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Vaccination uptake amongst prison residents: What's helping?

Last year the Evidence-Based Practice Team reviewed and shared the existing research on vaccination hesitancy and how to overcome this.[1] [2]

As the COVID-19 vaccination roll-out has progressed, some prisons have had much higher resident uptake rates (and lower decline rates) than other sites. While some of this may be explained by the type of prison and the population living there (e.g. gender, age, ethnicity, transfer frequency, pre-COVID-19 relationships and culture), **this document summarises the practices, approaches and efforts that seem to be helping them to achieve this.**

The following pages include a one-page summary of themes and main practices, and then more detail on each in turn.

We would like to thank all of the colleagues and residents who shared their experiences and suggestions, and did so also on behalf of their colleagues and peers, in order to help all our prisons in the effort to vaccinate the people in our care.

In particular we would like to thank:

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This subsample of prisons were approached because the official vaccination data identified them as some of the sites with higher uptake and lower decline rates than what might be expected or was happening elsewhere, and also because between them their residents include a mix of cohorts.

Although this paper may not account for every activity happening across all of our prisons that is helping with vaccine uptake, the similarity of these sites' activities and efforts adds to our confidence in their effectiveness.

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[1] Evidence-Based Practice Team (2020). Vaccination evidence review: findings and recommendations
[2] Evidence-Based Practice Team (2020). COVID-19 vaccination: supporting residents
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Quality and timing of *first* engagement
- Advance notice of their scheduled vaccination
- Healthcare (or dedicated team) seeing people in-person before or earlier on the day of their appointment to get consent

Careful timing and responsive *re*engagement
- In-person conversations to discuss and respond to their specific concerns
- Avoiding second (or repeated) approaches without a personalised conversation
- Choosing the right person for the follow-up
- Dedicating time for the follow-up and time for reflection (before/after)

Accessibility and flexible timing of vaccination
- Flexible and responsive identification of time and place for vaccination
- Vaccinating on the wings
- Vaccinating in the evenings and weekends
- 'Blitz' vaccination days of entire units
- Running multiple vaccination clinics at the same time around the prison

Staff visibility and relationships
- Vaccination staff being frequently active and visible on the wings
- Proactive and regular conversations with residents
- Respectfully understanding individual concerns and taking time to work through
- Ensuring people know that their best interests are being considered, and they will be cared for if they experience adverse effects

Proactive and responsive communication
- Sharing specific information not everything
- Using information suited to specific needs
- Using relatable materials
- Communicating specifically about priority concerns (including for different vaccines)
- Targeted, routine and varied methods
- Using trusted messengers
- Explaining complex information by likening it to something familiar
- Actively listening for and getting ahead of misinformation
- Emphasising the personal benefits of vaccination/possible cost of not being vaccinated (as well for others)

Robust and detailed administrative planning and coordination
- Accurate daily lists of people to be vaccinated
- Back-up lists to avoid wasted vaccinations
- Detailed recording of data, and planning for people who decline
- Sufficient resources and effective staffing for monitoring and planning
- Continuous review and data monitoring
- Clarity around expectations and responsibilities for all staff

Consistent, knowledgeable and pro-vaccination staff
- Sufficient numbers of staff who are trained and have good vaccines knowledge
- Joined up service amongst teams
- Consistency in messaging, and understanding of activities and decisions
- Consistent core group of staff administering vaccinations
- Sharing of learning and good practice

Involving and collaborating with residents to support vaccination efforts
- Resident working groups
- Frequent meetings with representatives
- Trusted peers having access to residents
- Prisoner councils, mentors and representatives giving and amplifying the necessary messages
- Involving residents with good relationships with Healthcare

Using, reinforcing and modelling positive norms and expectations
- Dedicated, clear and consistent drive and messaging from leaders
- Expectations of a whole prison effort to roll-out the vaccine
- Plenty of recognition, reinforcement and encouragement
- Normalising the vaccine as a routine part of public health delivery
- Vaccinations offered with enthusiasm and the expectation of this being accepted
- Vaccinating people where they can be seen by others
- All staff role modelling by getting their vaccinations and communicating and pro-vaccination messages

Robust and detailed administrative planning and coordination

Robust daily preparation and organisation to increase efficiency and coverage, avoiding a scattergun approach, and ensuring no one is inadvertently missed. For example, having a dedicated person or group creating daily lists of names for vaccination (having checked suitability against all contra-indicators, inclusion/exclusion criteria), a backup/secondary list so that vaccines are not wasted if individuals decline, and recording uptake/decline databases accurately to ensure planning for second approaches can be organised.

Sufficient resources and effective staffing of the process to help with the efficiency and accuracy, and **continuous review of necessary data** and processes (e.g. involving people with access to health records, administrative staff, and utilising people on restricted duties).

Clarity around expectations and responsibilities for all staff to facilitate effective vaccination delivery (such as operational staff supporting vaccination times at unusual hours or acting as 'runners' to bring individuals to on-wing vaccination clinics).

Proactive and responsive communication

Taking a range of approaches or decisions to help make communication effective, including **sharing specific information rather than everything available** (e.g. different leaflets on the same topic) so not to overwhelm or confuse people, **using information suited to specific needs** (e.g. easy read materials for people with dyslexia or reading difficulties, and translated versions), **having available information for the different vaccines being used**, and using **relatable materials/personalised communication** (e.g. posters with pictures of similar age groups shown).

Communicating empathically and specifically about the needs and priority concerns of local residents enables teams to proactively address reasons for hesitancy (e.g. concerns about the vaccination and fertility; vaccination and religious adherence). **Actively listening out for misinformation** also helps to intervene quickly before rumours and incorrect information circulates too widely.

Targeted and routine methods of communication (e.g. in-person conversations, and weekly short newsletters designed by a Contact Tracing Lead with articles, pictures and a Q&A section on a topical issue/concern) to get important information to everyone, with the personal and responsive conversations for those who were more concerned or hesitant. **Using trusted and respected staff and residents to be primary messengers** (e.g. gym staff, healthcare and gym orderlies, council members, peer mentors and wing reps).

Helping people to understand complex information by likening it to something familiar (e.g. breaking down the statistics for the risk of blood clots with the AstraZeneca vaccination, or comparing against the risk of taking certain illegal substances) to combat unhelpful media influence and help people to make informed decisions.

In addition to the main messaging in the early days which focussed on **the benefits of vaccination in protecting the community and the more vulnerable**, later communications and forums (general and targeted) also focus on helping people to think through the **personal benefits of vaccination/possible cost of not being vaccinated** to motivate acceptance/uptake (e.g. sentence progression, taking holidays in the future, their and others' access to ROTL, being released to a home shared with a vulnerable or older relative, being released without accommodation and the risks this

brings for health vulnerability, possible complications with current medication if infected with the virus).

Accessibility and flexible timing of vaccination

Administering vaccinations in places and at times, and **being flexible** with this, to make it as easy as possible for residents to get vaccinated, and reduce the likelihood of having to choose between conflicting priorities (e.g. taking showers, making phone calls, attending employment). Altering/being flexible with the timing of vaccinations to help with uptake is appreciated by residents as it allows them to not miss other things that are important to them. Examples include: **vaccinating on the wings rather than in Healthcare, vaccinating in the evenings and weekends, 'blitz' vaccination days of entire units, and running multiple vaccination clinics at the same time around the prison.** These approaches also reduce demand on operational staff to escort prisoners to other locations, and when visible to others can have a social norms effect also.

Consistent, knowledgeable and pro-vaccination staff

A **sufficient number of staff who had completed training on the vaccine(s)**, and involving those with a **good level of knowledge** means they can talk about vaccinations and answer related questions or respond to worries in a way that is perceived as credible and convincing, and in relation to the **different types of vaccine** (enabling them to overcome jumps in hesitancy when a new one is offered in the prison), **without having to rely on written information**.

A **joined up service amongst teams** (e.g. physical healthcare, mental healthcare and substance misuse services) to ensure consistency in messaging, understanding of activities and decisions, and reduce the potential for misinformation.

Having a **core group of staff** who administer vaccinations brings consistency in messaging about vaccination and reduces the risk of unintentional misinformation, as well as aiding relationship building.

Small core teams administering the vaccination can enable relationship building and easier planning and sharing of incremental learning (e.g. what questions are being asked often to agree a response to then give proactively in future, reflecting on some terms being more confusing and so to avoid them, and so on).

Staff visibility and relationships

Staff involved in vaccinations (usually from healthcare) being **active and visible** on the wings outside of vaccination-administration events, **speaking often with residents** (including approaching them rather than waiting to be approached), **really understanding concerns** and **respectfully taking time** to work through these without feeling rushed, helps to build relationships and trust in vaccinations and the prison's motivations, and through this facilitate vaccine uptake.

Ensuring people know that any **adverse reactions will be noticed and responded to** can foster trust; for example doubling the number of checks done overnight after a person has been vaccinated.

Involving and collaborating with residents to support vaccination efforts

Establishing a **resident working group**, and **senior staff meeting frequently with representatives** chosen by each wing/unit, facilitates understanding of primary concerns and worries, the chance to answer/respond to these, and have this channelled back to other residents.

Council members having access to other residents, to approach them to discuss vaccination, particularly with those who had declined, helps important messages and information to be communicated directly by, and discussed with, trusted and respected peers.

Involving residents with good relationships with Healthcare to support the vaccination drive and talk with people who were hesitant (such as Healthcare representatives and the Healthcare orderly).

Prisoner councils, mentors and representatives giving and amplifying the prison's/vaccination team's messages (e.g. the importance of not becoming an outbreak site for local- or population-specific reasons).

Quality and timing of *first* engagement

Giving residents **advance notice of their scheduled vaccination**, and then **seeing people in-person the day before or earlier on the day** of their appointment to discuss and get consent, means residents do not feel rushed or pressured, gives them the chance to discuss with others, and to speak to staff about worries or questions before making a decision. This helps also with quick identification of people who are hesitant, enabling more concerted and responsive engagement plan to be devised sooner.

Careful timing and responsive *re*-engagement (for people who decline the vaccine)

For those who decline the vaccine, or feel hesitant, **repeated in-person conversations to discuss and respond to their specific concerns** can help them to feel validated and genuinely cared about, and ensure accurate information is shared with them/myths can be combatted.

Avoiding second (or repeated) approaches without a personalised conversation to minimise the chance of people feeling pressured, not listened to, or having their concerns dismissed.

Carefully choosing the right person for the follow-up conversation, who is perceived to be credible and trustworthy, makes this more likely to be successful. **Dedicating time** for these conversations and follow-up, although resource intensive, can also be effective.

Using, reinforcing and modelling positive norms and expectations

Dedicated, clear and consistent drive from leaders (e.g. Governing Governors and Heads of Healthcare), conveying **expectations of a whole prison effort** to roll-out the vaccine**, recognising efforts and achievements**, and **repeating the core messages** help to motivate everyone involved.

Normalising the vaccine as a routine part of public health delivery no different to any other vaccination programmes (e.g. flu) or health services helps to reduce anxiety and disproportionate thinking.

Vaccinations communicated about and offered with enthusiasm and the expectation of this being accepted helps this to be normalised, and can be done whilst respecting a person's right to decline (e.g. 'this is so exciting, and you'll be fully vaccinated before you leave the prison and go back to your

family…' vs 'I'm here to vaccinate you, but you can chose not to have it'). **Celebrating being vaccinated** (e.g. having photos taken which residents can have copies of), using **plenty of encouragement and reinforcement**, and **making involvement special** (e.g. choosing the best cleaners to help with the clinics). **Vaccinating people where they can be seen by others** (e.g. on the wing) can influence others through the power of social norms.

More generally, the **wider staffing group can helpfully encourage uptake by role modelling getting their vaccinations and communicating positive, encouraging and pro-vaccination messages** (rather than seeing this as the responsibility of healthcare or discrete groups).

Strategies for younger people

Whilst the sites did not report needing to take an entirely different approach with this group, some strategies were identified as seeming to be effective with them, or were being considered for the future in anticipation of a higher decline rate as the roll-out progressed to younger age groups. These included: **blitz/whole wing vaccination sessions to maximise the social norms effect, mix of population ages in conversations and encouragement about the vaccine, dedicated peer support (especially from gym orderlies (and staff) and wing representatives trusted by this cohort), particular conversations about the personal benefits of vaccination for them/their circumstances/their priorities, and targeted conversations and information on issues such as fertility.**