

1. Which particular groups, demographics or communities of interest are you concerned will be less likely to take the COVID-19 vaccine, when offered it?

Waverley Care helps people who need support with HIV, hepatitis C, hepatitis B and sexual health across Scotland. We have consulted on this survey with five staff members across our organisation, as well as eight people who use our services from African communities. From this consultation process, we are concerned that the following groups will be less likely to take the COVID-19 vaccine when offered:

- People who use drugs living with or affected by HIV and hepatitis C.
- People from African communities living with or affected by HIV.
- People from Chinese communities with or affected by hepatitis B.
- Gay, bisexual and other men who have sex with men living with or affected by HIV and poor sexual health.

1. What are the barriers to uptake of the vaccine for those groups?

**For people who inject drugs living with or affected by HIV and hepatitis C, barriers to taking the COVID-19 vaccine include:**

- **Poverty and location** - poverty is one of the most significant barriers people who use drugs who are living with or affected by HIV or hepatitis C face to uptake of the COVID-19 vaccine. For example, if someone is experiencing homelessness, taking time away from their begging pitch is an immediate reduction in their income. This makes even getting to vaccine appointments a low priority when compared to meeting other needs, as well as making current vaccine centre locations inaccessible.
- **Access to information** - often people who use drugs are digitally excluded, meaning they do not have access to devices where they can book a vaccine or find information. It also means navigating websites and finding information can be challenging without support. Additionally, when living in temporary accommodation such as hostels and hotels, people often move from place to place. This means information sent through post does not always reach people. As a result, digital exclusion is a barrier to uptake of the vaccine, as well as traditional communication methods being less effective for hard to reach communities.
- **Misinformation** - due to the lack of accessible information, particularly during the initial months of the pandemic where many in-person services were suspended, misinformation is shared within communities and from peer to peer. This has led to some people holding a belief in misinformation about the vaccine's side effects while distrusting information shared by the Scottish Government. Additionally, a perception of whether information is coming from a body or person perceived to identify as 'nationalist' or 'unionist' can influence whether the information is deemed legitimate.
- **Trust** - the relationship with perceived authorities can be a barrier to uptake for some people who use drugs. For example, some people are concerned that being known to

services may put them at increased risk of contact with the police, or that vaccine uptake may affect access to other health services such as opiate replacement therapy. Often the lack of trust in authorities is a result of stigma and marginalisation, and presents as one of the most difficult to challenge vaccine uptake barriers.

- **Literacy** – poor literacy can make understanding information about the vaccine more challenging without support. As a result, information is more widely shared and understood through word of mouth, reinforcing a reliance on access to informal information through peers.

**For people from African communities living with or affected by HIV, barriers to taking the COVID-19 vaccine include:**

- **Access to information** - - lack of access to information on the platforms people ordinarily use such as WhatsApp, as well lack of easily accessible information in African languages are barriers to vaccine uptake. While there is information provided in multiple languages on NHS websites, the location of the information within websites often requires people to navigate to the information's location without a translator or support. This means the information located on these websites are more difficult to access when English is a second language or when someone has poor literacy or learning difficulties.
- **Trust** - the relationship with perceived authorities can be a barrier to uptake for some people from African communities. For example, people who are asylum seekers or refugees are wary of being in contact with a vaccination centres in case it increases the risk of them becoming known to immigration.
- **Misinformation** - due to the lack of accessible information, particularly during the initial months of the pandemic where many in-person services were suspended, misinformation is shared within communities and from peer to peer. This has led to misinformation about the vaccine's side effects becoming widely believed, and is demonstrated by some of the service users we consulted stating they had cancelled their vaccine appointments because of hearing misinformation from peers.
- **Race and health** – some people from African communities have fears about the vaccine rooted in how people of colour have been treated by the field of medicine in Britain throughout history. That means their trust in the vaccine itself directly relates to their trust in the medical care provided by the British state.
- **Faith and health** - some people from African communities have fears about the vaccine because of how it relates to their faith. These fears can present as a narrative that taking the vaccine is equivalent to going against God's will, mirroring fears people express about taking HIV medication.

**For people from Chinese communities living with or affected by hepatitis B, barriers to taking the COVID-19 vaccine include:**

- **Access to information** - lack of access to information on the platforms people ordinarily use such as WhatsApp, as well lack of easily accessible information in Chinese languages are barriers to vaccine uptake. While there is information provided in multiple languages on NHS websites, the location of the information within websites often requires people to navigate

to the information's location without a translator or support. This means the information located on these websites are more difficult to access when English is a second language or when someone has poor literacy or learning difficulties.

- **Location and risk** - the location of where people from Chinese communities can access the vaccine can be a barrier to uptake. This is due to the perception that locations such as vaccine centres, GP surgeries and pharmacies are busy and will therefore increase the risk of contracting COVID-19. When people don't feel safe they will not attend their vaccine appointments.

**For gay, bisexual and other men who have sex with men living with or affected by HIV and poor sexual health, barriers to taking the COVID-19 vaccine include:**

- **Access to information** – vaccine uptake for this group can be affected by the lack of access to information about how the COVID-19 vaccine interacts with HIV treatment and HIV prevention medications such as PrEP and PEP.
- **Location** - For men located in rural areas, the location of vaccine centres can be a barrier to uptake. This can be due to lack of access to a car, limited local public transport, or lack of affordable transport for people affected by poverty.

## 2. [What would support more of those people to take up the vaccine?](#)

**People who inject drugs living with or affected by HIV and hepatitis C could be better supported to take up the vaccine by:**

- **Integrating vaccine provision as part of assertive outreach services.** For example, integrating vaccinators within teams such as our HIV Street Support Project who already engage hard to reach people who use drugs in Glasgow city centre. This should also involve providing the emotional and practical support people need to navigate information and access the vaccine.
- **Taking vaccines to where people are.** For example, allowing people to get vaccinated in their local pharmacy or by a mobile vaccinator.
- **Providing information in plain language from trusted sources.** People can be better supported to take the vaccine by providing information about the vaccine as well as the benefits of taking it from trusted sources such as support workers and other medical professionals. Providing information from peers can also increase trust in the vaccine alongside challenging entrenched misinformation.
- **Providing financial incentives.** Financial incentives will increase the number of people able to access the vaccine without incurring a loss of income. For example, financial incentives offered through Glasgow city centre's WAND Initiative (Wound care, Assessment of injection practice, Naloxone provision and Dried blood spot testing) have successfully increased uptake of health services among people who use drugs and are homeless. The WAND Initiative has also encouraged people to continue engaging with health services every three months, providing an example of how to ensure people attend their second dose vaccine appointment.

- **Recognise the risk** – by including ‘people who inject drugs’ as vulnerable group for vaccine priority.
- **Incorporate** – establish the vaccine as a part of the standard assessment processes in HIV and hepatitis clinics.

**People from African communities living with or affected by HIV could be better supported to take up the vaccine by:**

- **Communicating information about the vaccine through platforms people already use.** For example, creating tailored information to disseminate through platforms such as WhatsApp, or Signal. This enables people to access information where they are already comfortable navigating information and communicating.
- **Providing information from trusted sources.** People can be better supported to take the vaccine by providing information about the vaccine as well as the benefits of taking it from trusted sources such as doctors and other medical professionals. Providing information from peers can also increase trust in the vaccine alongside challenging entrenched misinformation.
- **Making time to ask questions.** Providing events, drop-ins and education sessions can give people the opportunity to ask questions, allay fears and learn from with trusted sources.
- **Making information patient focussed and accessible.** Make plain English resources available that explain the vaccine, as well detailing the interactions with HIV treatment and HIV prevention medication. This information should also include the individual and collective benefits of taking the vaccine.

**People from Chinese communities living with or affected by hepatitis B could be better supported to take up the vaccine by:**

- **Communicating information about the vaccine through platforms people already use.** For example, creating tailored information to disseminate through platforms such as WhatsApp, Signal or WeChat. This enables people to access information where they are already comfortable navigating information and communicating.
- **Providing information from trusted sources.** People can be better supported to take the vaccine by providing information about the vaccine as well as the benefits of taking it from trusted sources such as doctors and other medical professionals. Providing information from peers can also increase trust in the vaccine alongside challenging entrenched misinformation.
- **Making time to ask questions.** Providing events, drop-ins and education sessions can give people the opportunity to ask questions, allay fears and learn from with trusted sources.

**Gay, bisexual and other men who have sex with men living with or affected by HIV and poor sexual health could be better supported to take up the vaccine by:**

- **Making information patient focussed and accessible.** Make plain English resources available that explain the vaccine, as well detailing the interactions with HIV treatment and HIV prevention medication. This information should also include the individual and collective benefits of taking the vaccine.

- **Better promote financial support for travel.** For example, include guidance on financial support available for people to travel to vaccine centres in all COVID-19 public health communications.
- **Taking vaccines to where people are.** For example, allowing people to get vaccinated in their local pharmacy or by a mobile vaccinator.

3. Thinking about the groups you identified, how useful has the public facing [communication](#) and information been in relation to COVID-19 vaccination?

**People who inject drugs living with or affected by HIV and hepatitis C:**

- The public facing communication so far has not been useful for this group. Letters sent out may not have been effective as many people do not have stable accommodation and therefore may not be in the location they were posted to. Similarly, people often change mobile numbers or don't have access to a phone. This makes sharing information by phone more difficult.
- Experiencing poor literacy means many people have received information that they do not understand without someone there to support and translate. This means information provided through digital information hubs such as NHS Inform may not be understood.
- Many people do not engage with the news more generally as they feel marginalised by politics. As a result, they often do not watch daily governmental briefings, or see updates on COVID-19 through other news sources. This is another key area where information about the vaccine is missed. Additionally, information shared by MSPs associated with the Scottish Nationalist Party such as the First Minister are in some cases viewed as 'nationalist' and therefore discounted by those who identify differently.

**People from African communities living with or affected by HIV:**

- Some public facing information has been useful, such as media advertisements and the letters sent to people's homes. However, thus far there have only been one way communications. That means people have not had the chance to ask questions or seek reassurance.
- Public facing information on websites such as NHS Inform have been useful once people have been able to access them. However for many people who are not connected to a support or advice service, the information is often inaccessible as they cannot navigate the website. This is further detailed in question two of this survey.

**People from Chinese communities living with or affected by hepatitis B:**

- Some public facing information has been useful, such as media advertisements and the letters sent to people's homes.
- Public facing information on websites such as NHS Inform have been useful once people have been able to access them, however for many people who are not connected to a

support or advice service, the information is often inaccessible as they cannot navigate the website. This is further detailed in question two of this survey.

**Gay, bisexual and other men who have sex with men living with or affected by HIV and poor sexual health:**

- The information provided through NHS websites, letters through the post and media advertisements have made information about the COVID-19 vaccine accessible and useful for some people. However, the language used makes the information inaccessible for people who have poor literacy, learning difficulties or English as a second language.
- Much of the information provided conveys a sense of risk rather than benefit. Having information about the COVID-19 vaccine that focused on the benefits to individual and collective health will also help increase the efficacy of public facing communications.

4. [How could public communication about the vaccine be improved?](#)

**Information for people who inject drugs living with or affected by HIV and hepatitis C could be improved by:**

- **Upskilling** - enabling people from within the community to provide peer information reassuring and encouraging vaccine uptake. This can help challenge misinformation while communicating information about the vaccine in an accessible language.
- **Support community organisations** - providing general and audience specific information packs to organisations that can reach vulnerable and marginalised communities, including guidance on how to challenge misinformation.

**Information for people from African communities living with or affected by HIV could be improved by:**

- **Accessibility** - providing language accessibility functions on information hubs such as NHS Inform.
- **Engagement** - providing events, drop-ins and education sessions where people can ask questions and engage with trusted sources.
- **Go where people are** - providing tailored information through platforms such as WhatsApp and Signal.
- **Upskilling** - enabling people from within the community to provide peer information reassuring and encouraging vaccine uptake. This can help challenge misinformation while communicating information about the vaccine in an accessible language.
- **Make information relatable** - relate communications to existing examples of successful vaccines. For example, reiterating that the malaria vaccine has been successful as a result of the uptake.
- **Support community organisations** - providing general and audience specific information packs to organisations that can reach vulnerable and marginalised communities, including guidance on how to challenge misinformation.

**Information for people from Chinese communities living with or affected by hepatitis B could be improved by:**

- **Accessibility** - providing language accessibility functions on information hubs such as NHS Inform.
- **Engagement** - providing events, drop-ins and education sessions where people can ask questions and engage with trusted sources.
- **Go where people are** - providing tailored information through platforms such as WhatsApp, WeChat and Signal.
- **Upskilling** - enabling people from within the community to provide peer information reassuring and encouraging vaccine uptake. This can help challenge misinformation while communicating information about the vaccine in an accessible language.
- **Support community organisations** - providing general and audience specific information packs to organisations that can reach vulnerable and marginalised communities, including guidance on how to challenge misinformation.

**Information for gay, bisexual and other men who have sex with men living with or affected by HIV and poor sexual health could be improved by:**

- **Upskilling** - enabling people from within the community to provide peer information reassuring and encouraging vaccine uptake. This can help challenge misinformation while communicating information about the vaccine in an accessible language.
- **Support community organisations** - providing general and audience specific information packs to organisations that can reach vulnerable and marginalised communities, including guidance on how to challenge misinformation.

5. [What role have you played in supporting people to access information about the vaccine or take up the vaccine?](#)

**Our staff supporting people who inject drugs living with or affected by HIV and hepatitis C have played the following role:**

- **Dissemination** - providing information about the vaccine and its benefits through WhatsApp and during one to one support sessions.
- **Digital inclusion** - supporting people who are digitally excluded on a one to one basis to find information and navigate the vaccine booking system.

**Our staff supporting people from African communities living with or affected by HIV have played the following role:**

- **Dissemination** - providing information about the vaccine and its benefits through WhatsApp and during one to one support sessions.

- **Engagement** - facilitating discussion groups to reassure and encourage people to uptake the vaccine.

**Our staff supporting people from Chinese communities living with or affected by hepatitis B have played the following role:**

- **Dissemination** - providing information about the vaccine and its benefits through WhatsApp and during one to one support sessions.
- **Accessibility** – creating tailored information about the vaccine and its benefits, making this information available through a fully accessible web page on our website [www.waverleycare.org](http://www.waverleycare.org).

**Our staff supporting gay, bisexual and other men who have sex with men living with or affected by HIV and poor sexual health have played the following role:**

- **Digital inclusion** - supporting people who are digitally excluded on a one to one basis to find information and navigate the vaccine booking system.
- **Dissemination** - providing information and advice about the vaccine and its benefits during one to one support sessions, as well as providing information on interactions with HIV treatment and HIV prevention medications (PrEP and PEP).

6. [What more would you like to be able to do to support people to access information about or access the vaccine?](#)

We would like to be able to do the following to support people to access information and the vaccine:

- **Provide tailored information** – each staff member we spoke to stated that they would benefit from having access to audience specific information and advice resources for people who have comorbidities. This would help our staff to reassure people we support that the vaccine is safe and does not interact with any other medication or health advice.
- **Have guidance for challenging misinformation** – all of our staff reported having difficult conversations with people they support about the vaccine and not knowing how to challenge entrenched misinformation, or in other words ‘conspiracy theories’. This was mirrored by our consultation with service users, where a misinformation was shared as perceived fact when responding to the survey questions. Having information about how to navigate these conversations would enable staff to have these difficult conversations without further entrenching misinformation.
- **Use an assertive outreach model** – at Waverley Care, many of our support services are based on an assertive outreach model. That means our services go to where people are, and work with a person’s individual needs to overcome any barriers to HIV, hepatitis C/B or sexual health care. For example, our HIV Street Support Project carry out street work in Glasgow city centre in order to make HIV testing, treatment and support accessible to people who use drugs who are homeless or in temporary accommodation. During this



consultation both staff and service users reported the need for more flexible opportunities to access the vaccine as a way of increasing uptake. That means integrating vaccine provision into services already using assertive outreach models or developing vaccine outreach services based on an assertive outreach model will enable better uptake across populations.

- **Vaccine referrals** – for our staff working with vulnerable and marginalised groups who are not in regular contact with other services, an ability to refer people when they agree to take a vaccine would increase overall uptake.

7. What additional support or resources would help you to support people to take up the vaccine?

We would benefit from the following resources and support:

- More **information** about the vaccine is needed for staff, including providing guidance on what vaccine advice should be given to people we support, and how misinformation can be challenged. This is further detailed in our responses to questions one and six.
- More **information** is needed for people using our services, tailored to how the vaccine interacts with comorbidities, as well as HIV, hepatitis B/C and sexual health treatments.
- More **resources** for services who are already engaging with vulnerable and marginalised communities, enabling them to provide dedicated support helping people access the vaccine. This is further detailed in question six.

8. Is there anything additional you would like to tell us?

No. We have detailed our response in question one to seven. If there are any further questions, please do not hesitate to get in contact with our Engagement and Development Officer at: [jennifer.goff@waverleycare.org](mailto:jennifer.goff@waverleycare.org).