



RSPH
ROYAL SOCIETY FOR PUBLIC HEALTH
VISION, VOICE AND PRACTICE

BUILDING A PATH TO TRUST

Parents, carers, communities and healthcare professionals'
experiences of the children's vaccine programme

Reference

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FOREWORD

Supporting communities is integral to the practice of public health. Working with local people to promote and protect health helps us prevent diseases and help many live happier and healthier lives. Community members know their needs and can help find solutions to the challenges they face, enabling the better design of interventions that directly address those challenges. This tackles the existing inequalities in access, provision, and awareness.



By engaging with communities and understanding their concerns and questions regarding immunisations, we can address them and impact the uptake of vaccination. We saw during the Covid-19 pandemic how community engagement can be used to support uptake, particularly among members of underserved communities.

With child vaccination rates falling, this has never been more important. We cannot afford to let vaccine rates continue to decline, leaving our children unprotected against diseases which we believed we would be able to eliminate altogether.

This new RSPH research carried out in Tower Hamlets highlights that most communities in this borough want to know more about vaccines, but they also want time to reflect on their learnings and to feel empowered to make decisions about their family's health. Rather than being offered vaccines in rushed appointments with their already stretched GP, they want to be able to ask more questions and make informed decisions in their own time.

In short, they want us to make it easier for them to make this choice from a position of power, rather than simply being expected to turn up and get jabbed. Understanding what they think and want is crucial to communicating effectively and supporting them to make informed decisions when offering vaccines, and through this boosting access and uptake.

Children's immunisations are central to disease prevention and to tackling health inequalities. And to tackle these effectively, we must design services that consider people's experiences, needs and concerns. We must make healthy choices easy choices. Communities have told us what they need; now we and vaccine providers must use the research findings to ensure that it is easy for everyone to make the healthy choice when it comes to vaccinating their children.

William Roberts

RSPH CEO

EXECUTIVE SUMMARY

Vaccines play a key role in keeping us and our communities healthy, and do this throughout our lives, starting at 8 weeks of age until adulthood. Uptake of childhood immunisations is falling in the UK, and in 2023-24 the UK vaccination coverage rates by age five were below the 95% target for all vaccines. (1) In previous RSPH research, children and young adults highlighted that they trust vaccines and think they are important to their health, and trust parents, carers, GP, school nurses and teachers to help them when they have queries. (2)

Building on this previous research, we conducted a community-based pilot in the London Borough of Tower Hamlets, to explore and understand the experiences and perceptions of parents and carers from different community groups, vaccine professionals and those who work and volunteer with children. Tower Hamlets has one of the most diverse populations in the UK, home to many communities including the largest Bangladeshi population in the country and one of the largest Somali groups as well. Participants told us that:

- 1. Information needs to better serve communities:** At the moment, the information provided is hard to understand and does not address people's needs. Communications should be culturally competent, and people should have more time to digest all this information before deciding what to do about their children's health.
- 2. Vaccine promotion should be enhanced:** Parents and carers emphasised they want to understand all aspects of vaccinations, from research and development to potential side effects and how to deal with them. Healthcare professionals shared the need for more campaigns and support for parents and carers.
- 3. They think the vaccination system is broken:** For this report, we consider the vaccine system as the whole process of having a vaccine, from accessing information and booking an appointment to having it delivered and managing any side effects that could occur. As with many elements of our health system, parents and carers thought that appointments were rushed and a box-ticking exercise, and health and care professionals were frustrated for being unable to support people as they would like to.
- 4. More spaces and opportunities for conversations on vaccinations are needed:** Parents and carers want to make decisions from a position of empowerment. To do this, they need opportunities to ask questions and get support before the vaccine is offered. They want to make an informed decision based on reliable information, but want to get the support they need at a different pace. These opportunities could be created in spaces we already have, such as GP clinics, libraries and schools. Healthcare professionals have a similar understanding and highlighted more information should be shared with parents and carers in places convenient to them.

Recommendations

We must support the Public Health Workforce to deliver information on vaccines in a way which works for communities:

Health visitors, school nurses and community pharmacies can play a bigger role in this conversation on childhood immunisations. However, without proper support, they will not be able to deliver services to the level they want to. Support could include further training and more time and engagement with communities, such as having the time to co-create interventions with locals.

We must upskill the entire Wider Public Health Workforce so they can better

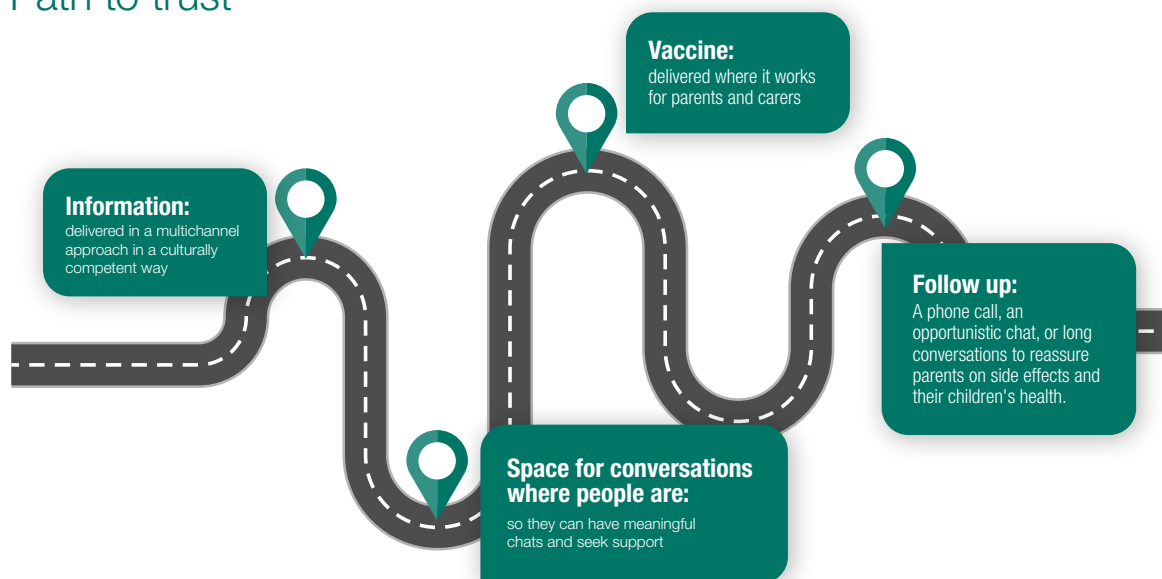
support communities: Community health champions and other members of the wider public health workforce (people who do not directly work with public health but engage in public health activities) could also play a role in vaccinations, by engaging in conversations with locals and offering some level of assistance. By ensuring every professional or volunteer that parents encounter is confident to discuss vaccines, we can improve the provision of information without placing additional burdens on GPs and nurses. However, they need support and training so that they feel confident when engaging with these communities.

Information and communication strategies should be co-produced with the communities they are aimed at, ensuring they are culturally competent. Information needs to be transmitted in a way that makes sense for communities and their traditions. Co-producing content would ensure communications are meaningful to them.

Continuity of care must be restored on the vaccination system. Continuity of care is also about delivering services in a coherent and timely way, addressing people's needs. (3) The fact that people feel the vaccine system is broken tells us they do not feel their needs are being met. A strategy to improve continuity of care, bringing together everyone from NHS bodies and local authorities to school trusts and GPs, must be implemented so that the vaccination system works for parents, carers, and children from start to finish.

Space for conversations where parents are, particularly in areas where childhood vaccination rates are declining or are low, working within existing services and with the wider workforce to ensure that parents know where to go for information on vaccines and to have their questions answered. Different areas will have different approaches to this, based on local requirements – whether that is establishing vaccine hubs within Family Hubs, integrating this support with schools, or using Children's Centres as seen in Redbridge. These could offer vaccinations for the people attending, but the main goal should be to give information and offer support in ways that work for local communities in convenient venues. In order to tackle health inequalities and ensure vaccines protect our communities, we should establish what we are defining here as “path to trust”, an action plan built based on what people from Tower Hamlets told us. This journey should be tested in different neighbourhoods and other communities, as there is nothing that cannot be changed or adapted according to local needs.

Path to trust



Information should cover all aspects of vaccinations, from their development to what happens after they are delivered. People want someone to speak to, and have meaningful conversations that address their needs. Besides conversations, information about vaccines should be shared using a multichannel approach in a culturally appropriate way.

Spaces for conversations where parents are should be created, so people can ask questions they have about vaccinations. We could work with what we already have: school sessions, parent meetings with GPs, and children's days in libraries. The London Borough of Redbridge, a local authority in the East of the capital, uses its Children's Centres to host conversations. The main goal should be to give information and offer support in ways that work for local communities in convenient venues, where people already are. Training the wider public health workforce could help, as this would mean having people within communities knowledgeable about vaccines.

Vaccinations offered in convenient places at convenient times, or as it fits the community needs.

Follow-up as a way of keeping the conversation going so that parents feel supported when managing side effects or in need of reassurance that they have done what was best for their child. Empowering people to make decisions about theirs and their family's health will only happen if they feel there is a continuation in the care provided, and this follow-up could help.

INTRODUCTION

Vaccines play a key role in keeping us and our communities healthy, and do this throughout our lives, starting at 8 weeks of age until adulthood. There is growing concern about the decreasing uptake of all routine vaccinations in the UK, particularly children's immunisations. Rates of uptake of all childhood vaccines in the UK have been declining every year over the past decade, (4) and in 2023-24 the UK vaccination coverage rates by age five were below the 95% target for all vaccines. (5,6) Where there is inadequate uptake, the chances of an outbreak of infectious disease are increased, as seen with the recent measles outbreak in the West Midlands. (7) No Local Authority in England met the 95% coverage threshold for the 2 doses of MMR in 2023-24, and over 100,000 children remained unprotected against measles, mumps and rubeola. Over 30,000 of these children lived in London. (1)

The children's vaccination programme involves parents and carers making decisions with or on behalf of their children. In turn, how they are kept informed and involved is reliant on the vaccine system, the communities they live in and how they get information and support. Previous research from RSPH found that the majority of children and young people recognise the importance of vaccines and which diseases there are vaccines for, but experiences, perceptions and who they trust for information varies by age, ethnicity and also nation. (2) As well as needing the right national policies and practices, we know that the successful delivery of vaccine programmes can depend on the nuance of systems in place at the local level and how much capacity vaccine teams have.

Communities are vital in helping us to ensure vaccine programmes reach all of its sectors through parent groups, religious and faith gatherings and other local events. They are also crucial to help us understand the historical context and requirements of local populations to shape impactful services – this is especially the case for those communities that are underserved by health systems and whose voices and experiences can be drowned out.

Building on our previous research with children and young people, we conducted community-based pilot research in the London Borough of Tower Hamlets, to explore and understand the experiences and perceptions of parents and carers from different community groups, vaccine professionals and those who work and volunteer with children. Tower Hamlets has one of the most diverse populations in the country, home to many communities including the largest Bangladeshi population in the country and one of the largest Somali groups as well.

The purpose of gathering evidence and insight directly from people living or working in the community is to inform the development of services that fit their needs and better support the decisions of a diverse range of families and communities.

WHAT WE KNOW

A lot is already known about parents, carers and health professionals' attitudes towards vaccinations. The National Institute for Health and Care Excellence (NICE) reviewed several studies worldwide. It highlighted that previous experiences shape people's decision-making processes, and that information should be tailored to the needs of communities and their backgrounds. (8) In the UK, feelings around vaccines are not homogeneous: depending on the vaccine, attitudes differ. (9)

Engaging with communities to support vaccine uptake is not a novelty either. The Pan-American Health Organisation, part of the World Health Organisation, emphasises that community work results in better quality vaccination services and improved systems and policies. Engaging with these communities is also useful to identify barriers to vaccination and understand how to address them. (10)

Bearing in mind what we learnt during the Covid-19 pandemic and the NHS England Vaccination Strategy, (11) which emphasises the importance of working with communities to deliver vaccinations, we wanted to learn more about what parents and carers, healthcare professionals and people who worked or volunteered with children in Tower Hamlets had to say about childhood immunisations and what they thought would help them and their community.

Example: Past community engagement programme with positive results:

In 2022, the UK invested in a Community Vaccine Champion programme, to help spread the message about the Covid-19 vaccine. Key findings of this programme showed that: (25)

- 1.** Religious minority groups saw a significant positive impact on uptake of Covid-19 vaccine boosters.
- 2.** Vaccine promotion was most effective when interventions took place where the community already felt comfortable.
- 3.** Messaging tailored to the community by the community and delivered by trusted voices allowed community members to feel comfortable and safe to share their views and questions.

INFORMATION ABOUT TOWER HAMLETS

Tower Hamlets is a unique place. While areas such as Whitechapel, Bethnal Green and Bow rank as places of high deprivation, (12) the economy of the borough is larger than the cities of Birmingham or Manchester. (13) It is the most densely populated area in England and Wales, and 71% of its population is between 20 to 64 years of age. (13)

Tower Hamlets is also a mosaic of backgrounds. Besides having the largest Muslim population in England (39.9%), the borough is also home to the largest Bangladeshi community in England in Wales (34.6%), as well as one of the largest Somali communities in the country (around 2% of its population). (13)

Childhood vaccination uptake in Tower Hamlets changed considerably in the past 5 years. It used to be above the London percentages, but after the pandemic, numbers fell and are yet to recover.

Vaccination	4-in-1 pre-school booster		MMR (1st and 2nd dose)	
Year	Tower Hamlets	London	Tower Hamlets	London
2018-19	80.6%	73.9%	82%	76.3%
2022-23	73.9%	72.7%	73.8%	74%
2023-24	74.3%	72.8%	73.9%	73.3%

Source: NHS Digital Childhood Vaccination Coverage Statistics (14)

While we do not have vaccine uptake percentage by ethnic background, it is known that health outcomes are worse for Black, Asian and other groups of diverse backgrounds living in Tower Hamlets. Health inequalities were exacerbated by the pandemic, and there is evidence that some people from these diverse ethnicities chose not to get vaccinated because of concerns about their migration status. (15)

METHODS

To gather evidence and insight, we focussed on the experiences and perceptions of those who have children (parents and families) and those who work with children and parents (paid or volunteering). We did this through community events, online surveys, visits to schools and libraries, face-to-face meetings and discussing insight with vaccine programme teams. They are all either resident of Tower Hamlets or work locally, and come from diverse backgrounds, which broadly reflect the make-up of the borough. In total, we gathered insight from 109 parents and carers, 23 health and care professionals, 10 educators and a range of community-level volunteers. Reaching this many people was a result of having a series of conversations and informal chats with many professionals and gatekeepers, who kindly offered their time to understand to project and support us to the best of their ability, so that we could speak to the different groups of people we wanted to reach.

Community engagement was conducted in a way that ensured participants felt empowered to communicate their views, by for example hiring translators, and making sure engagement with health and teaching professionals was done when they had the capacity or in a format that did not add further pressure to their already busy schedules.

Across participant groups, we explored: i) perceptions and experiences (including trust) with the childhood immunisation system; ii) what they thought about vaccine information (e.g. what is provided is good for them); and iii) what could be improved at the system level. Data was either recorded in a field journal or electronically in an anonymous form. We used thematic analysis to explore the qualitative data. Four main themes emerged, and each one became a chapter in this report.



“BUT WHAT IF YOU HAVE A QUESTION...?” INFORMATION NEEDS TO BETTER SERVE COMMUNITIES.

Information about vaccinations can be a double-edged sword. It can play an important role in addressing uncertainties and supporting communities, but it can also confuse people, depending on the source. A perceived lack of information for parents can also influence their decisions. (16) There is evidence showing that making information more accessible and tailored to the needs of communities can influence uptake, so access to this information must be considered too. (17)

It is crucial to the informed consent process. Consent must always be sought before any treatment, and this includes vaccinations. Individuals have the right to decide what happens with their own bodies and have a right to be involved in their healthcare. Parents or those with parental responsibility must give consent to children.

The Green Book, the document used in the UK with vaccination guidelines and procedures, highlights that consent is a process. Part of this process is to listen to people, give them the information they need to make a decision, as well as time and support to understand this information. (18) However, parents and carers shared with us that they feel the information they have at the moment is not what they need or simply not enough.

Top 5 issues raised:

1. Information can be confusing and hard to understand
2. Standard information offered does not cover all people's questions or needs
3. Communication and information should be culturally competent
4. Communication can be insufficient
5. More time is needed to digest all information given

Information can be confusing and hard to understand

People highlighted that sometimes the language used can feel very scientific or disconnected from their reality. Many parents shared that medical jargon is not understandable to them.

Even people who said English was their first language thought the information currently provided was not easy to understand because of its scientific approach.

**“YOU GO TO THE GP,
THERE'S A LEAFLET WITH
BULLET POINTS, A LITTLE
THING ON THE WALL...”**

Mother

The standard information offered does not cover all people's questions or needs

Many parents said that they feel the information offered is not complete or enough. Some thought the letters sent by schools left them with more questions; and some shared that they wished they could know more about side effects or what could happen to their

child before the vaccine appointment took place. Even people supportive of vaccination and keen to help their communities highlighted they feel they have to look for information on their own and are unsure if they are doing the right thing.

Social media was mentioned in many conversations. They thought it could negatively influence people, and most did not see it as a source of reliable information. However, since they felt

they had to be proactive and look for information themselves, social media was used in the end. These apps and webpages are not necessarily negative, though. Sound and reliable information can be shared in these virtual places, and the NHS and some trusts have social media accounts. They can be used in a positive manner, however for this to happen, we must include them as part of a multichannel communication strategy that addresses people's concerns.

**“YOU GET A
LEAFLET WITH THE
SMALLEST PRINT.”**

Mother



Communication and information should be culturally competent

People want more than translated leaflets or websites. Some communities have oral traditions to pass down information, and this was mentioned in our conversations with people. Some shared they preferred videos or other forms of unwritten communications.

Culturally competent care takes into consideration people's identity, heritage and traditions, ensuring that the care provided is person-centred so that we meet their cultural needs and make them feel comfortable. (19) This same principle could be used for culturally competent

"IT'S NOT PART OF MY DAILY ROLE BUT I FEEL OBLIGED TO ASK WHY CHILDREN ARE NOT VACCINATED JUST IN CASE MY ENGAGEMENT WITH THE PARENTS CAN BE AN OPPORTUNITY. IT ONLY MADE DIFFERENCE WHEN MY ETHNIC BACKGROUND WAS THE SAME AS THE MOTHER AND PERHAPS MY OPINION WAS MORE TRUSTED."

GP

information. Undoubtedly, there is a language barrier that translation services address, however ultimately people need to see themselves and their culture represented in all formats of communication used.

This means having the community involved in the delivery of this information as well. Having people who are trusted within certain groups as messengers could have a positive impact in vaccine uptake.

Example of this work are the toolkits for public health information developed by the National Resource Center for

Refugees, Immigrants, and Migrants (NRC-RIM) at the United States, housed by the University of Minnesota and funded by the US Centre for Disease Control. They develop resources with the communities, ensuring that even details such as colours used, format and delivery method are meaningful to the communities they work with. (20)



Communication can be insufficient

Parents shared that they wish they had more reminders, but not just more SMS messages on their phones or letters from school. The problem is not just the number of messages received. They want this information to explain what will happen during the appointment, which vaccinations will be given to the child, and what will happen to them after the vaccination. Some told us that they received a message inviting their child to the appointment, but these messages did not tell them which vaccine would be offered or which ones their children were due.

**“MAKE IT A
CONVERSATION
RATHER THAN
JUST A LETTER
STATING WHAT IS
HAPPENING.”**

Educator

**“I WISH I HAD
INFORMATION IN
ADVANCE. LIKE THIS
YEAR, YOUR CHILD
WILL GET VACCINES
A, B AND C.”**

Mother

More time is needed to digest all the information given

Parents and carers, healthcare professionals and educators or volunteers all emphasised the importance of time to understand and digest information provided in our communications about immunisations. Some parents said they felt pushed to decide on the go, during the vaccination appointment. They did not feel they were making an informed choice.

Many stressed they would like to get the relevant information before the appointment and then have the time to decide what was best for their child. They would like to have more opportunities to ask questions if still uncertain. This feeling of rush or pressure made them wonder if they were doing the right thing.



“WE NEED INFORMATION TO DO OUR HOMEWORK.” VACCINE PROMOTION SHOULD BE ENHANCED.

Health promotion is an old concept in public health. It involves the creation of environments that support healthier lives, by using educational resources and welcoming and helping communities and individuals so that they are empowered and enabled to make choices about their own health. Health promotion can be broadly defined as “encouragement of activities that facilitate healthy living and wellbeing”. (21)

Vaccine promotion is part of this, and it is crucial to improve uptake, particularly from underserved communities.

Providing information and support in an engaging way

while strengthening the vaccine message and inviting communities to the debate can be challenging, but this could address uncertainties and reduce fear. While no parent openly asked for more vaccine promotion, many of the matters they stressed fell into its definition. Healthcare professionals also highlighted the need to support the population better and talk more about vaccines with the public.

“MY MAIN PROBLEM WITH INFORMATION IS THAT THEY GIVE IT TO YOU WHEN YOU ARE ALREADY THERE (AT THE APPOINTMENT).”

Father

Top 5 issues raised

1. Parents want to better understand what the vaccine does and what it is for.
2. They also want to know what the side effects are and how to deal with them.
3. Healthcare professionals highlighted the importance of campaigns showing the benefits of vaccinations
4. Healthcare and education professionals shared parents are busy and need more support
5. Peer pressure is significant and impacts decision-making

Parents want to understand better what the vaccine does and what it is for.

Parents knew different vaccines were being offered to their children and demonstrated different levels of concern about them. Some said they were comfortable with what they classified as “old vaccines”, or “classic vaccines” (such as polio and tetanus), but felt uncomfortable with the Covid-19 one. Muslim parents were worried about vaccines containing pork gelatine.

“NOW PARENTS HAVE TOO MUCH TO DO, THEY NEED SUPPORT. (WE NEED A) BIG SPLURGE CAMPAIGN WHICH IS COMMUNITY-LED.”

Teacher

Parents even asked for more research on already approved vaccines, saying we should fully understand what they do and how they work. Some even questioned the quality of the vaccines given to their children and how they were truly helping people.

“(WE NEED A) MORE INFORMATION AND ACTUAL RESEARCH DATA.”

Relative - carer

these questions could thus help parents feel more confident in their decisions for their children's health.

They also want to know what the side effects are and how to deal with them.

Many parents emphasised they feel unsettled about side effects and concerned about how to support their children if they feel unwell. Some shared they see other parents postponing their appointments because of such concerns. The ones who proactively look for information somewhere else believed this should not be case, they should receive enough information prior to the appointment.

Interestingly, most people we spoke to were eager to learn or know more. Most people had genuine questions about how it worked on their children's bodies, why there were so many different vaccines for different diseases, or why some were injected and another was a spray. Vaccine promotion campaigns addressing

“ONE PERSON HAS SIDE EFFECTS, IT PUTS EVERYONE OFF.”

Carer

“OTHER PARENTS SAY VACCINES WILL PUT POISON IN THEIR CHILD'S BODY. WE NEED CONVERSATIONS TO UNDERSTAND THAT HAVING THE ILLNESS IS WORSE THAN THE SIDE EFFECTS OF THE VACCINE.”

Mother and nurse

emphasised that communications strategies are not doing enough in telling people there is no causality relation between getting a vaccine and having autism, and that the differences between expected side effects and autism should be better explained. Whichever their thoughts, both ends of the spectrum in this conversation believe there is not enough being done to explain vaccines do not cause autism.

Some mentioned concerns on how to manage the side effects and lack of knowledge of what to do. People said they wish they had a healthcare professional to speak to and assist them, to reassure them their child would be ok. However, most people who spoke to us understood GPs and nurses were busy and had a lot of empathy for the difficulties these professionals are facing.

Of concern was the number of parents who discussed autism with us. Some shared that it was a great apprehension for themselves and their communities, and that many parents are put off vaccinations because they thought autism was caused by vaccines. Others

Healthcare professionals highlighted the importance of campaigns showing the benefits of vaccinations

From local and small campaigns to a national operation, healthcare professionals were clear: we need more vaccine promotion. They suggested using national and social media and engagement with local communities and leaders as ways of promoting them further. This would support families better and help them to do their jobs to the level they want to.

**“MORE ON
NATIONAL MEDIA
TO SUPPORT
VACCINATIONS.”**

Nurse

Healthcare and education professionals shared parents are busy and need more support

**“BETTER PROMOTION LOCALLY.
THERE IS NOT ENOUGH
INFORMATION OUT IN THE
COMMUNITY WHEN YOU ARE
TRYING TO PROMOTE OR
DELIVER IMMUNISATIONS.”**

Network manager

Healthcare and education professionals were concerned with parents feeling overwhelmed and busy. Some parents, particularly single ones or with very young babies, shared that they indeed felt unsure and insecure, and that more support would be welcome.

Many suggested we should host parents' evenings in places of worship, work closer with schools, and host question-and-answer sessions. In a nutshell, bringing the services closer to where

parents are and making them more convenient.

To do this, though, healthcare professionals would need training, time and support themselves, as they are already working extremely hard to deliver services.

Peer pressure is significant for parents and impacts decision-making

Social media, particularly instant messaging apps, play an important role in parents' lives. Some use it to know what is going on at school or as a place of friendship. However, some also shared that social media can make them question themselves and the choices they have made for their children.

**“PARENTS ARE VERY
BUSY AND BRINGING
CLINICS AFTER
SCHOOL COULD
PROVIDE AN IDEAL
TIME FOR CHILDREN
TO BE VACCINATED.”**

Nurse

**“I'M A SINGLE MUM,
THERE IS NO-ONE
TO TALK ABOUT MY
QUESTIONS... AND THE
GP IS ALWAYS BUSY.”**

Mother

Some highlighted that a lot of misinformation can be shared, and mistrust is rampant. Even parents who had already had their children vaccinated said that sometimes what they saw made them feel unsure. A mother shared that her decision to vaccinate her child was criticised by her peers. As already mentioned, social media is not necessarily a negative tool: it can be used for campaigns and support. However, we need a strategy to ensure that trusted and accurate information is shared.

“YOU FEEL SLIGHTLY ABANDONED AFTER YOUR CHILD HITS A CERTAIN AGE...” MANY CONSIDER THE SYSTEM TO BE BROKEN.

“BECAUSE EVERYONE IS WONDERING, I ASK IF I’M DOING THE RIGHT THING OR NOT.”

Mother

For this report, we consider the vaccine system as the whole process of having a vaccine, from accessing information and booking an appointment, to having it delivered and managing any side effects that could occur because of immunisations.

Most groups we spoke to had views on how the system is (or is not) working. To parents and carers, it looks like a difficult road with areas that are impossible to navigate. To healthcare professionals, it looks like a machine that, regardless of how much effort they put into operating it, is still not working properly and it is tiring them.

Both sides are frustrated, and the consequence is that immunisations, instead of being a simple primary healthcare service, became something difficult or unsettling.

The vaccine system should work in a way that i) allows parents to feel empowered to decide what they think is best for their child’s health, and ii) allows healthcare professionals to deliver services at a level they are satisfied with while maintaining a healthy work and life balance. However, based on our conversations, the system currently does not support either of these.

“YOU ARE A RECORD, A BLACK AND WHITE PAPER, A BARCODE. YOU SPEAK TO 10 DIFFERENT PEOPLE AND DON’T KNOW VERY WELL WHAT TO DO.”

Mother

Top 5 issues raised

1. Parents feel vaccine appointments are rushed, with no time to ask questions or share their concerns
2. Everything feels robotic and a box-ticking exercise
3. Most understand the pressures GPs and nurses are under and do not want to add more pressure to the system, but they want more support.
4. Healthcare professionals do not feel they support people the way they would like to
5. It all relies too much on individuals delivering vaccines or supporting parents.

Parents feel vaccine appointments are rushed, with no time to ask questions or share their concerns

The briefness of vaccine appointments was mentioned by many parents and carers as a problem. Some said they felt they did not have an opportunity to ask all their questions. Others did not feel they had the time to decide what to do. As a consequence, they felt rushed or pushed to give consent for their children to have the jab, which was very unsettling to some parents.

They felt there was not much information on what to do after the vaccination took place either. Some shared they wanted more information on side effects, or what to do if their child had a fever, but did not have time to ask or check if a follow-up was needed or even possible. A phone call would be welcome, as they felt that after the vaccine was given no support would be offered to them.

“I FEEL THE APPOINTMENT TIMES COULD LONGER. PARTICULARLY ON THE FIRST APPOINTMENT AS YOU CAN RUN THROUGH INFORMATION WITH PARENTS.”

Nurse

“I’D LIKE EXTRA 10MIN, IF IT HELPS TO EXPLAIN WHY.”

Mother

Healthcare professionals share their frustration with the short appointment times. Conversations about vaccinations can be lengthy and difficult, particularly if parents have complex questions. Some professionals even suggested special appointments for parents with particular concerns, such as needle phobia or longer appointment times, so they can use this window of opportunity to help parents.





Everything feels robotic and a box-ticking exercise

Many parents shared that the system is not supporting them for many different reasons, and brief appointments were just one of them. The path they must walk to ensure their children get a vaccine makes them feel everything is too complicated and the care is not person centric. The information they receive is not enough, and the booking system feels cold and does not help them with their queries. It feels like some boxes need to be ticked, without

room for nuance or for different journeys that would allow them to get to the same place using a different route. A mother said that a blood test does not feel like an MOT, but vaccines do. Another, that she really wanted her child to get the vaccine, but she had to

**“(IT’S) TOO ROBOTIC, YOU
NEED TO CONSTANTLY
ADVOCATE FOR YOURSELF
AND YOUR CHILD.”**

Mother

**“NURSES NEED LONGER
APPOINTMENT TIMES. THIS
LONGER WINDOW ALLOWS
FOR A BETTER OPPORTUNITY
TO HAVE DISCUSSIONS WITH
PARENTS SURROUNDING THEIR
ENQUIRIES AND CONCERNS
AROUND VACCINATIONS, RATHER
THAN HAVING THE
APPOINTMENT APPEAR RUSHED
AND AS A TICK
-BOX PROCEDURE.”**

Nurse

speak to so many different people for this to happen that it felt as if it was harder than it should be.

Parents with more than one child felt that they got even less support for their second child, thinking that the system understood they should know it all as they were no longer new parents. However, each child is different and this was unsettling to them. Mothers of children with considerable age differences asked us what happened, as they remembered getting a lot of support for their older child. A GP remembered how good services were over a decade ago. Healthcare professionals already knew that parents felt this way, and highlighted they wanted the services to better support families with their needs.

Most understand the pressures GPs and nurses are under and do not want to add more pressure to the system, but they want more support

The majority of parents emphasised that they understood GPs and nurses are under a lot of pressure and working long hours. Some even said they were aware that clinics were understaffed and felt that the vaccine system was not working for either parents or GPs.

However, at the same time, this only adds to their frustration, because they wish they could speak to the GP and get the support they need. They want someone to talk to and ask questions, and are upset with what the system is currently offering them. Many emphasised that the system is too GP-centric and suggested that pharmacists, training GPs and health visitors should be able to work more autonomously and allowed to do more to provide childhood vaccinations.

Healthcare professionals do not feel they support people the way they would like to

Parents are frustrated, but so are healthcare professionals. Some shared with us they wished they could provide more information on vaccines in antenatal care, do more community outreach, and have more time with parents to answer their queries.

“WHY CAN’T I GO ANYWHERE AND HAVE MY KID JABBED? AN APPOINTMENT SHOULDN’T BE A GREAT DEAL!”

Mother

“THE APPOINTMENTS CAN BE LENGTHY AND DIFFICULT AND LONGER APPOINTMENT TIMES ARE BEST TO FULLY SUPPORT PARENTS AROUND VACCINATIONS.”

Nurse

They also stated they wish they had access to more training, with one even mentioning role-playing with a colleague for difficult conversations. Having more staff and other professionals, including administrative staff, being able to talk about vaccines was listed as something that would help them too. We got the sense that healthcare professionals wanted to do more, but just could not due to staffing or time constraints.

It all relies too much on individuals delivering vaccines or supporting parents.

Some parents highlighted that the system relies too much on individuals, for the better and the worse. There was a parent’s perception that professionals’ biases and experiences impacted the way information was delivered.

Some emphasised the system relies too much on individuals’ willingness to help. It depends on the goodwill of a nurse to spend 45 minutes on the phone with parents explaining what the HPV vaccine is.

“INFORMATION GIVEN IN PERSON RELIES TOO MUCH ON THE PERSON DELIVERING IT.”

Father

Individuals could also belong to the parents’ support network. There was a mother who said she decided to vaccinate their children because of the support of her own mother, who explained why vaccines would protect her grandchildren and the family.

“I WISH THE GP HAD SOME TIME TO PUT A GROUP TOGETHER AND TALK TO ALL THE PARENTS... (A PLACE) WHERE PEOPLE COULD COME AND HAVE THE INFORMATION WE NEED”. THE NEED FOR US TO CREATE OPPORTUNITIES FOR CONVERSATIONS ABOUT VACCINES.

The idea of having a place to support people with their vaccinations is not new. During the roll-out of the Covid-19 vaccination, vaccination hubs and pop-up clinics were used to help reach as many people as possible in convenient places. (22) Mobile vaccination units were also used to target underserved communities in some areas of the country, in an attempt to reduce health inequalities. (23)

However, what people living and working in Tower Hamlets told us they need is a step further than that. More than a place that delivers vaccines, they mentioned they would like to have more conversations about vaccinations, opportunities where they could ask all their questions, access information unhurriedly, and perhaps come back seeking more support.

Top 3 points raised

- 1.** Parents and carers want more opportunities to ask questions and get support before the vaccine is offered
- 2.** They highlighted it should be easy to access, with flexible dates and times.
- 3.** Healthcare professionals would welcome workshops, teaching sessions, and drop-in sessions in schools and faith places.

Parents and carers want more opportunities to ask questions and get support before the vaccine is offered

“YOU’RE GIVEN INFORMATION WHEN YOU ARE ABOUT TO BE GIVEN A VACCINE. YOU DON’T HAVE TIME TO REALLY MAKE A DECISION, TO HAVE THAT CHOICE. IT WOULD BE GREAT TO HAVE A PLACE TO GO.”

Father

And after the vaccination, they would like to have someone to reassure them that their children are fine. Many suggested that they wish they had more opportunities to get the support they need.

Many people called such opportunities different names. Parents sessions, vaccine hub, walk-in place, school coffees and GP meetings were ideas mentioned. Most preferred it to be a space for face-to-face interaction, but some said it could work online as well.

This would provide people the information they need, but also give them the time to digest the information, as many suggested they required.

They highlighted it should be easy to access, with flexible dates and times.

“IT’S ONLY OFFERED AT GP. IT COULD BE IN CLINICS CLOSER TO HOME WITH FLEXIBILITY ON DATES AND TIMES.”

Mother

with healthcare professionals or people who could help them with their vaccination and side effects queries. Some also mentioned it would be great to be able to get not only information, but also the vaccination in places other than the GP clinic or schools.

Parents and carers want to make an informed decision, but for this, they need information and time to ask all they would like to know. Most feel that, at the moment, they are making a “rushed” decision and there is nowhere to go and ask questions.

Some parents highlighted that they end up looking for information online and remain concerned about side effects. They still want to understand better what will happen to their children and what to expect from the vaccine.

“PEOPLE NEED TO KNOW MORE ABOUT SIDE EFFECTS AND WHAT VACCINES WOULD PREVENT US FROM GETTING, EVEN AS ADULTS. HOW THIS COULD IMPACT OUR LIVES IN THE FUTURE.”

Mother

Previous RSPH work showed that the timings of vaccination appointments were the top barrier for parents. (24) And indeed, many highlighted that more flexibility would be good. This also applied to the opportunities for conversations: parents shared that it should be easily accessible or close to their communities, with either less bureaucracy or different times when they could speak to someone.

It should also be flexible in what it offers to people. The majority asked for opportunities which they could have chats

Healthcare professionals would welcome workshops, teaching sessions, drop-in sessions in schools and faith places.

Healthcare professionals are aware that some parents need more support. They suggested sessions or conversations in community settings, as well as in vaccine clinics.

They added that a patient teaching forum or some vaccine information workshops would be interesting too, so parents can express their views with time. Some highlighted the need for more co-production and engagement with community and religious leaders.

“[WE NEED] PARENT-TO-PARENT SUPPORT GROUPS OR DISCUSSIONS WITH PROFESSIONALS AT DROP IN CLINICS.”

Health visitor

“I RECEIVE A MESSAGE ON MY PHONE FOR AN APPOINTMENT, BUT I DON'T KNOW WHAT IS COMING, I DON'T KNOW WHAT MY CHILD SHOULD HAVE NEXT.”

Mother

“[WE NEED] TO INFORM PEOPLE BEFORE INVITING THEM FOR A VACCINE.”

Community nurse



RECOMMENDATIONS

**“THERE IS NO
TIME, NO STAFF, NO
INFORMATION...”**

Mother

The NHS England Vaccination Strategy highlights that vaccines should be delivered in convenient places, with targeted outreach and delivered in a joined-up way by integrated teams. (11) Undoubtedly this is relevant; however, people from Tower Hamlets told us that we need something more. We should not be only thinking about the delivery of vaccinations, but also vaccination promotion and campaigns, distribution of information and creation of a supportive network with all involved in children’s health and wellbeing.

People told us the vaccine system is not working for them, and the delivery of immunisations is just a part of this puzzle. Information currently provided on how the vaccine works and side effects is not enough; the path is a difficult one to navigate, and they hit a wall whenever they need more than what is given at the moment.



CASE STUDY: LONDON BOROUGH OF REDBRIDGE

We know that boosting vaccine uptake is possible when local partners come together to promote innovative solutions to these problems.

Redbridge is a very diverse Borough also located in East London. Despite White British being the largest ethnic group in the area (34.5%), there are large Indian (16.37%), Pakistani (11.13%), Bangladeshi (5.74%), African (4.43%) and Caribbean (3.25%) communities. (26)

In 2015-16, Redbridge reached the 95% coverage threshold for many childhood immunisations, but numbers sharply declined from then onwards. One of the actions the Borough is carrying out to revert this situation are immunisations events in the many Children's Centres located in the area.

On the day of these events, parents are invited to drop in, and offered refreshments and family activities, as well as health information. A doctor is available for a chat if they wish to speak to one, but other professionals such as health visitors and members of the children and family teams can engage with them too. Translation services on-site provide support for those who need it.

The Children's Centre Immunisation Improvement events highlight to parents the importance of vaccines and what they offer their children. Parents with further concerns could speak directly to a GP. The Borough also engaged residents with community health champions going door to door to help them with immunisation queries.

The impact of these activities could already be seen in recently published data. In 2021-22, coverage for the first dose of MMR was 76.6%, but the number went up to 80.3% in 2023-24. Coverage for the 6-in-1 vaccine went from 85.7% to 87.4% in the same period. This means that vaccination rates for under 2 years old have shown an improvement.



Based on what communities told us, we propose taking action that could support parents and carers, healthcare and educational professionals, and volunteers working with children and young people. Moreover, despite this research being carried out in Tower Hamlets, these recommendations can be adapted to local needs and be used by different local authorities across the country.

We must support the Public Health Workforce to deliver information on vaccines in a way which works for communities:

many parents mentioned how they wished health visitors could give them more support. Some also questioned what happened to school nurses or highlighted the difficulties in finding one, because they used to feel they had someone close to their child who was available to answer their questions. Others wondered why community pharmacies did not play a bigger role in this conversation. These professionals are crucial to deliver information. However, without proper support – like training, longer appointments and further engagement with communities (including having the time to co-create interventions with locals) – they will not be able to deliver services to the level they want to.

We must upskill the entire Wider Public Health Workforce so they can better support communities:

Community health champions and other members of the wider public health workforce (people who do not directly work with public health but engage in public health activities) could also play a role in vaccinations, by engaging in conversations with locals and offering some level of assistance. By ensuring every professional and volunteer that parents encounter is confident to discuss vaccines, we can improve the provision of information without placing additional burdens on GPs and nurses. However, they need support and training so that they feel confident when engaging with these communities. People who already engage with their communities, such as local authorities staff, faith leaders and volunteers, could have a considerable impact if upskilled to help.

Information and communication strategies should be co-produced, ensuring they are culturally competent. Communities need more than leaflets in their language and translation services. These undoubtedly help; however, information needs to be transmitted in a way that makes sense for them and their traditions. Co-producing content would involve locals from the conceptualisation and design of information to its delivery, thus ensuring it was easy to understand and meaningful to them.

Continuity of care must be restored on the vaccination system. Continuity of care is more than seeing the same GP or nurse on each appointment. The relationship between care provider and service user is important, but continuity of care also includes delivering services in a coherent and timely way, addressing people's needs. (3) The fact that people feel the vaccine system is broken tells us they do not feel their needs are being met. A strategy to improve continuity of care must be implemented. We can make the vaccination system work for parents, carers, and children from start to finish by bringing together everyone – from NHS bodies and local authorities, to school and GPs.

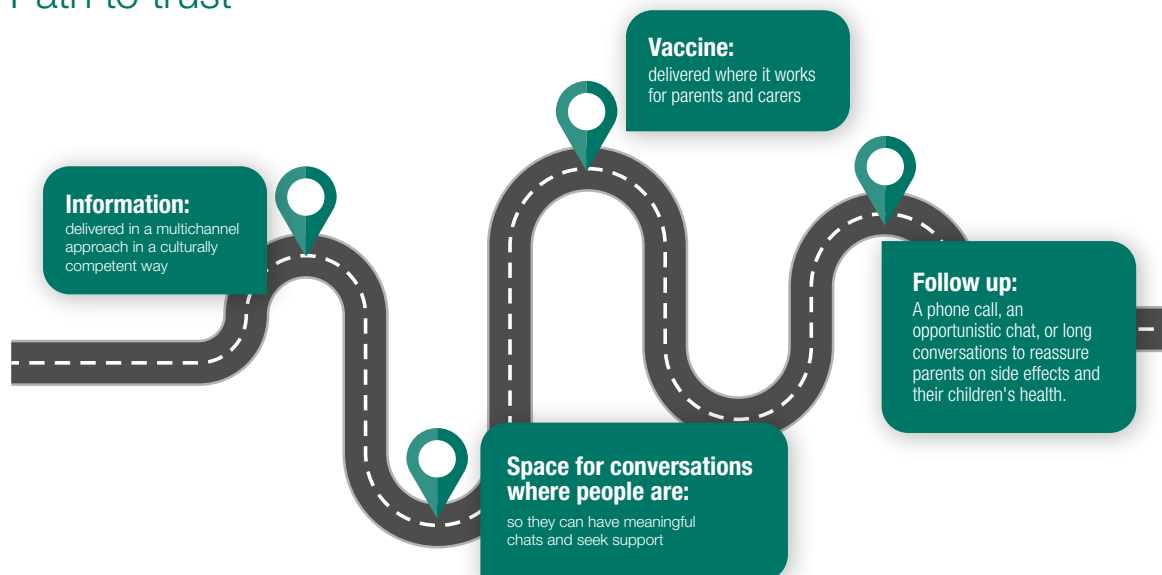


Space for conversations where parents are, particularly in areas where childhood vaccination rates are declining or are low, working within existing services and with the wider workforce to ensure that parents know where to go for information on vaccines and to have their questions answered. Different areas will have different approaches to this, based on local requirements – whether that is establishing vaccine hubs within Family Hubs, integrating this support with schools, or using Children's Centres as seen in Redbridge. These could offer vaccinations for the people attending, but the main goal should be to give information and offer support in ways that work for local communities in convenient venues. In order to tackle health inequalities and ensure vaccines protect our communities, we should establish what we are defining here as a “path to trust”, an action plan built based on what people from Tower Hamlets told us. This journey should be tested in different neighbourhoods and other communities, as there is nothing that cannot be changed or adapted according to local needs.

Roadmap: a path to trust

People from Tower Hamlets told us what they wanted done differently in the vaccinations system. What they told us and the steps they highlighted helped us build the roadmap below.

Path to trust



Information should cover all aspects of vaccinations, from their development to what happens after they are delivered. People had several questions about vaccinations, including how research is conducted; how the vaccine works in their children's bodies; why it protects us from certain diseases; why side effects could happen and what they are; how to manage these side effects; why having the disease is often worse than having the vaccine; who to speak to in case of doubt. Crucial information, such as vaccine eligibility and where to have them, remains as important as ever. However, people have asked for more than this – they want someone to speak to and have meaningful conversations that address their needs.

Redbridge Children's Centre Immunisation Improvement events, for example, offer parents opportunities to get this information directly from experts and encourage them to discuss further concerns they have.

Besides conversations, information about vaccines should be shared using a multichannel approach: SMS, e-mails, letters, app notifications, TV and online adverts, community centre meetings, videos, voice clips and face-to-face events. Making these culturally appropriate would increase its impact.

Opportunities for conversations should be created. As many people mentioned, we could work with what we already have: school sessions, parent meetings at GP, and children's days in libraries. The idea is not to build any new infrastructure, but to instead be where people already are. The London Borough of Redbridge uses its Children's Centres to host conversations. We could be opportunistic and offer vaccinations for the people

attending, but the main goal should be to give information and offer support in ways that work for local communities in convenient venues.

Vaccinations offered in convenient places at convenient times, or as it fits the community needs. Many places could work as convenient places, such as schools, GP clinics operating in special hours, and pop-up clinics.

“IT’S IMPORTANT TO GIVE PEOPLE THE TIME AND THE PHYSICAL SPACE TO LEARN ABOUT THESE THINGS (VACCINES)”

Carer

Follow-up as a way of keeping the conversation going so that parents feel supported when managing side effects or need reassurance that they have done what was best for their child. Empowering people to make decisions about their and their family’s health will only happen if they feel there is a continuation in the care provided; a follow-up could help.

Nothing in this idea is rigid: they are just practical principles to consider. There is an element of contiguity among those, as all four of these could overlap.

People told us they need time and support, so they feel empowered to make decisions about their family’s health. Communities must be at the heart of all we do in our vaccination programme. Community engagement will allow us to understand people’s needs and address their concerns, thus helping us slowly build a path to increase trust in the system.



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