

Health Messaging for All

Insight workshop - Local Voices Network
25th February / 25th March



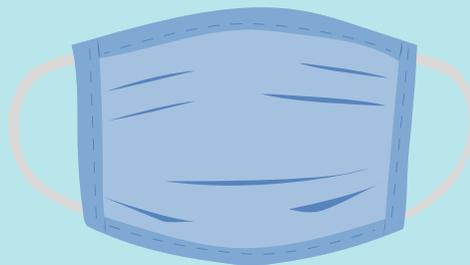
About the participants

Number of participants: **6**

This participants of this workshop comprised a pan-disability group. Some of the impairments identified included autism spectrum disorder, long term health conditions, mobility difficulties and blind. The group live in the London Borough of Tower Hamlets and are members of the Local Voices Network - a network of local disabled people who help to shape services and policy in the Borough. The language used at the meeting was English, although this was at least one person whose native language wasn't English.

Participation was 50% male and 50% female and the average age was somewhere between 40 and 60 years of age.

This was a mixed ethnicity group, including individuals that identify as Asian British Pakistani, Asian British Indian, and White British.



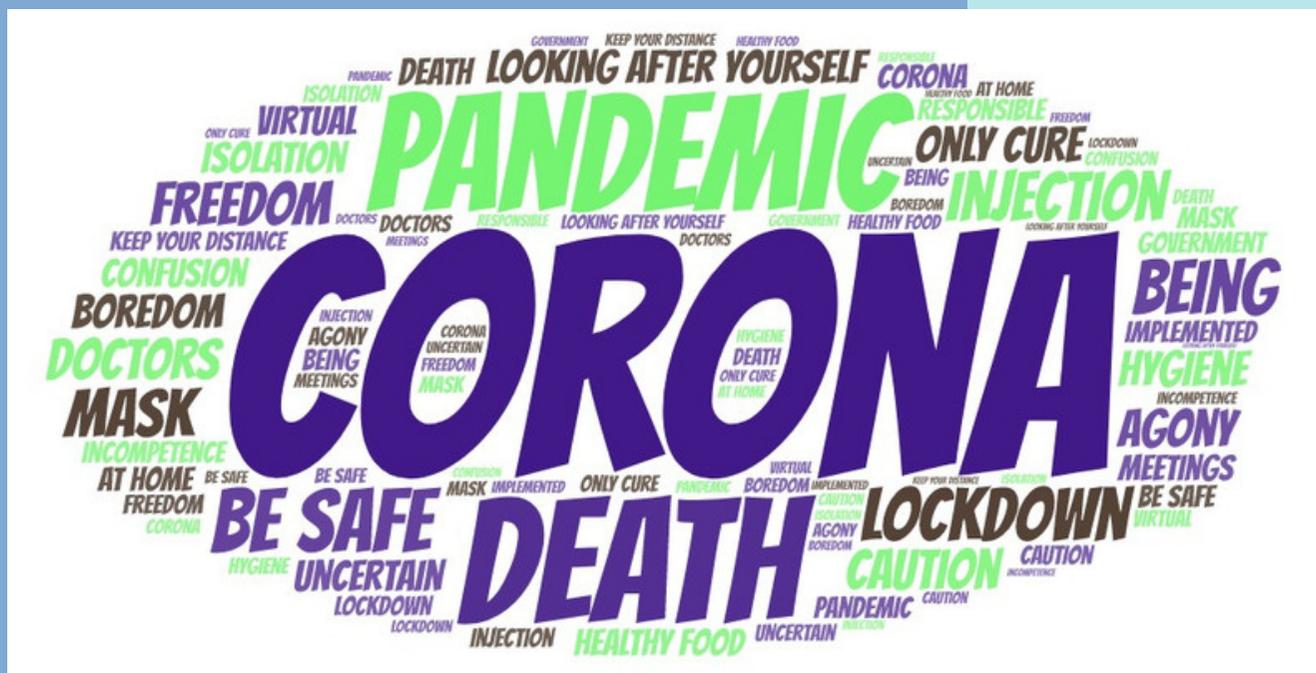
We asked participants what comes to mind when we say these words...

Self-isolate

Test and
Trace

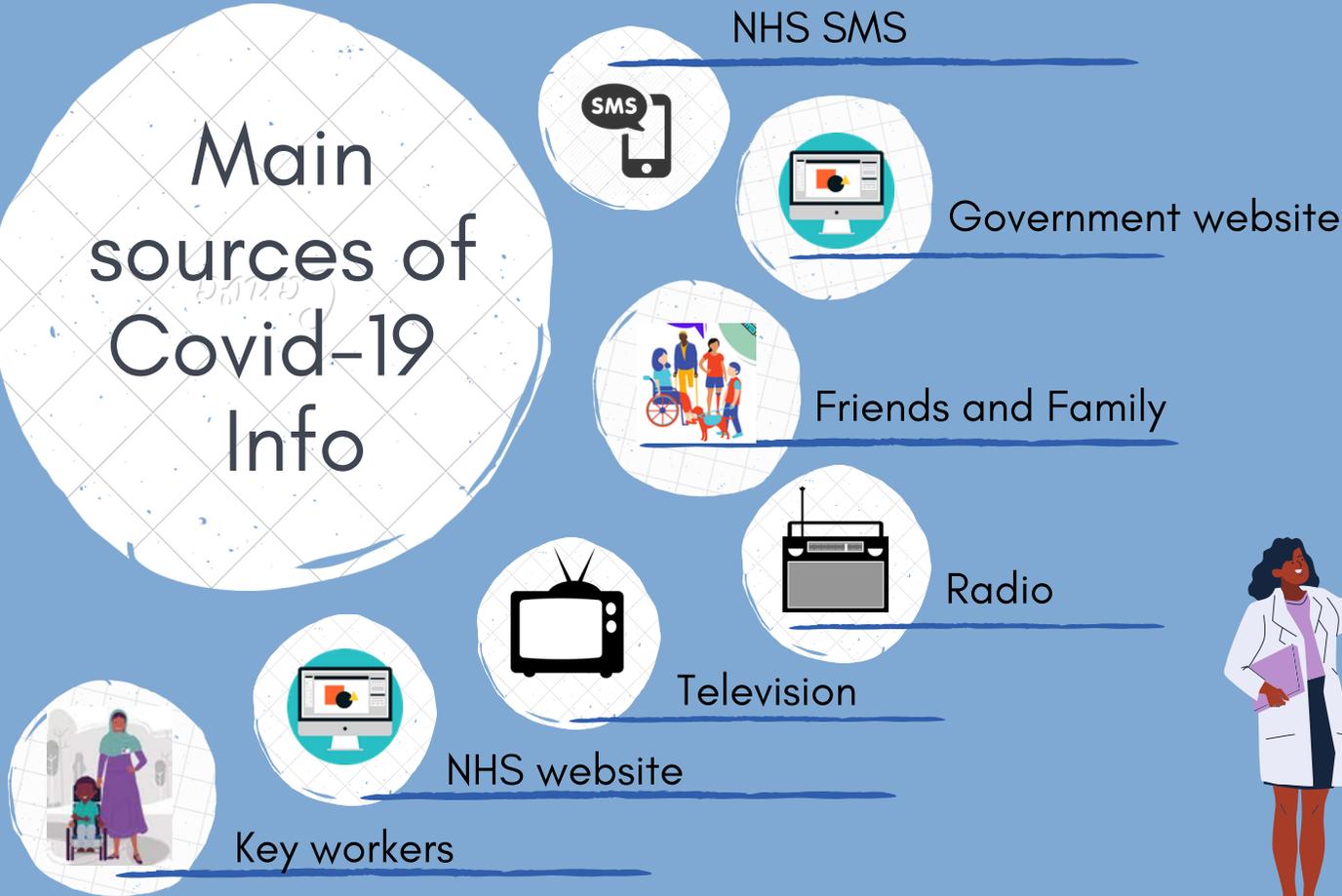
vaccine

Shielding



We asked participants to tell us what their main sources of Covid-19 health information are

Main sources of Covid-19 Info



Other sources

Easyread documents

BBC, CNN, Aljezeera

Council website

Next Door Neighbour website



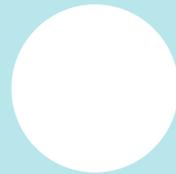
Accessibility



4 participants found health information about Covid-19 accessible and easy to understand, while **2** participants found it inaccessible and difficult to understand

Understanding Covid-19 health messages

We asked participants to tell us what the barriers were to accessing messages



NHS website - can't book vaccines, as told not frontline worker



No clarification as to what is meant by clinically vulnerable



Not enough in easy read



Not clear whether getting vaccine because of age or because of disability

Lack of info about who needs to shield and this has changed over time

Word of mouth to get vaccine

No information about when you get your vaccine if you are in category 6

Difficult info around shielding - wasn't clear what shielding was to start with, and how certain groups had to implement it. The concept of shielding is complicated.



Lack of clarity on what category people are in

Info not in native language so it takes longer to read. She needs to break it down

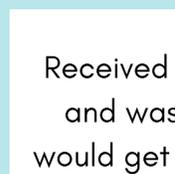
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Information overload

Didn't know which group someone with a learning disability is classified as



Mis-communication around vaccine programme



Received phone call, and was told they would get a letter, but nothing came. So phoned doctor to find out about how to book vaccine.

Confusion as to who is a key worker/advocate. If they are disabled, how can they wear PPE, as they could find it hard to wear PPE with their impairment. No guidance on this.

Lack of clarity on when individuals will get vaccine



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Personal Experiences around Covid-19

TESTIMONY

Document given after vaccination, given to him by his GP. In large print. Something in document was really out of date.

People expressed they feel more comfortable going to somewhere they know for a vaccine, e.g. their local GP.

TESTIMONY

One member got his vaccine invitation through text - he then went to book it through NHS website. He ticked option 3, wheelchair option and was expecting Queen Mary to come through. He did get another option at his dad's pharmacy, but this meant he had to travel. He cancelled it cause he wasn't feeling well, then rebooked not pressing 'access issues'. He then phoned 119 and asked to be booked to the Queen Mary site. They said they couldn't as it wasn't coming up on their screen. He tried himself again, and Queen Mary did not seem to be an option. This was strange because before booking it, he was getting texts telling him to book at Queen Mary and Cable Street, so it did not make sense that it didn't come up as an accessible option. Conflicting messaging about whether Queen Mary is a vaccine centre, and if it is an accessible venue. Before he booked his vaccination, his carers told him QM was accessible and that other wheelchair users, and elderly people had been going there.

TESTIMONY

He is confused, as he has a little bit of cold, and he doesn't know whether he should rebook his vaccine. He asked his carer, and they told him, that if you go the pharmacy, and if they detect you have a cold, they have the authority to refuse you the jab. He wanted to know whether this was true. He now has a vaccine booked but is going with trepidation. He doesn't want to go all the way down to his dad's pharmacy and be told that he can't have it because he has a sniffle. He feels fine, looks fine, feels well, but is worried that he will go all that way and be refused because he has a sniffle. He has had a Covid test done, and it came back negative, so he is confused in his head as to what to do about getting his jab. He is not engaging with anyone, or doing what he used to do, he is 95% of the time indoors, so doesn't think it is hay fever.

TESTIMONY

A member was asked to go to Central London (Guy Hospital) for a vaccination and she lives in E14, and felt it was difficult to go on her own by public transport. Her social worker contacted her local GP, and they said once they got the vaccine they would invite her to the surgery instead. When they finally got the vaccine, they invited her. It was delayed by a couple of weeks but it meant she didn't need to travel far. She isn't online, so that is why her social worker called.

Personal Experiences around Covid-19

TESTIMONY

There was a discussion about what to do if the vaccine centre you have called to is not accessible. There was an understanding that you are offered a selection of places to choose between but some people were unsure about this process.

TESTIMONY

There was a discussion about the rumour on social media that claims the vaccine has pork/animal parts in it. One person mentioned the rumour had been dispelled. Another participant believed they only negated that there was no animal/pork in the vaccine because they want the vaccine take up to be high. They also said that if people were told that there was pork in it, many people would not take it (cultural). He followed on by saying 'if there is nothing to hide, the scientists/government should have been clearer in the first instance'.

Somebody else said they don't deceive people. You have to believe scientists.

When this rumour came out, TH were at pains to create a video with doctors holding up the vile, saying look 'it's just the vaccine', nothing else. He found this part of the campaign very telling.

TESTIMONY

While setting vaccine priority, disabled people should have been a priority too. Disabled people need support.

They need to hold hands, walk with people. If they had been given disabled people priority first, they could have saved a lot of lives.

A blind person can't determine what 2 meters apart is. If he was on the road and needed help, nobody would come to help him because he doesn't have the vaccination. Once he has the vaccination, he will have a card, and people will come to help him. Disabled people should have been a priority for vaccination.

TESTIMONY

When he hadn't booked his vaccine, no messages were coming his way, but as soon as he booked it through the NHS, a whole host of messages came to say 'if you haven't book, please book'. When he got his text, it did say you were getting this because you have an underlying health condition, but he knows that and doesn't like to be told he is clinically vulnerable, because then they tell you, you are only clinically vulnerable if you are a teacher, social worker, or a frontline worker. This discussion indicated there was confusion between what was meant by 'clinically vulnerable' and a frontline worker in the priority group for a vaccine.

How to make messaging better

Accessibility for non-English speakers

Information need to be more concise and in a joint up approach.

The need to explain better the idea of herd community. Help people understand the concept of it, and what the actual long term significance of it would be. When the roll out was happening, people were worried about the effectiveness of the vaccine, and the scientists were making a comparison between the vaccine and paracetamol.

Making
Information
more
accessible

Double messaging – maybe because there is a vaccine surplus
They said it was an optional situation, can't they have a system where people can opt in and opt out, to avoid double messaging to see who is opting out.

Everything he found has been ok (doesn't need anymore info).

Certain platforms like Facebook shouldn't be putting up misinformation – more scrutiny of false news.

Ingredients – asked their doctor what was in it, and the GP told them they were not allowed to tell them what was in it.

Principle takeaways

From the insights workshop, it became apparent that some people were confused about whether they were eligible for their vaccine, because they didn't know whether their impairment was categorised under priority group 6. There was also a lack of understanding about how to book an accessible venue, and which venues were accessible in the Borough.

Action 1: A detailed list of what impairments fall into priority group 6.

Action 2: Clear guidance on how to book an accessible venue for vaccination and a list of accessible venues in the Borough