

Schools and Imms focused session

Hosted by The London Jewish Health Partnership together with the NHS, The London Jewish Forum, with wider system partners

16th March 2023

Session's Summary



Introduction

Aims

- To draw on the expertise of partners working with and from the Charedi Community to plan how we can get the vaccination at this critical moment to the parts of the community that do not have significant take up.
- To discuss how we can best work with schools to improve childhood immunisations uptake, including the use of tailored communications and review of initiatives already tried in this space.

Context

- There is an imminent planned NHSE campaign to support catch up of Polio and MMR for those unvaccinated or under-vaccinated, which will include a focus on the Charedi community. The intention is to be prepared for when this is formally launched to support the campaign in reaching the entire community.

The London Jewish Health Partnership

- Community led partnership of health and care organisations, local councils and community leaders and partners that was set up to provide support for the health issues that matter to the Jewish community and to bring health organisations directly together with the community.
- This partnership aims for a co-design and co-production approach, supporting the links into the community as well as bringing together good practice, and providing a forum to discuss and address key health issues for the different Jewish communities across the capital.

Agenda

15.00- 12.05

Welcome and Introductions

Dr Leonora Weil (UKHSA) & Andrew Gilbert (LJF)

15.05-15.20

Setting the scene with NHS colleagues

Dr Simon Hailstone, Dr Susan Elden, Dr Ben Kasstan

- Childhood Immunisations
- Polio campaign
- Learnings from Phase 1 Polio Campaign

15.20-15.50

Interactive discussion

Chaired by Dr Leonora Weil (UKHSA)

1. How can we have a continuous and meaningful conversation with schools?

- Is there anything else we can do with schools?
- Can we do any vaccinations in schools?
- Should we do individual meetings/sessions with the schools?
- Do we want to work with the Governors?

15.20-15.50

Interactive discussion

2. Communication campaign

- What does the communication look like?
- How do we work across the system for a strong communication campaign?

3. How can we join agencies together in this agenda?

4. What can we do that we haven't done before?

15.55-16.00

Summary and close

What have we learnt from Phase 1?

Preliminary Findings
16 March 2023

LONDON
SCHOOL of
HYGIENE
& TROPICAL
MEDICINE



UK Health
Security
Agency

Poliovirus is spreading in Hackney

Poliovirus is a life-threatening infection that can cause paralysis.

Immunisation is the best protection against this disease and the NHS is offering all children aged one to nine years the polio booster vaccine.

It is important for your family and community to immunise your children against preventable childhood illnesses such as measles, polio, meningitis and pneumonia.

Routine immunisations and what your child should have:

Get a vaccine for 6 diseases including polio when your child

is 8 weeks + 12 weeks + 16 weeks

Then get a vaccine for 4 diseases including polio when your child

is 3 years 4 months

Then get a vaccine for 3 diseases including polio when your child

is 14 years

Check your child's red book to see if your child is up to date.



Scan the QR code to find out where you can get your child immunised.

NHS

Hackney

Methods

- Semi-structured interviews - 32
 - Public health – 10
 - Healthcare – 12
 - Community partners – 3
 - Mums – 7

- Delivery site visits – 5
 - Primary Care
 - Children's Centres
 - Hospital hubs

- Rapid interviews at delivery sites – 26

Don't let Polio and other infectious diseases into your child's world!

Vaccinate before Channukah with our December immunisation clinics



“ Protect your children from getting polio, measles, whooping cough and other infectious diseases by getting them vaccinated before Chanukah with our December immunisation clinics.

GETTING READY FOR PESACH!

Keep your children safe while travelling and visiting family. Those who are not immunised are at risk.

Vaccinate with our March immunisation clinics.

“ Please make sure you get your child immunised as soon as they are eligible. Vaccines are safe and rigorously tested. There is no benefit to delaying; vaccinate your child against these awful diseases before those same illnesses infect them.


UK Health
Security
Agency





Polio is spreading in London, US and Israel

What is Polio?

Polio is a disease caused by the poliovirus. The virus can infect the spinal cord and cause permanent paralysis or even death. Polio is preventable, only by immunisation.

There is no cure for polio.

There are now over **[figure] children under 10** who are at risk in **[insert borough]** because they are not up to date with their routine polio vaccines



75% of people (approximately) who are infected with polio will not experience any symptoms and will not know



For every case of paralysis, between **one hundred and one thousand** people are infected

Communications

- Flow chart to disseminate communications may be helpful

Understanding / urgency

- Questions around parental awareness & campaign
- Little perceived urgency and arguably this is reflected in central messaging that avoided implying direct vulnerability

Q. Did you know polio was spreading in London?

Yes I've seen it advertised.

Q. Were you concerned by the news?

No. (Rapid_11)

I would go to the doctor's surgery and I'd see all these adverts, but I didn't hear any people actually being affected from it [polio] in London. (Mum_2)

Mis/information

- Just the polio. I do feel that I don't know enough about it. So many people out there are saying “just don't do anything to your kids if you don't know.”
(Mum_4)
- I did speak to my sister actually. And she was like “no, we give them enough immunisations. We don't need it.” So I just left it. (Mum_3)

Delivery

Choice – parents in the Haredi community are individuals

- **Flexible clinic times:** Sunday "easier than during the week." (Rapid_10)
- **Walk-in:** "I prefer to do when it suits me." (Rapid_7)
- **Complementary delivery points:** "I need an extra pair of hands, I wouldn't get that at the GP surgery, that's why I came here." (Rapid_21)
- **Domiciliary:** "I would just think that the best would be to get some health visitors out to people, and they should call, that they're coming, and then we'll have them." (Mum_4)
- **Mass vaccination sites:** "Jewish families come here a lot, especially for maternity services, but not for vaccinations" (Hospital_Hub_1)

Widespread issue of delay - not refusal

- “I won’t do more than 2. What’s the most important?” (Rapid_21)
- I ask them “which are the two most important ones?” and “which one is easier for me to delay giving?” (Mum_6)
- Parents are not aware of what they are delaying, what their child is at risk of.
- Unclear how providers respond, and what they consider to be the most important and what can be delayed.

Implications for Phase II

Schools – little awareness of school-based delivery

Q: Did your 14 year old have any vaccinations in school?

No

The polio adolescent booster for example?

No

Q: Normally that vaccine is delivered in school.

But my 15 year old didn't have it either. I didn't know there was another one they were supposed to get. I wasn't aware of it at all. It's interesting because I usually get messages from the surgery, you know, if my child is due for a vaccination. But I never got anything. (Mum_3)

So then, when those [polio] letters came out, I think if the school sent serious letters or even offered immunisations in school. I think it would have been very serious. (Mum4)

- School-based delivery is not normalised for Haredi families in Hackney
- Delivering in schools will require process of familiarising parents, adolescents and school staff

Interactive discussion

Working with schools



Key discussion points

- **Continue linking with Chinuch UK** who have good communication with schools and share key public health messages coming from statutory partners
- **Start working with Chinuch UK and partners** to understand each of the schools as they might work differently – is it about finding access to the schools or is it much more important that we find another place where it should happen?
- **Start individual conversations with the schools**, including Head Teachers, Rabbis and School Governors.
- **Explore pop-up sites as an alternative outside the schools setting**
- **Case studies:** share the learning from those schools that already allow vaccinations to take place on their premises.

Communications



Key discussion points

- **Lack of awareness:** historically, messaging has not been good enough. There is still a lack of understanding in terms of the number/type of vaccines that children need to be fully protected.
- **Lack of sense of risk and urgency:** there is a lack of urgency and risk that has also been observed in other communities.
- **Co-production:** the importance of working with partners and PR groups from the Charedi community who are used to producing messages in a particular way.
- **Bring together behavioural science and comms** expertise to help develop the right messages and approaches to enable us to transmit the risk and the urgency of the current situation

New Opportunities



Key discussion points

- **Leverage specific periods**, e.g. there is an opportunity for the year 9 booster during the last two weeks of April following Passover. This particularly for the boys that are still in London before they go back to Israel to continue their studies.
- **Using GPs to increase awareness about school-based vaccines:** Informing parents about what vaccines their children need and the severity of not receiving the vaccines. Can be done using different approaches e.g. when attending GP for their other children, via text message, letter, etc.
- **Using trusted voices from the community**
- **Commissioning community/Charedi providers** to work closely with the schools, like Haztola or Venishmartem and Children Ahead that already have access to all girls and boys Charedi schools for NCMP.
- **Parents champions/community champions** linked to the schools to promote childhood immunisations

Join agencies together



Key discussion points

- **Work across geographical areas and ICBs** to make access convenient for people.
- **Joint messaging across the UK:** Connecting with colleagues from other areas with large Charedi populations for example Salford

Next steps

1. **Communications:** working in partnership to prepare comms messages and strategy for Polio before Passover and disseminate it with health partners across the UK
2. **New opportunities:** working with partners to explore the potential of supporting and developing some of the proposed ideas during the session over the next few months
3. **Ongoing discussion and partnership:** between health and community partners with the London Jewish Health Partnership to continue conversations with schools and to support vaccination of the Jewish community for the Polio phase 2 campaign and wider childhood vaccinations

*If you would like to be linked in any of these areas or receive updates in this area of work please contact:

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