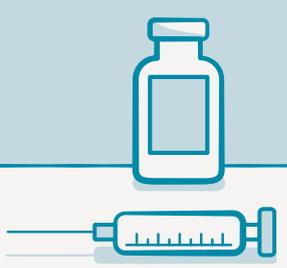
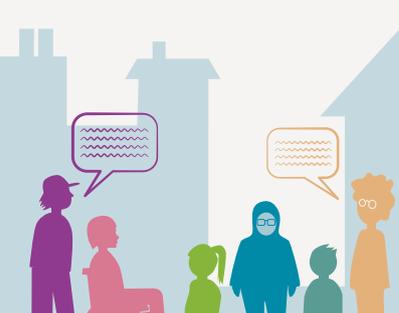
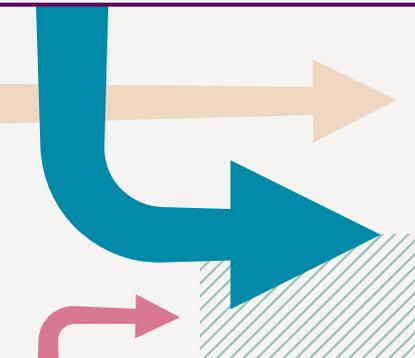
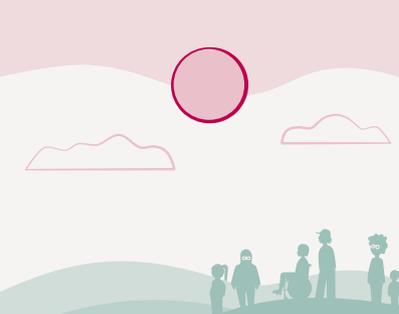


Health and Social Care Alliance Scotland (the ALLIANCE)

# Scotland's vaccination programme - next steps with children and young adults

		
		
<p><b>October 2021</b></p>	<p><b>ALLIANCE Members Event</b></p>	

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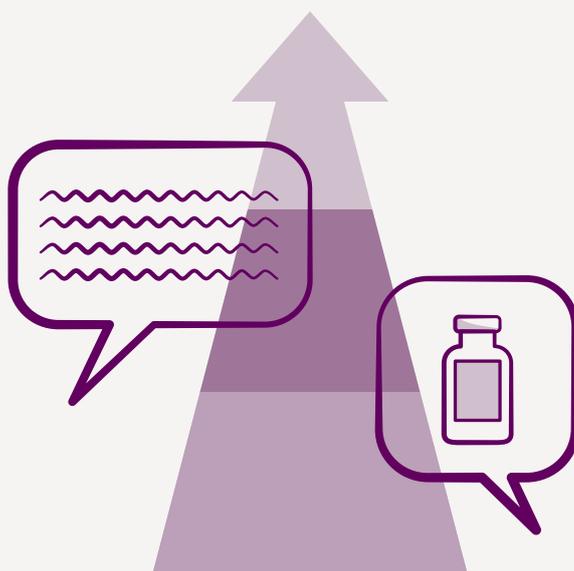
# Supporting the next phase of the vaccination programme in Scotland

Scotland's COVID-19 vaccination programme has responded quickly to the challenges of administering approximately 7.8 million vaccine doses across the country. As we enter the flu season with the arrival of autumn and winter, and as COVID-19 booster vaccinations are announced by the Joint Committee on Vaccination and Immunisation (JCVI), the Strategic Communications Team in the Vaccines Policy Division at Scottish Government is learning from the successes and challenges faced in the last months since the launch of the COVID-19 vaccination programme.

To support this activity, on the 20th of October 2021 the ALLIANCE hosted a members event to hear people's perspectives about Scotland's vaccination programme, with a focus on COVID-19 and flu vaccine uptake among children and young adults between the ages of 12 to 29. As well as hearing about the achievements of the vaccination programme so far, members also had the opportunity to share insights about what could have gone better in the first months of the vaccination campaign, with an aim to inform engagement strategies with younger age cohorts.

The event opened with a brief presentation by Scotland's National Clinical Director, Professor Jason Leitch, who discussed the current landscape with regards to the pandemic and COVID-19 vaccine uptake – in Scotland and across the world – as well as priorities over the next phase of the vaccination programme. Members had the opportunity to ask questions, which Professor Leitch addressed before attendees joined breakout rooms for further discussion.

In the breakout sessions, members spoke about their experiences and key lessons about the COVID-19 vaccination campaign so far, sharing ideas about how good practice can be scaled up, as well as opening up questions about how the requirements of disabled people, those living with long term conditions, and their families/carers can be properly met during the next phase of the vaccination programme, and as we 'return to normal'. The event concluded with groups feeding back to each other about the main points raised in the breakout rooms. The feedback gathered during the event will provide valuable insight to inform Scottish Government's communications strategy in the next phase of the vaccination programme.



## Key messages

- It is imperative to involve people who are known and trusted by communities in communicating information about the vaccines.
- Using mobile, online, and virtual communication has been an important adaptation for organisations to continue providing services and information to communities during the pandemic.
  - However, digital exclusion remains a problem for many, particularly the most at risk, and this needs to be addressed in the next phase of the vaccination programme.
- Easy Read versions of information were highlighted by some participants as one of the most effective formats to get information across clearly and quickly, both to people who access services as well as their families and carers.
- Several participants expressed that official communications about COVID-19 and the vaccines can feel too general at times, and that messages need to be tailored to specific audiences to be more effective in the next phase of the vaccination programme. Attendees shared that drawing from the expertise and knowledge of the third sector will be central to achieve this.
- Using social media to share information about the vaccines was a contentious topic during the event.
  - Generally, social media was viewed negatively by attendees, mainly due its role in spreading misinformation.
  - However, it was acknowledged that social media is an important medium to reach younger people, and that it can be effective if used correctly. Social media platforms are a powerful medium through which to fight social isolation (especially among younger people).
- Flexible, person centred, and whole family approaches to the vaccination programme were mentioned by some participants as success stories for the communities they worked with (e.g. unpaid carers and the people they supported being given the same vaccination appointment times and locations).
  - However, questions were raised about the feasibility of scaling up such good practice examples across Scotland.



# Opening remarks by Scotland's National Clinical Director, Professor Jason Leitch

The event opened with a brief presentation by Professor Jason Leitch, who started by thanking the ALLIANCE and its members for the work they have done throughout the pandemic to support disabled people, those living with long term conditions, and their families and carers.

Professor Leitch shared some slides providing context about the current COVID-19 case and vaccination rates in Scotland, compared to other countries. He highlighted the effectiveness of vaccines in reducing the numbers of hospitalisations and deaths caused by the disease, and commented on the success of the vaccination programme in reaching older members of the population. He also commented positively about the high uptake rates among younger cohorts, and outlined some of the current challenges in reaching the 18-29 age group. Professor Leitch ended his presentation by applauding all volunteer vaccinators for the invaluable role they have played in administering vaccine doses across Scotland.

After his presentation, Professor Leitch answered questions from the audience. Among some of the concerns raised were the mixed messaging about whether children in the 12 to 15 age category who also belong to a shielding group would be given priority, as the vaccine programme now turns to younger groups. Professor Leitch explained that clarity on this is still being sought from the Joint Committee on Vaccination and Immunisation (JCVI), and that what is known about risk categories is updated depending on what the rapidly changing evidence tells the experts: "We need global data to answer these more difficult questions, we need to figure out what it means for our demographic, and wait to hear what the JCVI then advises," he said. He added that, ultimately, conversations about risk for different groups should also be taking place between families and medical practitioners.

Other members asked advice on effective communication strategies to engage with younger people about COVID-19 and flu vaccines. On this, Professor Leitch related his **recent experience collaborating with YoungScot's Health Panel**, stressing the importance of having "trusted voices" working in the communities that organisations are trying to reach. He added that communications about the vaccines are currently available in a range of formats that appeal to younger groups on the **YoungScot website**.

Finally, some attendees expressed concern that the booster vaccination programme might be delayed, given the simultaneous launch of the vaccination programme for younger age groups. In response to this, Professor Leitch said that, whilst everything is in place to roll out the vaccination programmes, with enough doses and enough vaccinators to administer them, the process will likely not be perfectly linear, and there will be differences between the way this is managed for COVID-19 and flu vaccinations. However, he reassured the audience that: "We have enough doses, enough vaccinators, and a time scale given to us by JCVI to get everyone vaccinated."



# Breakout room discussions on Scotland's COVID-19 vaccination programme

Following the opening statement by Scotland's National Clinical Director, Professor Jason Leitch, attendees joined breakout rooms to engage in further discussion. The key themes that emerged from these conversations are summarised below.

## Effective communications during the pandemic

An area that was discussed at length during the event were organisations' successes in adapting their engagement and communication strategies with the people they worked with during the pandemic. Unsurprisingly, it emerged that engaging via online/virtual platforms and mobile phones was key for organisations to remain connected to the groups that they support, and for those groups to be connected to each other. This approach was also repeatedly highlighted as an effective way to reach people in rural and/or remote areas, who often face higher levels of exclusion in accessing communication and services.

One participant shared that for their organisation, communicating via text messages and through a "WhatsApp system" worked well, and recommended "having as few paper items or letters as possible." Others echoed this sentiment, and also commented on the effectiveness of online spaces to address issues of isolation, particularly for young people.

Another attendee described the communication strategy their organisation adopted to circulate information during the pandemic, saying that they recorded videos with people who were known and trusted in the community. In addition to this, they shared that Easy Read versions of information were very well received, not only by those with communication support requirements, but also for others who wanted to have easy and straightforward access to information. The participant said: "There is some science around how people absorb information when they see an image, and using images forces those writing the information to simplify language and to focus on the essentials, so I would encourage there to be more easy read versions of information. People enjoyed the easy read information more than the letter from the Chief Medical Officer!"



Some members also shared the positive experiences they, or the people they work with, had with medical professionals who made information intelligible and accessible for the people in the communities they work in. In particular, Learning Disability Nurses were mentioned as professionals that provided important and flexible support to the people who need it most.

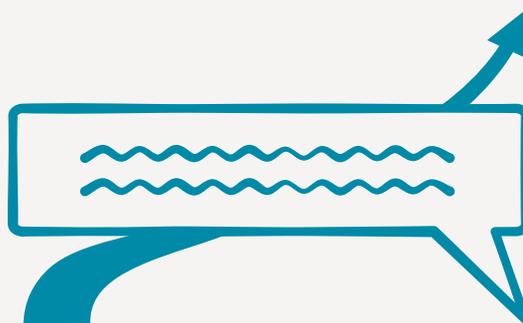
In terms of sources of information that participants said they circulate to the groups they work with, there was some consensus that the Scottish Government, NHS inform, and UK Government websites were the first point of call for them. Several participants also shared that they tend to steer their networks away from social media and mainstream news sources, as “they can be a minefield”, one participant said, and that “some information channels are not as good as supporting people if they are in a certain mental health state.” Finally, whilst generally participants regarded social media negatively as a platform to communicate information about the vaccines, some also acknowledged that it is a powerful medium, especially among younger people. One attendee said: “My 19-year-old son found out and signed up for his COVID-19 vaccine via Facebook, so it can work.”

From the beginning of the event, the role of the third sector in supporting the vaccination programme was acknowledged and celebrated, particularly the coordination and collaboration that took place across organisations. In the words of a participant: “I would like to acknowledge the work of the third sector in all guises and particularly at a community level, it has saved lives, and I would like more acknowledgement of this from society and government,” but they added, “During the first few months of the pandemic organisations were working tightly in terms of messaging; that spirit of collaboration was strong and powerful, and I am scared it is waning.”

Reflecting on how good practice examples could be scaled up, some participants highlighted instances where they or the people they work with experienced a flexible approach from medical staff and vaccination teams. One attendee shared that they had heard from parents of children with chronic conditions, classified as carers, who experienced a lot of good will and flexibility from vaccination teams, and often received their vaccines at the same time as their children. Another participant mentioned that, in cases where patients were anxious or unable to attend a vaccine appointment at a vaccination centre, nurses vaccinated them during home visits.

Another positive example was the role of pharmacists in the community. One attendee said, “Pharmacists have also been a great source of help and information, they know the people in their communities because they engage with them regularly through the repeat prescription service, there is a real person-centred approach in these cases.”

Yet, parallel to these positive examples, questions were raised about the feasibility of scaling up good practice, and applying a consistent approach in how information, communications, and the vaccination programme are rolled out across Scotland. As one participant said, “The question is how do we take these things forward on a grander scale? How do we embed good practice and apply it consistently?”



## “Less automated letters, more person centred”

As well as highlighting the successes of the last months, attendees also identified and discussed some of the limitations of the COVID-19 vaccination programme so far, to inform areas of improvement to be taken forward.

Some members shared that communications and engagement about the vaccines is currently too broad. One participant said: “Communication seems very general at the moment; there needs to be a more tailored approach for specific audiences, we cannot expect people in the community to read long letters. Easy Read was something that the people we work with really appreciated. We need less automated letters, and more of a person centred approach.” Another attendee shared:

**“ What families are saying to us is that they don’t feel engaged and don’t feel seen when they look at the vaccine campaign, and this is a shift we need in terms of recovery and in moving forward; if we look at the initial response to the pandemic they prioritised the vulnerable, but I am concerned that this is being lost in the rush to get back to normality.**

Nonetheless, although these challenges were voiced by several participants, there was also some consensus that those working in the third sector can inform how communications are developed, by facilitating conversations between medical staff, policy makers and people who access services.

A further area identified during the conversation was the need for clearer communication about shielding, and shorter timescales for particular groups of people to be recognised as at higher risk, something that caused, and continues to cause, anxiety for several people.

In addition to this, a practical aspect of the vaccination programme that was described as challenging by some participants was the complexity of cancelling vaccine appointments. One participant said: “We had to do hours and hours of research to find out how to cancel an appointment; I think lots of ‘no shows’ were people who had to cancel for valid reasons but were not able to.”

Among other problems that some families faced were instances where parents were given priority to get vaccinated as unpaid carers, yet at different times and in different locations compared to their sons and daughters. In relation to this, a participant suggested: “We could use a family-centred approach to vaccination appointments, where all eligible members in a family can go to same vaccination centre and at the same time to get their doses.”



The topic of social media was also mentioned again as a potential barrier to effective communication, with particular concerns being raised about the spread of conspiracy theories and misinformation. One participant shared that one major barrier their organisation shared in engaging with younger people about the vaccination campaign were managing children's and young people's anxieties, related to a "fear of the unknown" about the vaccines, which they often encountered in social media. Whilst these were considered serious problems, members also said that the role that social media can play in promoting community support should not be undermined.

A final challenge identified by some attendees was the lack of integration and gaps in patient data, that made circulating communications about vaccine eligibility additionally difficult for those who are shielding or are in risk categories: "Data integration is essential," said one participant.

## Moving forward: hybrid and coordinated approaches

A suggestion to make communications and service provision effective, flexible, and accessible was to move towards hybrid approaches – combining digital and face-to-face engagement. The successes of sharing information and providing services online were raised throughout the event, however, so were the limitations of this approach, and its risk of further marginalising particular groups, particularly the most vulnerable.

Some participants thus expressed urgency around developing safe ways to return to in-person service provision to support people for whom online or digital engagement is not appropriate. One member explained: "Home visits may be the only way to engage with some people, especially to convey complex information, so going forward we need to find ways to continue to use this approach in a safe way."

Other attendees highlighted that, given that online and virtual communication is still likely to remain a reality for months to come, steps need to be taken to tackle digital exclusion. A participant suggested: "Lots of people don't manage to use technology successfully; a service that is really required right now is how to train people in how to use all the different technology we use. There is no standardisation: we have Zoom, Teams, Skype, there's just so many things we need to know. I am worried that many organisations want to keep working remotely and the impact this will have for some people. Organisations need to look into organising face-to-face events as well as online."



Digital exclusion among adults was a concern for most participants, however this was also identified as an issue that can equally affect children and young people. One attendee said: “I think for children who struggle digitally, schools know who they are, so possibly reaching out to them through things like breakfast clubs could be a good approach. And then, like Professor Leitch mentioned earlier, groups that represent specific communities can help establish good communication and might help reach disconnected people.” Further, and in line with the suggestion to move towards hybrid approaches generally, and to tailor information and messages to specific audiences, the approach adopted by Children’s Health Scotland was mentioned as a positive example that can help alleviate some of the anxiety and fear that children and young people may feel towards vaccines. This includes using images that are familiar to children, or using role play (e.g. of encounters with doctors), to make information more accessible.

Finally, when asked what communication resources or methods would be most useful to have access to going forward, some attendees shared that receiving consistent messaging and resources, which organisations can share on the same day to make a combined impact, would be helpful. A participant said this would ensure that “People will see messages through multiple organisations, channels, and profiles, so it will be easier to remember them.” Others said they would welcome a vaccination campaign plan with multiple touchpoints, that can be accessed and shared to their own calendars to achieve that combined effect. One attendee said: “It would be great from a social media perspective to receive assets that we can then share, whether that’s imagery, video, or audio. And to get alerts of any impending posts/campaigns that we should look to share and promote.”

Consistency, collaboration, and coordination were thus highlighted as important elements to develop effective communication strategies. Yet, whilst this broad approach was perceived as generally positive, participants again highlighted that the expertise of organisations and people with lived experience should be central to tailoring messages to specific audiences, so that people feel meaningfully engaged with and listened to.



## Communications assets suggested by Scottish Government

### Key links to COVID-19 and Flu vaccine information on NHS inform

- For all information on the COVID-19 vaccine: [The coronavirus \(COVID-19\) vaccine \(nhsinform.scot\)](#)
- For all information on the flu vaccine: [The flu vaccine \(nhsinform.scot\)](#)
- A self-help guide for flu and coronavirus (COVID-19) booster vaccinations - use this guide to find out how and when you will be invited for your flu or coronavirus booster vaccinations: [Self-help guide: Coronavirus vaccination journey | NHS inform](#)
- Information on requesting support with interpretation, or get help with travelling to your vaccination appointment: [Request support with interpretation, or get help with travelling to your appointment | The coronavirus \(COVID-19\) vaccine \(nhsinform.scot\)](#)

### Flu vaccine and COVID-19 vaccine booster - Static social media assets and posts

From the 15th of November the online booking portal will be available for eligible adults aged 50 to 59 years; unpaid carers aged 16 years and over; and people aged 16 years and over who are household contacts of people who are immune-suppressed, to book their flu and COVID-19 booster vaccination appointment.

The online booking portal can be accessed here: [nhsinform.scot/vaccinebooking](https://nhsinform.scot/vaccinebooking)

### Downloadable assets on the flu vaccines and COVID-19 vaccine boosters can be found below:

- COVID-19 Booster marketing and social media assets can be downloaded via Dropbox [here](#)
- Flu vaccines marketing and social media assets can be downloaded via Dropbox [here](#)

## Flu and COVID-19 Booster vaccine eligibility videos from Dr Nicola Steedman

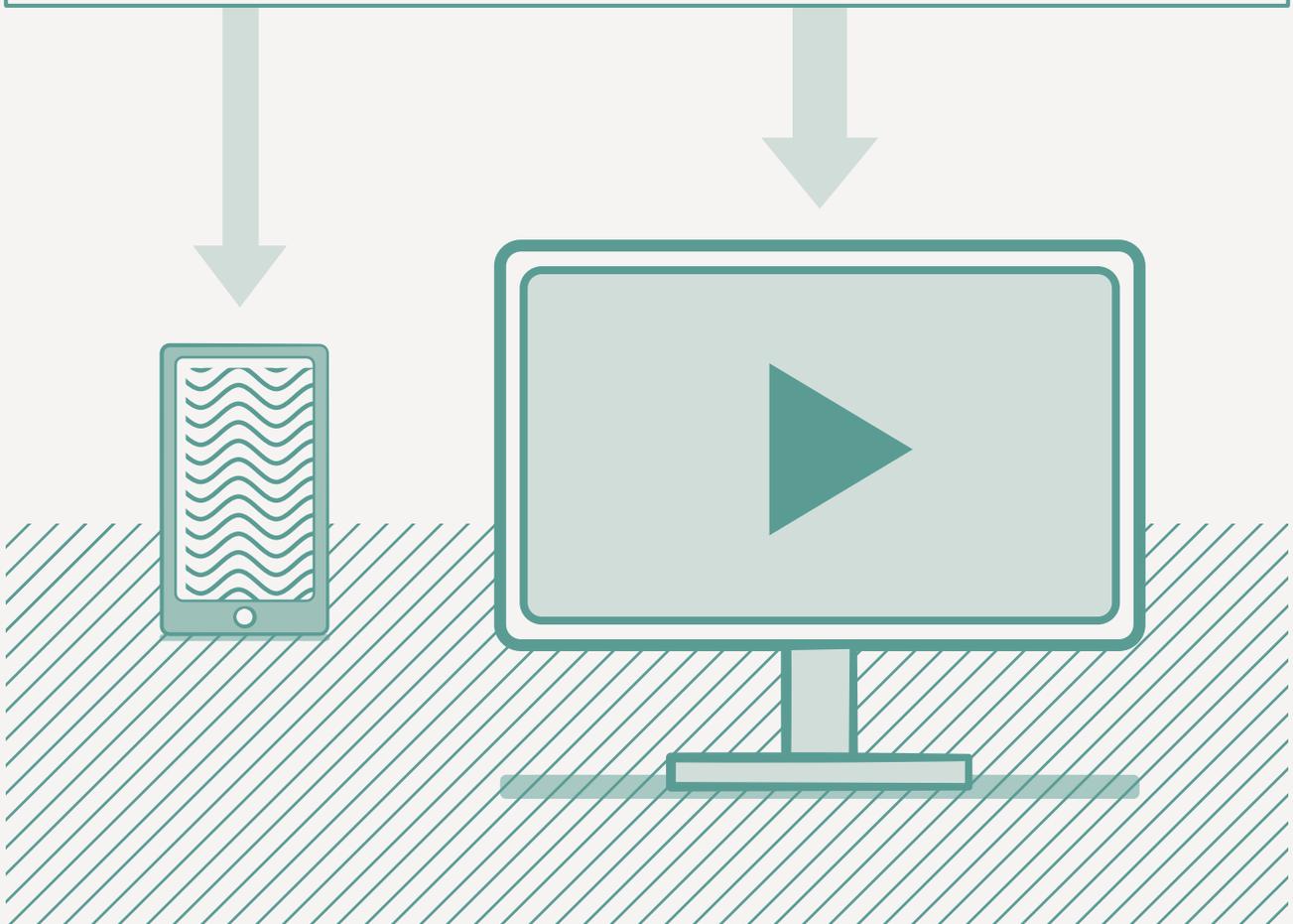
Deputy Chief Medical Officer Dr Nicola Steedman has created a series of videos explaining who is eligible for the flu vaccine. These videos along with suggested social copy can be found in the Dropbox and WeTransfer links below.

### Videos available include:

- All groups eligible for the flu vaccine
- All groups eligible for the flu and COVID-19 Vaccine Booster
- NHS independent contractors and health and social care workers
- Pregnancy

### Downloadable assets:

- [Download all videos and social copy for the Dr Steedman videos via Dropbox here](#)
- [Download all videos and social copy for the Dr Steedman videos via WeTransfer here](#)



## COVID-19 vaccine for 12 to 15-year-olds – social media posts and digital assets

- A video by Professor Linda Bauld to support the 12 to 15-year-old COVID-19 vaccination programme can be accessed via the [12-15 Dropbox folder here](#). You can also see it on YouTube here: <https://www.youtube.com/watch?v=7ftIK-E1UJE>
- [Other 12-15 assets are available in this folder](#). Any campaign assets to promote the 12-15 campaign should be aimed at parents/carers of this age group, and not to target 12 to 15-year-olds directly.

### Suggested posts:

#### Twitter

It's important for children and young people and their parents or carers to discuss getting the COVID-19 vaccine and come to an informed decision together.

Watch Professor @LindaBauld's message

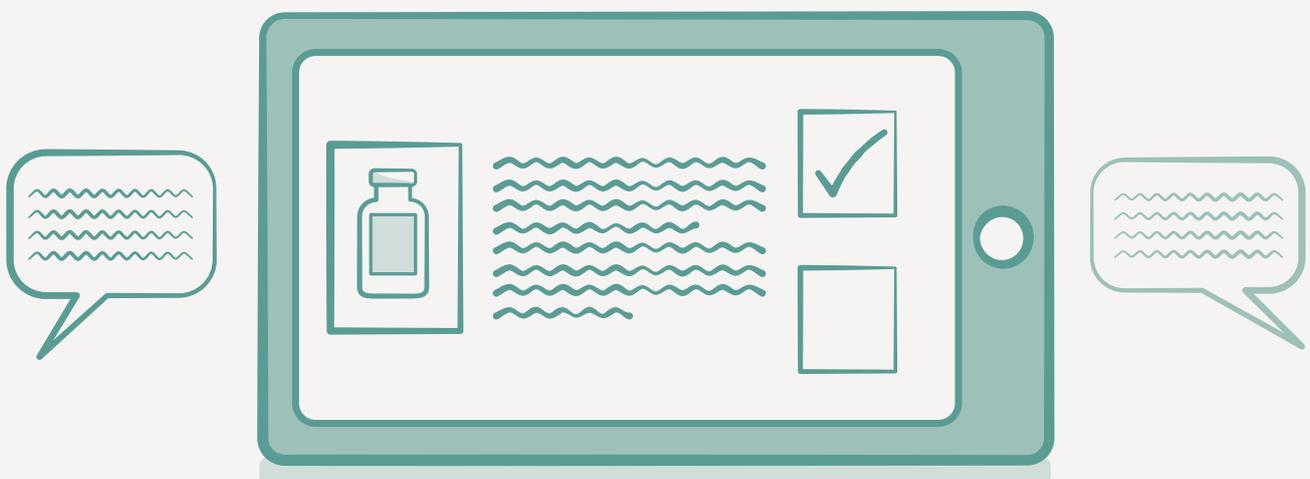
Get more information at [nhsinform.scot/12to15](https://nhsinform.scot/12to15)

#### Facebook

It's important for children and young people and their parents or carers to discuss getting the COVID-19 vaccine and come to an informed decision together.

Watch Professor Linda Bauld's message

Get more information at [nhsinform.scot/12to15](https://nhsinform.scot/12to15)



## COVID-19 vaccine and pregnancy, breastfeeding and fertility

To help anyone who is pregnant, breastfeeding, or concerned about fertility make their decision about getting the COVID-19 vaccine, Jaki Lambert, Professional Advisor Midwifery & Perinatal Care at the Scottish Government, has created a series of films explaining more about the safety and importance of the vaccine. The films can be accessed using the links below, and accompanying social media copy is attached.

### The videos available include:

- Main film
- 50-sec cut-down
- Pregnancy
- Breastfeeding
- Fertility

### Downloadable assets:

- [Download all videos and social copy for the Jaki Lambert videos via Dropbox here](#)
- [Download all videos and social copy for the Jaki Lambert videos via WeTransfer here](#)

Also, as we are seeing a rise in the number of pregnant women becoming seriously ill from COVID-19, so we would like to remind you that other assets and information about getting the vaccine during pregnancy are available here:

- [Download all other available COVID-19 pregnancy assets via Dropbox here](#)
- [Download all other available COVID-19 pregnancy assets via WeTransfer here](#)



# About the ALLIANCE

The Health and Social Care Alliance Scotland (the ALLIANCE) is the national third sector intermediary for a range of health and social care organisations. We have a growing membership of over 3,000 national and local third sector organisations, associates in the statutory and private sectors, disabled people, people living with long term conditions and unpaid carers. Many NHS Boards, Health and Social Care Partnerships, Medical Practices, Third Sector Interfaces, Libraries and Access Panels are also members.

The ALLIANCE is a strategic partner of the Scottish Government and has close working relationships, several of which are underpinned by Memorandum of Understanding, with many national NHS Boards, academic institutions and key organisations spanning health, social care, housing and digital technology.

Our vision is for a Scotland where people of all ages who are disabled or living with long term conditions, and unpaid carers, have a strong voice and enjoy their right to live well, as equal and active citizens, free from discrimination, with support and services that put them at the centre.

The ALLIANCE has three core aims. We seek to:

- Ensure people are at the centre, that their voices, expertise and rights drive policy and sit at the heart of design, delivery and improvement of support and services.
- Support transformational change, towards approaches that work with individual and community assets, helping people to stay well, supporting human rights, self management, co-production and independent living.
- Champion and support the third sector as a vital strategic and delivery partner and foster better cross-sector understanding and partnership.

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📘 Health and Social Care Alliance Scotland 📷 [alliance.scot](https://www.instagram.com/alliance.scot)

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