catching COVID, I just don't know what to do. There is no one to talk to about how I feel and explain things to me.”*

- Concerns were also reported about the roll out, particularly that an extended period of time between first and second doses (driven by a desire to get everyone covered by the first jab) and poor logistics, could give the virus the opportunity to mutate and become resistant. There were concerns about whether people can still carry the virus after being vaccinated and whether increasing the time between the two vaccinations will influence the effectiveness.

*“Had my first jab just before Christmas and should be going for my second next week. When making the appointments there was great insistence that I could not have the first jab unless I was certain that I would be able to have the second exactly three weeks later. I can only assume that it was for admin purposes but it does leave me wondering if it is OK to wait nine weeks more. I*

*accept that the Oxford one is a twelve week gap but the one I had can't have changed, can it?"*

- Concerns that vaccine providers have been made exempt from liability should the vaccine have adverse effects.
- Some service users are Anti-vaccine and do not want to take it because they believe Covid is a hoax / conspiracy.
- There were concerns about long term effects and whether it is safe for women of child-bearing age, can it affect unborn children and fertility?
- Some people, predominantly from Muslim communities, have expressed concerns about the vaccine potentially containing pork gelatine, because other vaccines, such as the flu jab, contain animal products.
- Vulnerable undocumented migrants may not seek healthcare due to fear of deportation and the uncertainty created around BREXIT and settled status.
- Some respondents feel that they are old and 'what's the point' bearing in mind that depression has increased due to isolation and the general curtailment of movement.
- Some just struggle with the idea, they are confused about the posts and online gossip they hear and see. Many quote carers as stating they are 'refusing the jab'.
- Not everyone is online, not everyone watches TV, many are fatigued by the Covid news.
- Some do lack the capacity to understand what they are being asked and how they agree or disagree.

Positive reasons:

*"I would not reject it. I want to be fit and able to get out and about and feel safe and see my family as well."*

- Waiting to be able to participate in vaccination as soon as possible.
- People's reasons for having the vaccine are to protect themselves from becoming ill and to protect others especially family and friends.

## **2. Are people confident that they will receive the vaccine, and do they know what the priority groups are?**

- There seems to be a huge amount of confusion about who will receive the vaccine and when, particularly for people who have little or no English.
- People have told us that they are not aware of how it is going to be rolled out and how they will get it.
- Some of the people we spoke to get their information from overseas news stations, in their own language. This means that they are less likely to be aware of what is currently happening regarding the roll out of vaccines at a local level.
- Our service users may not have been able to access translated information advising them or their vulnerable extended family about the vaccine. Therefore, a large cohort of vulnerable Black, Asian and minority ethnic (BAME) groups may well miss out on this essential information.
- Many respondents are confident about being offered the vaccine, but some were concerned about when this might be. Many people are still contacting their GPs for further information.
- There were concerns that if invitation calls are missed will they be followed up by accessible letter or other communication?
- There were concerns about the organisation for administering the vaccine. For example:
  - Lady aged 84 living in Kingsbridge on her own, recovering from a stroke and learning to speak again; unable to drive or go out on her own has been given an appointment to attend a session in Chagford.
  - Lady aged 86, has a heart condition, diabetes and cannot go out on her own and has not had her vaccination. She went to a routine GP appointment. Whilst at the appointment, she spoke to someone she knows aged 86 who lives in the same town and has had his vaccination. Lady very concerned that she may have been forgotten.

### **3. How do people feel who will have to wait to get vaccinated despite being vulnerable?**

- Many respondents are afraid. They are working in the lowest paid sector and still have to work, even if they are told to self-isolate because they need to feed their families and are afraid of losing their jobs.
- There is confidence that it will happen and that GP surgeries will be able to monitor and ensure those that want it, get it.

- Most people felt it was important to wait for their turn but some were becoming frustrated because it seems to be a very long time to wait and people are concerned about their wellbeing.
- There was concern about the increasing number of scams related to the vaccine, particularly fraud. People are afraid of these.
- There were concerns that more vulnerable groups such as people with a learning disability or dementia (who are more vulnerable than most to suffering poor consequences if they have Covid-19) are not being prioritised.
- Some people are resigned to waiting and will protect themselves as much as they can in the meantime. Others are wanting to get vaccinated so that they can go out and about more as they do not want to be confined to their homes. They feel frustrated and isolated and worried about the impact of the wait on their mental health
- It feels like pot luck about which localities get it first?

#### **4. Are there any suggestions on the best way to ensure all 'hard to reach' groups are vaccinated?**

- This has to be done in a wide variety of ways. Building trust is important, so engaging directly with community groups, organisations, and religious leaders. It is important that a blanket email is not just sent around to everyone as this has a tendency to get missed, particularly when people are so busy, so it needs to be targeted.
- Information needs to dispel some of the common myths and enable people to make a fairer choice. It would also be useful to have this information translated, in written and video form, again to enable people to make an informed choice.
- It would be good to make links with language schools so that they are able to pass on the information to their ESOL students.
- It might also be useful to hold vaccination sessions at places where people are comfortable going, if this can be done safely. It might be particularly useful to hold women only sessions to enable women to attend.
- On the NHS website it says that people will receive a letter inviting people to book their Coronavirus vaccination. This communication must be accessible for everyone who receives it. Not everyone has help at home to read or translate documents.

- Devon People First's service users suggested: To phone, text or email people, write letters for people that do not have internet, through outreach workers for the homeless or other hard to reach groups and to put up posters everywhere in local communities with information on. Always use Easy Read language.
- Access to quality translated information ensuring hard to reach and vulnerable BAME individuals are aware of the vaccine and priority groups is essential. North Devon Sunrise hope that GP surgeries would target their patients from the BAME community and / or who don't speak English to ensure equal access to healthcare information is provided via translation.
- Community transport could be utilised in rural areas?
- Large venues such as racecourse / sports grounds could be utilised.
- Concerns about those who, for mental health reasons such as agoraphobia / OCD, are increasingly not able to leave their houses.
- Many Neuro-diverse service users do not drive and struggle to use public transport / taxis because of Covid-19 transmission/infection concerns.  
Vaccination centres need to be truly localised.
- Provide drop in centres that are have a representative from each of the hard to reach groups, so that they can explain the vaccine, for example the following groups:
  - Learning disability
  - Deaf community
  - Blind & partially sighted community
  - LGBTQ
  - BAME, whose first language is not English (will they be provided with an interpreter & who will organise this?)
  - Homeless people who don't have a permanent address.
  - Refugees, for those who are detained in centres.
- Could the roll-out be quicker using the armed forces?
- Concern that vaccination venues must be accessible.
- Concerns about queuing outside vaccination venues, with people who may be carriers or have the virus without knowing it.
- TV advertising / radio advertising (people are increasingly watching TV and listening to radio, including local radio).

- Providing information to charities about what is happening locally so that they can talk to their service users about what is happening.
- Sign Health <https://signhealth.org.uk/resources/coronavirus/> offer many British Sign Language (BSL) resources regarding Covid and the vaccination programme.
- Vaccinations that can be done in the home for those who cannot leave for reasons such as being bed bound or severe mental health problems.
- Enabling support workers / carers to attend with clients where there are barriers due to poor mental health / high anxiety.
- Vaccination sites which offer the ability to elect to have an appointment during the night when there may be less people to encounter.
- Roll out vaccinations in schools to enable young LGBTQ+ people to socialise again as soon as possible. Being off school is a gift for some but has a very negative impact on those who are not in a supportive home environment.

## Conclusions

A positive majority of respondents will not reject having the vaccine and feel that prevention is better than a cure. They feel that, though there may be risks attached to it, as nothing is free of side effects, healthy people are dying and they would rather give the vaccine a go. The biggest concern was about possible side effects as the testing is seen to be for a much shorter amount of time than normal.

There is confusion for many on the practicalities of when they might get the vaccine and difficulties in knowing where best to look for accurate information. It feels for some like there are inconsistencies in provision across localities and this can be hard to understand / accept.

Many communities, including BAME and Learning Disability, are identified already as being disproportionately affected by Covid-19 and this inequality is further compounded by a lack of translated resources about both Covid rules in lockdown and information about the vaccine. Accessible information including alternative languages, Easy Read, BSL and for those who are hearing and / or visually impaired is essential.



Other communities that might be more vulnerable to Covid are homeless people, refugees / asylum seekers, those in custody, and Gypsy / Romany Travellers, so it will be vital that strategies are in place to vaccinate these as soon as possible.

Alongside making the vaccines manageable to all communities the actual vaccination centres must also be as accessible as possible. Many people live without anyone else to offer practical support to help them so this must always be understood, and provision made to ensure that they are equally able to access information / the actual vaccine.

Poor mental health is an increasing concern, and the vaccination programme offers hope that the pandemic may start to get a little easier to live through and there is good understanding of why certain groups have been prioritised. However, those who are vulnerable, but not in a priority group, may feel they have to 'shield' until they receive the vaccination to remain safe. This is likely to increase feelings of loneliness and isolation. There is also an increased reporting of those who have serious agoraphobia / OCD, amongst other conditions, because of the key messaging about how Covid-19 is transmitted. This can stop people being able to leave their houses so provision needs to be made for people in this situation to enable them to access the vaccine.

The messaging of the vaccine programme needs to be through trusted channels: local radio; TV advertising; government press conferences; key organisation / community / charity social media platforms; in addition to accessible information from health providers. There must not be a reliance on purely digital information as this excludes many.