

Preparing For Winter

Engagement Report

January 2021



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Summary

[NHS Leeds Clinical Commissioning Group](#) (CCG) regularly runs extensive campaigns to share health-related information with people living in Leeds. In the past year NHS services have had to constantly adapt and update communications in response to the COVID-19 crisis. Weekly 'Check-Ins' carried out by Healthwatch revealed that some communities were not getting the messages they need to make decisions about their health.

It is essential that the NHS communicates with all local people so that they can keep themselves safe and support the NHS to maintain services over the winter period. The 'Preparing for Winter Engagement Project' was set up to try to address this.

Leeds Voices ran 6 online focus groups with two one to one interviews, as well as received 20 surveys and spoke to 12 different organisations representing groups of people from different communities.

The online focus groups were with identified communities from their Engaging Voices partners. These communities were:

- People with Learning Disabilities and their carers
- Black African Communities
- People with English as a second language

These particular communities were identified as being a priority because amongst other things:

- They are often marginalised, which means that their views are not always heard or taken into account
- A lack of access to internet and technology can mean that some people have difficulty finding up to date information about health matters
- There is some mistrust of messaging about services that are not targeted specifically at them and the communities they represent.

The focus groups were asked the same 7 questions about existing public health messages relating to:

- The Flu jab
- COVID 19
- Using NHS services
- Additionally, earlier groups (pre-Christmas 2020) were asked whether or not they would have the COVID vaccine.

65 people took part in the workshops. They told us that:

- messages sent by GPs and schools are reaching them, but that for people with additional communication needs these were inaccessible and hard to understand, unless they were translated or read out to them.
- Some messages shown during the focus group discussion were accessible, but hadn't been seen by any of the groups.
- Some messages shown could be adjusted to be more accessible to different communities.
- Messages are most often shared within a community by phone via Whatsapp, either with a picture or through verbal messages.

- There is some mistrust of some messages that are being distributed. In future, this could be resolved if messages are circulated by trusted community leaders via formal channels of messaging.

Recommendations:

1. Increase diverse representation in Messages
2. Promote on-line locations where community groups can access various formats of key messages.
3. Use existing easy read resources
4. Make direct contact with Community Organisations
5. Simplify the messages
6. Use specific examples in messages

This report uses what people told us to make some recommendations to the CCG, who will use this information to make sure that as many people as possible in all Leeds communities are able to find the health-related information they need easily.

1. Background Information

a. The NHS Leeds Clinical Commissioning Group (CCG)

NHS Leeds CCG is responsible for planning and buying (commissioning) most of the health services for people in Leeds.

The CCG commissions a range of services for adults and children including planned care, urgent care, NHS continuing care, mental health and learning disability services, and community health services.

The CCG works together with NHS England to commission GP primary care services. Other primary care services, such as dentists, pharmacies and opticians are commissioned by NHS England through their local team. NHS England is also responsible for commissioning specialised services, such as kidney care.

Leeds is an area of great contrasts, including a densely populated, inner city area with associated challenges of poverty and deprivation, as well as more affluent city centre, suburban and more rural areas.

In 2019 (*) it was estimated that there are 793,139 people living in Leeds in approximately 320,600 households. That's almost 42,000 more people living in the city than there were at the time of the 2011 census, when a population of 751,500 was recorded.

Around 99,140 people (12.5%) were born outside the UK, and in 14,468 households (4.5%) nobody speaks English as their first language. There are 95 GP practices in Leeds. (*data: Leeds Observatory 2019)

Involving local people in developing and reviewing health services is essential if Leeds is to have excellent services that meet everyone's needs. It is the CCG's responsibility to ensure that local communities have the opportunity to take part in the decisions it makes about providing services.

b. Leeds Voices

Leeds Voices was set up by Voluntary Action Leeds to ensure local people and communities have their say on changes to services in Leeds.

Working with partner organisations and volunteers from across the City, Leeds Voices reaches out to a diverse range of people including underrepresented communities, working people and the general public. This means that public organisations that are making decisions about how their services can best fit the needs of Leeds communities can be confident that the views of underrepresented communities have been included.

The work of Leeds Voices is split into three parts:

- **Engaging Voices** – A network of charities and voluntary groups that support people using their services to make sure their voices are heard
- **Working Voices** – A network of employers that enables and encourages their employees to be part of conversations about service provision in the city
- **Leeds Health Ambassadors** – A team of volunteers who help run engagement activities and connect with people and communities

c. The Project - What we did.

The aim of the 'Preparing for Winter Engagement Project' was to:
'Support the system to coproduce and promote key winter messages with seldom heard communities in Leeds'

The NHS in Leeds has a responsibility to communicate health information to people who live in the city. This is important so that people understand:

- How to access the right service, in the right way at the right time.
- How look after themselves and their friends and family

Clear communication is more important than ever. NHS services have had to change over the past year to ensure patients and staff are protected from Covid-19. This project began during the second wave of Covid-19 infections, as we were about to enter winter, which is always a very difficult time for the NHS.

Communicating with the public over the last few months has been very challenging because NHS services and health messages have needed to change, adapt and evolve in response to the virus.

Healthwatch carries out weekly 'Check-Ins' to understand people's experience of accessing services in Leeds. This insight showed that some communities were not getting the messages they needed to make decisions about their health.

Leeds Voices was asked by [NHS Leeds Clinical Commissioning Group](#) (CCG) to improve the way the NHS communicates with communities in Leeds who are not getting the information they need in a way that they understand. The 'Preparing for Winter Engagement Project' was tasked engage with different communities that may be finding it difficult to access important health information. It worked with local people and voluntary sector organisations to coproduce accessible messages for these groups and promote these messages with local communities in order to improve access and manage expectations.

The CCG highlighted the messages that they wanted to distribute and a steering group was set up of 3rd Sector and public sector partners including Health Watch, Forum Central and Public Health to ensure that the messages fitted into the public health messages remit.

People who took part in this engagement project were shown current NHS messages relating to these public health campaigns. These messages had been distributed widely in a number of different formats, including infographics and short video films and specifically related to:

Get a flu jab

Prevent coronavirus

How to get a coronavirus test

The NHS is here for you

Use Accident and Emergency correctly

Attend your appointments

There might be delays in treatment

Look after your mental health

Further details of these messages can be found in Appendix E of the report.

People were asked:

- 1) Have you seen this message?
- 2) How are you getting this message?
- 3) Where have you seen this message?



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- 4) Has anything stopped you from seeing this message?
- 5) How can this message be made more accessible? (Recommendations)

2. How we Identified and Engaged with Communities.

After consultation with 25 Engaging Voices partners, Leeds Voices was able to identify 3 specific communities:

- People with Learning Disabilities and their carers;
- People from the Black African community (including one participant who identified as Black British and was representing the Leeds culturally diverse hub)
- People with English as a second language (including South Asian and Black African communities).

Organisation	Communities/ groups	Why did we target these groups?
Leep1 Carers Leeds People in Action	People with learning disabilities and their carers	<ul style="list-style-type: none"> • Traditionally a group that are left out of decisions concerning their care. • Anecdotal evidence from Advonet says people with LD are receiving messages, but are not changing their behaviour. • People with a learning disability are at a higher risk of death from Covid than other groups. <p>Carers</p> <ul style="list-style-type: none"> • Healthwatch check-in and anecdotal evidence from Carer's Leeds reports that carers are concerned about the lack of clear messaging, and anxious that they are doing the right thing for the people in their care.
Leeds Refugee Forum BME Hub Mafwa Theatre	Black British, Black African Communities - Includes refugees and asylum seekers and migrant communities;	<ul style="list-style-type: none"> • Marginalised communities who experience health inequalities • Part of 'seldom heard groups' whose views are under-represented in engagements. • Communities of Interest Network: Conversations with community groups highlighted people's mistrust of institutions based on poor experiences in the past. This would be improved by a community-based approach to distributing messages. This was reinforced by anecdotal evidence from community leaders. • These groups are at higher risk of death from Covid
Mafwa Theatre	People with English as a	<ul style="list-style-type: none"> • Marginalised communities who experience health inequalities

<p>Circles of Life</p> <p>Leeds Refugee Forum</p>	<p>second language - Includes South Asian Communities, refugees and asylum seekers and migrant communities.</p>	<ul style="list-style-type: none"> ● Part of 'seldom heard groups' whose views are under-represented in engagements. ● These groups are at higher risk of death from Covid ● People in these communities are additionally affected by other vulnerabilities, such as mental health issues. They also tend to be in older age groups. ● Confusion over status and access to services (Inequality Briefing paper April 2020) ● Health Watch check in and anecdotal evidence from community leaders around understanding messages and problems accessing information they trust, <i>For different language groups, (messages are) not easy to understand and for service users if they have the cognition to understand. Easy read is good, short videos and symbols. Generational gaps with language barriers understanding reading material.</i> ● Forum Central Mental Health report highlights Diverse Communities, Refugees and Asylum seekers and People with learning disabilities as being people who are disproportionately affected by mental health issues during lockdown ● Lack of access to internet and technology restricts people from accessing messages
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Leeds Voices ran 8 online focus groups in November 2020 and January 2021. People taking part in the focus groups were supported by Engaging Voices partners.

People taking part in the focus groups were shown a series of images and videos from NHS and local government that related to different winter messages. They were asked:

- Have you seen these messages?
- Do you understand the messages?
- What could be improved or changed to make the message more understandable?

Additionally, people were asked if they would be prepared to have the COVID vaccine when it became available?

A full breakdown of the responses from each group is available as in Appendix D of the report.



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Grateful thanks are expressed to community partner organisations involved with the focus groups, who are listed in Appendix A to this report.

3. Who responded

99 people took part in the engagement in total.

66 of those responding took part in focus groups and one-to-one sessions, which we ran with 7 organisations:

Date	Organisation	Priority Group/s	Number of Participants
17/11/20	Leeds Culturally Diverse Hub	Black African	1
23/11/20	Mafwa Theatre	People with English as a Second Language (Refugees and Asylum Seekers)	11
24/11/20	Circles of Life - Women Together	People with English as a Second Language (South Asian Communities)	10
27/11/20	Leep1	People with a Learning Disability	10
30/11/20	Carers Leeds	People with a Learning Disability and their Carers	2
30/11/20	Leeds Refugee Forum	People with English as a Second Language (Black African and South Asian Communities)	12
03/12/20	Carers Leeds	People with a Learning Disability and their Carers	6
07/01/21	People in Action	People with a Learning Disability and their Carers	14

The attendees at these focus groups formed a mixture of people who were part of the identified communities listed and also representatives of community groups and organisations who worked regularly with these communities. Therefore, while they were not someone who had 'limited English' as such, they could still answer on behalf of groups who did, through their experience and knowledge of working with them.



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The remainder of our responses were collected through online surveys, with one organisation collecting 20 responses from their service users whilst the rest of the responses were gathered through one-to-one phone calls with our main contact from the organisation, who spoke on behalf of service users using their experience with them as a professional in their organisation.

The groups that were represented by these organisations are as follows:

- People with English as a Second Language (South Asian, Black African and Asylum Seekers & Refugees)
- People with a Learning Disability
- Young People/Under 18s
- Young People/Under 18s with hearing impairments
- Parents/Carers
- Men

A full list of these organisations and a summary what was said during these phone calls can be found in Appendix C

4. What people told us

1. Successful messaging: what has worked?

Messages around 'Flu Jabs' and 'COVID Safety' were successful in the sense that letters and text messages asking patients to get a flu jab had been received.

"I got a phone call from my doctor saying I need a flu jab and health check. All the clients who lived in my community building got one as well"

"I get a letter saying I need a flu jab because records from the doctors show I'm high risk"

"I've seen messages (about Covid safety) frequently in places like supermarkets or pharmacies."

Where these messages were unsuccessful however was in the participants' understanding of them, with people whose first language wasn't English saying that they couldn't understand the text and had to have it translated for them, while some people with a learning disability found the text too complicated to read.

"People I live with also got the flu jab message but they cannot read English so did not know what it was about."

"I can't read and if I get a letter I have to ask my brother what it says. So if he wasn't around I'd be stuck."

Conversely, the materials used to communicate the message of 'what to expect' during a covid-safe hospital appointment were well received when shown to participants during the focus groups.

"It helps people who can't read or write and makes it easier for them to understand."

However, participants said that they had never seen the materials before, meaning that efforts to distribute the message out had been unsuccessful.

"Where is that actually played out of interest? And the animation? Where is it being played?"

Other examples of this successful messaging can be seen in the LCC coronavirus infographic; and the easy-read coronavirus pictures, however as with the 'what to expect video' they are not being distributed in a way that can successfully reach communities. All of these examples were well received as they were clear, had little text and were therefore easy to understand, therefore they do not need to be altered and merely have to be sent distributed successfully. These examples can be found in Appendix D of the report.

The features of these messages are:

- They are recognised as health critical, and are therefore seen as important

"I've been taking the flu jab so many years now and haven't seen any side effects."

- They are widely reported and repeated across all media

"I know that my home country has been hit badly by COVID so we are already taking the weight from that situation and applying it here. That's why Iranians in Leeds are careful!"

- They are relatively simple concepts that can be summed up in a few words or pictures

“I think it makes it a lot easier (showing the shopping trolley to demonstrate social distancing), a lot of people can relate to that because it’s a common object and sometimes 2 metres is hard to estimate.”

We Learned:

People like positive, simple messages containing images and limited text.

People like videos, & messages that are animated, with voice overs and subtitles.

Messages that are delivered continuously and across a wide range of media get high community recognition.

5. Messages that need improvement: what has not worked

There were 3 clear reasons why people weren't acting on or understanding public-health messages:

Messages are not being received:

- People did not know where to access messages to pass-on in their communities

"The fact that nobody knows about that particular picture until you showed it to us just shows the state of things. We don't have access because it is not publicated to us. If it's passed to us we have members that could spread the news, it's just that we don't have access."

- People have to rely on family, carers or community leaders to explain health-related messages.

"I live with my sister (who has a learning disability) and my daughter but my partner lives with his elderly mum so he doesn't come up at the moment. But my sister just doesn't understand at all why (my partner) can't come to see us, every night she asks me where he is, so I just have to tell her that there's a nasty bug out there!"

Written communication can be hard to understand:

- Leaflets and verbal methods of communication are vital for communities without easy digital access.

"I think the messages would be better with a voice because not everybody actually takes the time to read, especially if they don't speak English very well, I don't think I would pay a lot of attention to it to be honest."

- People with literacy problems or limited English struggle to understand text-only communications.

"Pictures are what my sister goes on. It needs to be clear pictures though because sometimes they aren't always obvious with what they mean."

"I think the pictures alone actually would do it. I don't think my mum for example would read the text, so I guess that's a bit of a barrier. It's nice I guess to have the text there anyway. But I think the pictures alone would be very good and make it clear."

Over-complicated messages:

- Direct messages from GPs reach communities, but are usually text-heavy and only in English.

"In my experience of working in these communities for 14 years, they don't pay any attention to the flyers and may not see any messages on the TV because it is all in English. However if they see just one word there that is in their own language, it may incite them to find out what's going on. So the translation for the flyers is very important."

"Too many posters (at GP surgeries) are often in English, so it's about understanding the barriers. A letter targeted to the individual in their language would work."

- Words need to be simple and jargon-free in order to be easy to understand and interpret.

“Easy read stuff instead of a letter (would be better) for me. Normally I have to get my brother to read letters for me, so I’m just wondering if it would be better for people with learning disabilities to have (the messages) on a DVD or on your phone.”

“Either use pictures or ‘easy’ language where you highlight significant words.”

- Information on some of the messages had not been absorbed.

“Everything about this messaging is based around the assumption that 1. you have the facilities to get online and 2. you also have the knowledge and ability to use it. If you don’t have internet you might see messages outside but I don’t think they really pay attention to that.”

Examples of how messages are failing to reach people:

- Groups were aware of the importance of good mental health but hadn’t seen specific messages about this.

“Our organisation is struggling with referring people (to mental health services) because even we don’t know where or how they can access this support.”

“For the elderly community a lot of them feel so isolated. Health deteriorates in the mind and so it would be good for there to be adverts saying what support there is available.”

“We all know that we have to find a hobby, but that is such a vague plan for someone who is lost. You have to tell them ‘go and play sudoku’ or ‘complete a wordsearch’, be very specific about what you can do. If there was a poster like the Covid safety one that had images of people dancing or doing another activity then that would help.”

- [Ring 111 for a non-emergency](#) - people didn’t understand the definition of an emergency.

“Very few people in my group can distinguish what each number should be used for and we’re talking about a very educated group of people as well, these are university lecturers who dial 999 and still get told 111.”

- [Ring 119 to book a coronavirus test](#)– although people understood the message when shown in the focus group, they hadn’t received this message.

“I think TV advertisements, shops, GPs, pharmacies, community centres, colleges, schools, universities and all public places should all show the number to call. I haven’t heard about this number to be honest until today.”

- None of the groups had seen or absorbed any messages about [119](#) to access a Covid test.

“This is a big issue in my community. Most of my friends who have tried to book a test called 999, because they know they must book a test they just don’t know what the next step is for them to do it.”

- Relating to 'Attend your appointments' - People had received direct messages about how the NHS is too busy for normal business and were discouraged from attending.

"My appointments keep getting pushed back and I've been told in a letter that it's because of coronavirus."

"They are not telling people that it is safe to go to these places when it is and they aren't encouraging people to attend appointments. For all the things going on out there (in society with the pandemic) the politicians aren't pushing people to attend appointments."

"For me and so many people getting an appointment is a nightmare. You have to wait months and months. I feel like other big diseases like diabetes, asthma have been forgotten because of Covid."

We Learned:

Messages need to be placed where they are easy to access

Messages containing images and just few (if any) words are most effective

Messages communicated verbally are vital to some people

Some messages fail because they are not delivered often enough, through enough channels.

6. Variances: Specific responses from each target group

It is to be noted that the project found differences in the ways the different communities would prefer to access messages:

People with Learning Disabilities and their Carers:

- Carers, key workers, and independently living people with disabilities prefer letters with [Easy Read](#) versions attached, to give people with learning disabilities direct access to the messages.

“I do get messages through but they’re always geared towards myself. My brothers have learning disabilities but I’ve never had anything easy read for them.”

- This group feel that they are receiving a lot of messages, but each message is not deeply understood. For example, what constitutes an emergency is not always clear.

“Sometimes you go to an urgent treatment centre and they say ‘oh we can’t help you, you need to go to x, y and z in the LGI’, so it’d be good if there was somewhere where it was clear what service to access for a minor injury or what counts as a minor injury. Make it clear.”

- Easy-Read symbols for phone numbers are more readily digested by this group.

“I think a picture is more appealing to the eye because it stands out and then you can find out the information from that.”

- This group would benefit from voice messages sent directly to a phone with simple instructions.

“A lot of people are using WhatsApp nowadays, that’s the idea I’m getting so I think if you can try to circulate it through there then it could reach a lot of communities.”

Black African Communities

- People in this community will find it easier to receive NHS messages in person from another member of the community. This can be done through a forum or meeting delivered by trusted health professionals who are also from this community.

“When you use 2 white staff and they come into a black or Asian community to tell people it’s fine to have the flu jab, the communities don’t want to hear it. There is a lot of mistrust in the black and Asian communities, especially the older generations so to have a white person tell them the flu jab is okay they probably wouldn’t listen to them.”

“I think to kind of make it appealing to people from different communities, it might be an idea to consider, perhaps having people from diverse backgrounds on maybe leaflets.... Even, you know, maybe professionals from different communities could be a black nurse or an Asian doctor. And I don’t know just because people kind of become familiar when they see someone similar or same as their own. So to get someone’s attention from different communities it’s worth considering using diverse [people].”

- Community radio stations have already hosted health professionals to come and speak about covid on air and are also willing for trusted NHS professionals from Black African Backgrounds to come and talk about health messages. These stations can be accessed through Leeds Refugee Forum.

“I try to give information to the community with my radio so I could interview some experts and medical people to make awareness for them.”

- Printed leaflets and flyers should be produced in community languages via community organisations delivering food parcels and cooked meals.

“If the brochure is written in different languages they can use that.”

- Use Instagram to disseminate picture messages and infographics.

“Most of them are also using Instagram so if information was posted on there as a leaflet that would be good.”

- Voice messages for WhatsApp could be distributed to their own communities if they were provided with a script in English that they could then translate.

“If you can do any voice messages that would be good. I think now the people are getting more connecting to WhatsApp, so making use of these virtual resources would be very important for them”

Communities with English as a second language

- Using trusted organisations to distribute messages, such as the organisations that offer ESOL classes, befriending or practical support to these communities such as Mafwa Theatre, Leeds Refugee Forum or Circles of Life (listed in the focus group table in section 3).

“If the message gets to the support workers or staff then they can disseminate that to the people concerned and arrange interpreters or translators to carry this out.”

“Setting up a befriending programme where community members can talk to each other and speaking to someone you can trust would be good. Utilise the community but don’t exploit them, they need training, need to be valued and need to be trusted and willing to do this.”

- Direct correspondence from GPs could be routinely sent in translated form. This would reduce anxiety about receiving English-language letters from the GP and improve direct access and understanding.

“Could there be a joined up system if people have on their notes what their preferred language is – could a letter be in this language? This is recorded on their patient records.”

“There were phone calls checking in on people (from GPs) but always in English. Older people therefore have been putting the phone down as they didn’t understand”

- Using specific Sky TV channels in various community languages would be effective at reaching an older generation.

“On Sky there are channels in different languages, so getting adverts in there saying how to get a test and what to do about Covid would be good.”

- The process of signing up for a Coronavirus test needs to be simplified to enable communities to successfully book a test.

“If you go online and want to book an appointment it’s very complicated. I had to book the test for me and my three girls and believe me I spent about 40 minutes doing it. This is unacceptable, it should be very easy; your name, phone number and address, that’s it. Maybe after I do the test they can give me an application form to fill out but I think with the way it is now loads of people will struggle to book an appointment.”

7. COVID Vaccine

An additional question was asked about whether people would be prepared to have the COVID vaccine when it is available? People were asked what might stop them having the vaccine and how messages about the vaccine can be improved to be more positive.

As displayed in the results below, just over half of overall respondents claimed that they would either not take the vaccine or that they were unsure about taking it.

Of those who said either 'no' or 'not sure', 74% were 'not sure'; their main concerns related to the lack of "trust" and "evidence" available to reassure them that the vaccine is safe. This implies that these views could possibly change if the right information and messages can reach them.

It is also important to express that these results were recorded in December and there has since been information and messages.

Overall responses:

Would you have the Vaccination?		
Yes	No	Not sure
22	6	17
49%	13%	38%

People with Learning Disabilities and their Carers:

Would you have the Vaccination?		
Yes	No	Not sure
9	1	2
75%	8%	17%

Black African Communities:

Would you have the Vaccination?		
Yes	No	Not sure
7	2	4
54%	15%	31%

People with English as a Second Language:

Would you have the Vaccination?		
Yes	No	Not sure
6	3	11
30%	15%	55%

The main concerns from all communities who responded were about:

- How quickly a vaccine has been developed and whether or not it has been properly tested.

“Not enough research and testing. What will be the consequences or what will be the side effects?”

“At the moment there’s about six different vaccines that they’re saying the government have got, so how do you know which one to take? Is there a specific one to suit an age group more than others? I think a lot of people are quite confused about it really.”

- Trust issues – what’s in the vaccine? Some people of Islamic faith have heard that it contains pork products.

“How trusted is the vaccine itself? It’s new and there’s not one vaccine there’s loads being banded out, so I don’t know, can we trust it?”

“Always been a lot of scaremongering with the MMR. Do you trust the scientist and doctors or do you listen to the rumours and gossip.”

The recommendations therefore are:

- Early, clear messages from trusted sources are key to people being confident that the vaccine is safe.

“Information directly from Public Health England in the most straightforward form would help me to make a decision as well as my sister who I care for.”

- Clear information about who is eligible for the vaccine and when will reassure communities.

“With the Flu jab it’s very clear about who should take it, they say if you have an underlying condition you should take it. But with Covid-19 who should be taking it? Is it people who have underlying conditions, is it people over 50 or is it just anyone?”

“I think there will be some sort of order (of who gets the vaccine) so it’s about knowing when it’s your turn and how they put that information out to you, are they going to let you know from your own GP or who would you have to listen to about it?”

- People want information about the science behind the vaccine. Transparency is critical to ensuring people are confident.

“It comes down to education. There’s a lot going on in the media so we need written evidence and we need reassurance. It’s about educating.”

“I think (there should be) more clear information about who has invented the vaccine, what is included, how many have been tested, how many tests have been successful, how many had side effects and what were the side effects. These will give us a wider image and make it easier to decide whether we will accept the vaccine or not.”

8. Next Steps

To improve the health communication, the project recommends that the following points are taken into account when designing health messages in the future:

Increase diverse representation in Messages

As previously outlined through quotes, people from Black and Asian backgrounds need messages to be sent by/feature people who are from their communities, otherwise they “don’t want to hear it”. This applies to **all** health messages and can be done through the use of:

- Individual visits or phone-calls
- Messages read out on local community radio stations
- Leaflets posted through doors with pictures of people that different communities can relate to.
- Short YouTube videos featuring people from their background that can be shared widely on social media & WhatsApp

Promote on-line locations where community groups can access various formats of key messages.

The CCG YouTube channel and Facebook page are not widely known about, therefore sending these to community organisations who can then send these on to community forums they are in touch with would mean that word spreads easier to groups that are struggling to access messages.

“Different community groups have their own website so if you sent the link out to those community groups then maybe they could use that. Groups like Leeds Refugee Forum would help these services to send the link over so they can access it.”

WhatsApp cascade groups could be set up to share information within the limits on send capacity.

Use existing easy read resources

The easy read images, sourced from the [Easy on the i](#) website, that were shown are to are “Easy to read quickly, long messages cannot be read on a bus etc. It draws you in and is funny.”

We would recommend that these resources be used widely in publicity for the general public as all groups found them accessible.

Make direct contact with Community Organisations

Community organisations need to be contacted and consulted directly by the CCG so that they can share health messages with the communities they serve. One organisation said it was “appalling” that they haven’t been contacted and that it is “crucial” for them to be included.

“Are we in the NHS’s database? Because if we are then they can always send flyers and important updated information which we can then disseminate in the appropriate language. But the fact that we are not included in this data is appalling. We as a centre and service provider can always spread the goodwill and the messages, so in this case it is crucial to include us in this data due to the lockdown and to get us down to a tier where we can have a normal life again.”

Communities said that they would access a trusted location for messages, but they don’t know where these are.

“I think for a lot of people, especially the elderly, it’s not accessible or clear where to go. I just know it’s online somewhere so I just google it.”

A list of organisations that have kindly agreed to be points of contact for sharing up-to-date CCG health messages is included in Appendix C to this report.

Simplify the messages

Appropriate formats for people with a learning disability or limited English can understand the messages themselves and then act upon them.

- Clear visuals - Use of pictures that demonstrate what is being said or written in messages to show people what they need to do.
- Simple text - Words need to be simple and jargon-free in order to be easy to understand and interpret.
- Clear audio - Where possible text must also have a voiceover so that people who struggle to read English can understand the message more easily.

Use specific examples in messages

The ‘Flu Jab’, ‘Call 111’ and ‘Use A&E Appropriately’ messages were confusing for some people as they didn’t specifically communicate which groups were eligible for the flu jab, what symptoms required a 111 call, or what specifically counted as an A&E emergency.

Having definite, specific examples for these messages would reduce confusion, save valuable time with booking an appointment and help people make the right health choices.

9. What specific action is Leeds Voices taking?

- Leeds voices have contacted all partners who have been involved with this engagement to ask permission for their contact details to be shared with the CCG. (see appendix B)
- Leeds Voices newsletter can be a valuable way of reaching all our community partners by including content from the CCG.
- Leeds Voices will use our Twitter and Instagram accounts to promote CCG messages to our extended networks.
- Leeds Voices will be going back to all these community groups to feedback how the CCG is responding.

Appendices:

Appendix A: Engaging Voices Partners who supported and enabled the focus groups.

Organisation	Communities/ groups
Leep1	People with learning disabilities and their carers
Leeds Refugee Forum	Black African Communities - Includes refugees and asylum seekers and migrant communities;
Mafwa Theatre	People with English as a second language - Includes South Asian Communities, refugees and asylum seekers and migrant communities.
Carers Leeds	People with learning disabilities and their carers
People in Action	People with learning disabilities and their carers
BME Hub	Black British and Black African Communities -
Circles of Life	People with English as a second language - Includes South Asian Communities, refugees and asylum seekers and migrant communities.

Appendix B: Engaging Voices Partners prepared to disseminate NHS health information via their networks in the future

Name	Organisation
Hawa Bah	Peace of Mind
Jacque Wilkinson	Home-Start
Bahar Khesrawi	Bahar Women's Association
Ali Mahgoub	Leeds Refugee Forum
Fern Wickham Warwick	William Merritt Centre
Geeta Lota	Circles of Life – Women Together
Jon Beech	Leeds Asylum Seekers Support Network
Rachel Koivunen	People in Action
Paul Cloke	Emmaus
Zaira Khanum Nikki Pattinson	Carers Leeds
Ian Rodley	DAZL
Wendy Cork	The Advonet Group
Zaheda	Asha Leeds
Nahid Razool	Shantona
Mandy Haigh	Leep1
Sawsan Zaza	DamasQ
Wendy Cork	The Advonet Group

Keziah Berelson	Mafwa Theatre
Susan McDonagh	Leeds & District ABC Support Group
Katie Pirie	St John's Catholic School for the Deaf

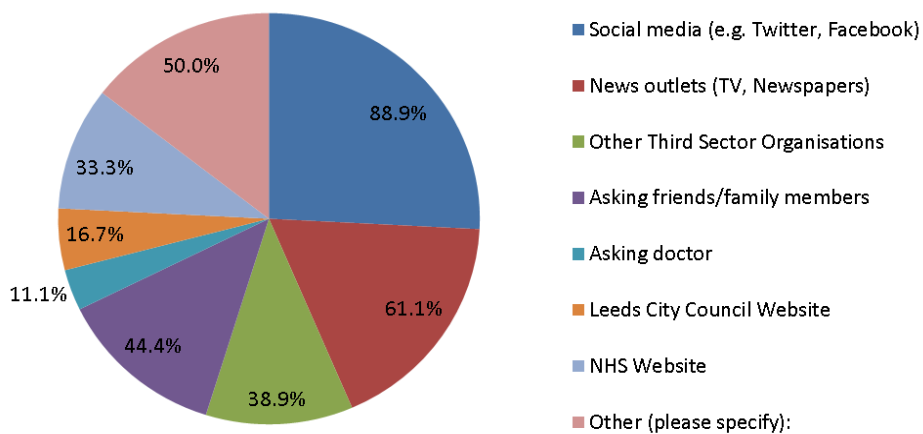
Appendix C: Survey response summaries

Organisation Survey Results

Organisations responded



What ways have your service users been keeping up to date with the latest Covid-19 guidelines?



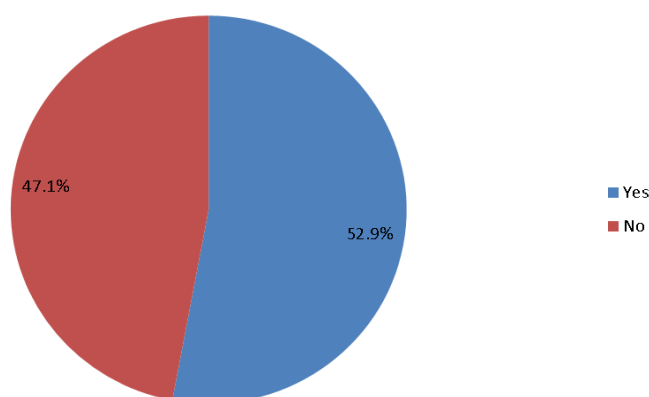
Coronavirus toolkit from health England

Inclusion North daily update

Zoom, WhatsApp, African Radio stations, churches

Through groups already running, mailouts and conversations

Has this guidance been easy for them to access and understand?



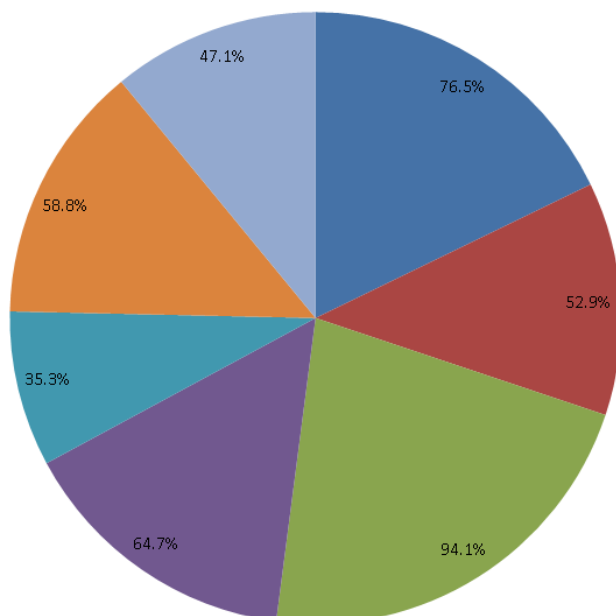
“People with Autism are normally not engaged properly because easy read is used, which is seen as too patronising or not aimed at them”

“A lot of confusion and a lot of fear. Not knowing. Quite a surreal time and easy to feel really scared”

“Mixed messages, very confusing and hard to keep up with”

“English speaking members yes, Different language groups, not easy to understand and for service users if they have the cognition to understand. Easy read is good, short videos and symbols”

Which of the following winter messages have you seen before answering this survey? (Please tick below)



■ Make sure you have your flu jab – it’s now available free to more people

■ Take care of other people's health and wellbeing as well as your own

■ Follow the coronavirus prevention guides of washing hands for 20 seconds or more, wear a face covering where needed and keep a 2 metre distance from people you don't live with

■ You can only get a coronavirus test by calling 119 or through www.nhs.uk/coronavirus

■ Please attend all appointments you are invited to - the NHS sites are operating in a safe, low risk environment

■ Look after your mind as well as your body – it is important you are happy in yourself know who to talk to if you feel mentally unwell

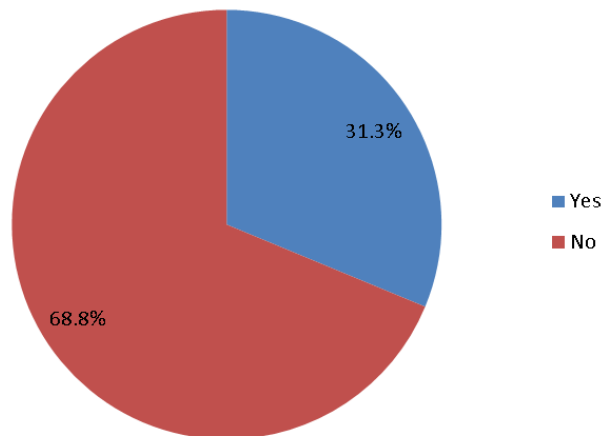
■ Use Accident and Emergency (A&E) only for an issue that is life-threatening and needs immediate attention. If you are not sure where to go, dial 111, your GP or www.111.nhs.uk

“The guidance around using hospitals is normally unclear and misunderstood, photos are too detailed and there are fears that hospitals are too unsafe”

“For the coronavirus test, they need help in accessing the website and booking because of the language barrier.”

“The other messages not seen...where are they being shown/how are they being communicated? This is someone who keeps up with health/wellbeing for her service users through work (there is also a school nurse this lady works alongside). She doesn't feel that vulnerable people are hearing these”

Are you confident your service users would know where to find these NHS messages about staying safe during winter?

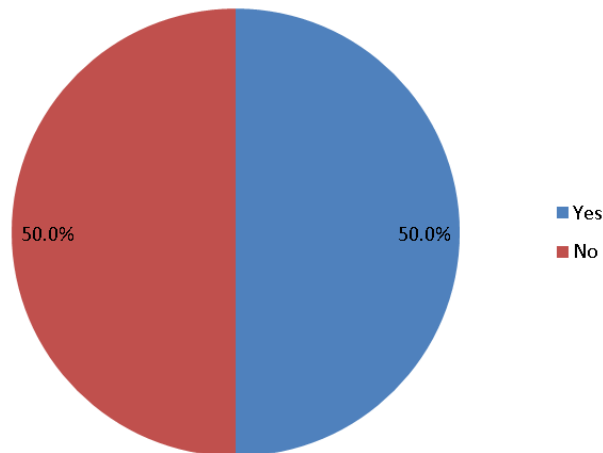


Phone credit is a problem. Often no tablet or data if they have one

We would normally read the messages and translate them across. There are also many different African/Asian radio and TV programmes that some of the elder communities regularly watch, if these messages could be sent to those channels there is a good chance they will be heard

Languages are a barrier, not confident to go out during pandemic (don't feel safe) - people are not well connected to other services across the city

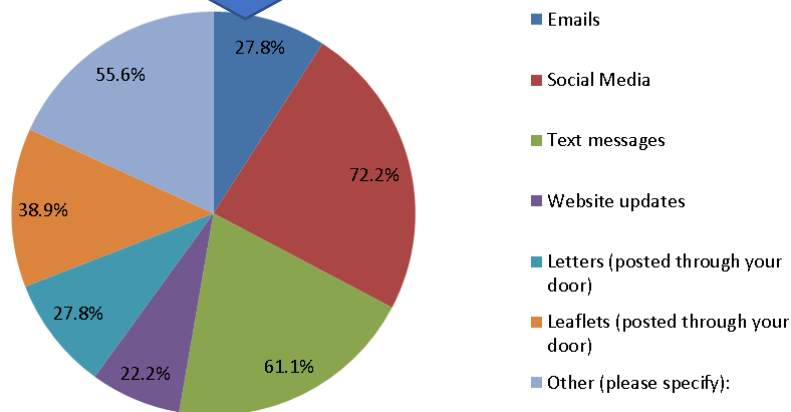
Are your service users still attending all their appointments?



Struggling - been asked to go straight to hospital because of the misinformation around Covid and haven't been able to get appointments for GP

Some can't actually access their appointments because when they do they are sent a link to send their picture over but for those with limited English or technological knowledge this is not suitable

With the media around people prefer to stay indoors. Having a trusting face and involving local communities, having people ask questions

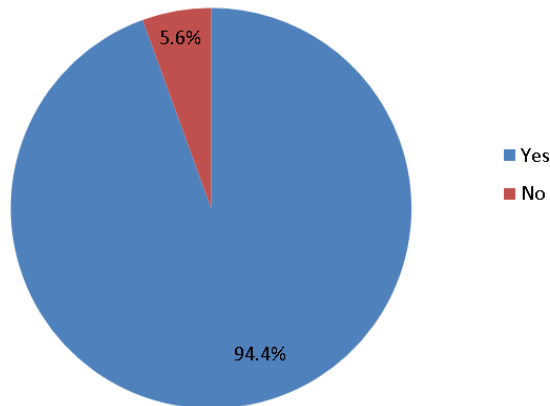


Radio adverts. Radio stations for every community and has a far reaching. LYMHT have radio interviews. Faith leaders good to communicate messages, audiences are larger because of zoom.

Use WhatsApp groups, these are effective. People respond positively to posted items. Website updates depends on the website

Also through the school - interacting with parents to inform them. Another way is to empower children with the information also because there are no language barriers.

Would these messages need to be altered in any way (e.g. translated to another language, easy read, visuals rather than words)?



Simple words - and not using 'DO NOT' if possible, as this is taken very literally and become unhelpful

They have done a video in the Zimbabwean language regarding COVID-19. She says there has not been enough acknowledgement for African languages and translating messages so that all can access the information regarding coronavirus. She says that there is a lack of belonging and acknowledgment. She says that people are scared about the information they receive, and how accurate it is

Audio visual. Very visual images of how to wear a mask for example. Simple X or ticks really simple images. everyone knows that a X is wrong

Is there anything else that you or you service users are unsure about when it comes to accessing messages about health services in Leeds during winter

Leeds City Council announcements are accessible, but regular updates from all services like the NHS would be good, and if the information can be regularly given, this will be good.

There is general confusion and uncertainty about what information they can trust which is mainly down to the way things are being communicated - often unclear, too much information to read or not relevant to those particular people

There's a lot of confusion with government guidelines and tiers, i.e. what can we access and what can we do? What does a support bubble mean?

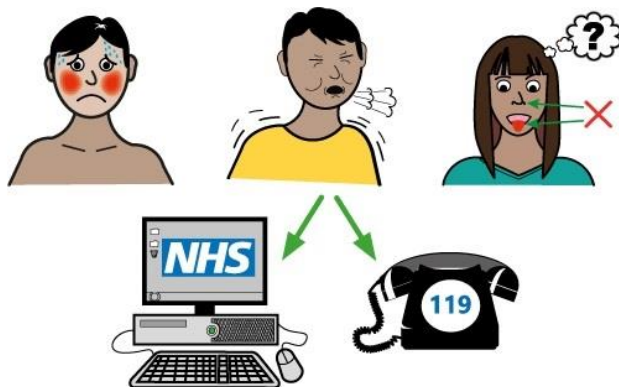
Appendix D: Examples of messages shown during groups

Messages that were positively received:

'What to Expect When Visiting a Clinic or Local Health Centre'
<https://www.youtube.com/watch?v=aFhLR9N8Xj8>

'Just the Flu'
<https://www.youtube.com/watch?v=aFhLR9N8Xj8>

Easy-read Coronavirus Pictures



Stay Safe. Save Lives

Leeds CITY COUNCIL
www.leeds.gov.uk/coronavirus

- 1** Keep a safe distance from others.
- 2** Wash your hands regularly, for 20 seconds.
- 3** You must wear a face covering on public transport, in shops and in healthcare settings.
- 4** No one in your household should leave home if any one person has symptoms.
- 5** BOOK A FREE TEST
If you have symptoms, stay at home and book a free test at nhs.uk/coronavirus or ring 119.
- 6** If you need to stay at home and have no family or friends for support, ring 0113 376 0330.

Messages that groups could be improved:

Would help to have a nurse who has a culturally diverse background

NHS

Think you need medical help right now? Call 111

You can help us help you get the right medical attention urgently.

HELP US HELP YOU
KNOW WHAT TO DO

Heidi Nielsen, Nurse

CALL 111

Coronavirus – How to Use the NHS
<https://www.youtube.com/watch?v=EWs6Z32udco>

Too much text and not enough time to read it

Appendix E: Focus Group Summaries

Summary of Findings: general for all groups:

- That existing messages for the Flu jab and Covid information sent by GP's, and schools reach communities.
- That many of the messages that have been created for the Flu Jab and Covid 19 are accessible and easy to understand.
- That communities have not seen many of the messages that have been created
- Many of the messages already created can be adjusted to be accessible for communities
- That communities require trusted leaders and formal channels of messaging (via NHS, Leeds City Council, Public Health) to trust the messages being distributed
- That phone communication via Whatsapp either with picture information or through verbal messages is used frequently to pass messages to communities by communities.

Summary of Recommendations: General for all groups

- To continue using existing message distribution channels used for flu jab and Covid messages by Public Health, Leeds City Council and NHS
- For there to be a digital platform/ easily accessible bank of messages for community leaders to access up to date messages to send out via social media.
- For a mechanism to be established for new messages to be easily distributed to communities
- For images of people on messages to be representative of different communities
- For messages to have more visual emphasis rather than text so as to reach out to more communities
- For existing messages and information already created in easy read formats to be distributed through exiting channels and to be made more widely available.
- A system of regular messaging for mental health support and contacting the NHS (111 or 999)

Appendix F: Winter Messages in Full

Get a flu jab

Make sure you have your flu jab if you are offered one. It is now free to more people.

Prevent coronavirus

- Wash your hands for 20 seconds
- Wear a face covering if you can
- Stay 2 metres from people you don't live with

How to get a coronavirus test

You can only get a coronavirus test by

- Ringing 119
- Going online to www.nhs.uk/coronavirus

The NHS is here for you

If you need medical help but it's not an emergency

- contact your GP
- dial NHS 111
- go online to www.111.nhs.uk

Use Accident and Emergency correctly

Only go to Accident and Emergency (A&E) if it is life threatening.

If you are not sure where to go

- Call 111
- Go to www.111.nhs.uk
- Call your doctor

Attend your appointments

Attend all appointments you are invited to. Going to the doctor or the hospital is low risk.

There might be delays in treatment

If you are waiting for treatment, it might be delayed or postponed.

Look after your mental health

Look after your mind as well as your body. Make sure you know who to talk to if you are feeling low.

Focus Group Summaries:

Adults with learning disabilities and their carers

Organisations participating:

Leep1

Carers Leeds

Numbers 24

Protected characteristics: Adults with a learning disability

The Messages	Reach	How are communities receiving messages?	Messages shown at Focus group	Where have the messages been seen?	Barriers to receiving messages	Recommendations for future communications
Flu Jab	yes	Direct correspondence only: <ul style="list-style-type: none"> • Letters • Phone calls from the surgery. • Text message 	'Just the Flu' video Flu Poster	Participants had not seen the examples of messages shown at the focus group	Most participants are unable to read text. <i>'There is never anything Easy Read it's important for learning disabilities'</i>	Use easy read symbols and more image based messages reminding people to get their flu jab. Use easy read symbols and more image based messages on what to expect when you have a flu jab. Ensure that key workers and carers are sent messages to convey to participants
Wash hands Wear a	yes	Buses and supermarkets	Leeds City Council infographic,	The LCC infographic had been seen	Most participants are unable to read text.	Use easy read symbols and more image-based messages e.g having the 2 metres clearly stated rather than

The Messages	Reach	How are communities receiving messages?	Messages shown at Focus group	Where have the messages been seen?	Barriers to receiving messages	Recommendations for future communications
<p>face covering</p> <p>Stay 2 metres</p>			<p>Covid 19 Easy Read slides</p> <p>Coronavirus information video</p>	<p>widely on social media, and out in the community.</p> <p>The easy read slides were easy to follow especially the supermarket trolleys for the 2m distance</p>	<p>Some symbols are not clear as to their meaning.</p> <p>Images not being widely distributed</p> <p><i>'I would like to receive messages on a DVD in Easy Read, which would make them easier to understand and easy to access because they would get to me" directly. If not on a DVD then there could be an audio and visual message sent on my phone, as normally when I get a message I have to show my brother and ask him what the words mean, but if I didn't have him I'd be stuck'</i></p>	<p>just an arrow between two people.</p> <p>Continue with current distribution of messages in line with the LCC infographic as people have seen them.</p> <p>Information to be put up where people go in the community- on buses, in supermarkets.</p> <p>Use audio/visual information in messages.</p> <p>Accessible information – pictorial or in easy read.</p>
<p>How to get a test</p> <p>119</p> <p>Nhs.uk</p>	No	Carers knew through text message information to book a test online or would call their GP	LCC infographic How to use the NHS coronavirus video	People had seen the LCC infographic but hadn't noticed the 119 information	<p>Participants were not aware of 119 number <i>"I didn't know the 119 number exists!"</i></p> <p>The information on the leaflets and information that contained details</p>	<p>Use Whatsapp to distribute information for phone numbers and information</p> <p>Enlarge the 119 phone number on literature and websites</p> <p>Use Easy read symbols to advertise the number</p>

The Messages	Reach	How are communities receiving messages?	Messages shown at Focus group	Where have the messages been seen?	Barriers to receiving messages	Recommendations for future communications
		Messages getting through – direct from GP or information on social media			about the 119 number was too small for people to notice	
<p>The NHS is here for you</p> <p>contact your GP</p> <p>111</p> <p>111.nhs.uk</p>	Unsure	<p>People knew to dial 111, they had seen the adverts for this.</p> <p>Messages about 111 seen in town, Doctors surgery and NHS website by carers</p>	<p>NHS poster with image of a white nurse</p> <p>Image of a telephone with 111 on it</p>	Carers had seen the poster in the GP surgery	<p>Posters have images of white people only, so not appealing to other communities</p> <p>People weren't sure of what constituted an emergency</p> <p>People from different ethnic backgrounds unlikely to identify with an image of a white nurse: less likely to take notice of the information.</p>	<p>Easy read information, pictures and images about what is an emergency and when to use 111.</p> <p>Easy read information pictures and images about the out of hours medical centres</p> <p>Use Whatsapp to distribute information for phone numbers and information</p> <p>Use ethnically diverse images of staff on posters</p>
<p>Use A&E correctly</p>	unsure	People knew to dial 111, they had seen the	NHS poster with image of a white nurse	Carers had seen the poster in GP surgeries	Not understanding what is an emergency.	<p>Easy read information about what is an emergency</p> <p>Easy read information pictures and</p>

The Messages	Reach	How are communities receiving messages?	Messages shown at Focus group	Where have the messages been seen?	Barriers to receiving messages	Recommendations for future communications
		<p>advertises for this.</p> <p>Messages seen in Town, Doctors surgery and NHS website</p>	<p>Image of a telephone with 111 on it</p>			<p>images about the out of hours medical centres</p> <p>Use Whatsapp to distribute information for phone numbers and information</p>
<p>Attend your appointments</p> <p>Going to the doctor or the hospital is low risk.</p>	<p>No</p>	<p>Most participants said that they had received messages by text from their doctor to stay away from the surgery</p> <p>Alternatively, appointments kept getting pushed back, therefore participants were put off</p>	<p>NHS Video outlining what to expect when you go for an appointment</p>	<p>The participants hadn't seen the video but said it was useful. One said <i>"it helps people who can't read or write to understand what they need to do"</i></p>	<p>People had not seen the video</p> <p>People had received direct messages from the GP saying to stay away</p> <p>People with learning disability who live on their own who wouldn't have access to these messages may not know what to do.</p>	<p>Use the current video as it has good, clear visuals and is easy to understand sent to people's phones about what to expect when attending an appointment</p> <p>Use communication channels to distribute information about the NHS and it being open – Whatsapp, TV, Facebook and GP surgeries</p> <p>Use the existing video and ensuring that the information is up to date (include having your temperature taken)</p> <p>Easy read messages on posters or videos at day centres</p>

The Messages	Reach	How are communities receiving messages?	Messages shown at Focus group	Where have the messages been seen?	Barriers to receiving messages	Recommendations for future communications
		attending or were waiting too long.				
<p>Look after your mental health</p> <p>Look after your mind as well as your body. Make sure you know who to talk to if you are feeling low.</p>	yes	The group were aware of the importance of keep mentally well through groups, Carers Leeds Newsletter, but hadn't seen any messages about this	Poster from NHS website 'Life after Lockdown: managing anxiety	No one had seen this information	<p>Most participants are unable to read text. People had not seen the information</p> <p>Some of the suggestions carers weren't able to relate to</p> <p><i>'Woman on laptop not good-maybe woman in the countryside'</i></p> <p>Need some tips for people who can't leave the house at all- because the routine has changed so much</p>	<p>Positive directive messages encouraging people to stay active in places where people will see them. E.g. Newsletters and social media.</p> <p><i>"They should advertise someone being active and out jogging rather than someone sitting and eating a McDonalds double cheeseburger. Everybody knows that if you do exercise you feel better."</i></p> <p>To use easy read symbols and more image-based messages</p> <p>Tips for people who can't leave the house</p>

Black African including people from refugee /asylum seeker communities and people with English as their second language

Numbers: 20

Leeds Refugee Forum

Culturally Diverse Hub

Black Health Initiative (BHI)

Languages spoken:

Tegrigia, Amharic, Arabic, Afghanistan (Urdu and Bashto) Senegal community have their own dialect and Burundian and Sierra Leonean speak Lingua Franca and De Facto which is a national language spoken throughout West African nation

The Messages	Reach	How are communities receiving messages?	Messages shown at Focus group	Where have the messages been seen?	Barriers to receiving messages	Recommendations for future communications
<p>Make sure you have your flu jab</p>	<p>yes</p>	<p>Direct correspondence only: School letters GP text Text message TV Community Leaders</p>	<p>'Just the Flu' video Flu Poster</p>	<p>Participants had not seen the examples of messages shown at the focus group</p> <p>Flu vaccine video – good, but a need to say its safe and its different to the Covid vaccine...</p>	<p>Language barriers: information often in English only communities will take more notice of information in their language</p> <p>No reach of current messages within communities: People hadn't seen the message we showed them.</p> <p>Little understanding of who is able to access the flu jab. Hadn't received any information even though is registered. People don't know if it is free,</p>	<p>Leaflets/flyers with the information about the flu English first and community languages</p> <p>Use current communication methods that exist within communities: Sharing with community members who can have updated flyers (only in community languages not in English) Send more messages</p>

The Messages	Reach	How are communities receiving messages?	Messages shown at Focus group	Where have the messages been seen?	Barriers to receiving messages	Recommendations for future communications
					<p>saying who the people are would be better.</p> <p>Cultural representation: videos and images of people talking about health matters need to represent the people they want to receive the messages <i>It needs to be a person of trust who works in the NHS and is known to the community explaining that they need to have the flu jab.</i></p> <p><i>When you use 2 white staff and they come into a black or Asian community to tell people its fine to have the flu jab, the communities do not want to hear it. There is a lot of mistrust in the black and Asian communities, especially the older generations so to have a white person tell them the flu jab is okay they probably wouldn't listen to them.</i></p>	<p>with the families</p> <p>Use ethnically diverse images of staff on posters</p> <p>Clearer information on eligibility for free flu jabs.</p> <p>Provide schools with information for adults Inform people from the school side – messages for adults.</p> <p>Key messages to be distributed in main languages on posters as well as digital sources to distribute through community groups via Whatsapp</p> <p>Having NHS staff go to groups and communities to talk about the flu jab.</p>
<p>Wash hands Wear a face covering</p>	yes	Chemist Community buildings Seen frequently	Leeds City Council infographic,	The LCC infographic had been	Language: having just English messages <i>My experience of working with people for 14 years. People might not see</i>	For people who don't have literacy in their mother tongue : Use voice messages

The Messages	Reach	How are communities receiving messages?	Messages shown at Focus group	Where have the messages been seen?	Barriers to receiving messages	Recommendations for future communications
Stay 2 metres		around Leeds TV Community Leaders – through Church	Covid 19 Easy Read slides Coronavirus information video	seen widely on social media, and out in the community. · The easy read slides were easy to follow but haven't been seen anywhere	<i>things on TV in English, there is a big language barrier. If there is any word in their language. Translation for the flyer is very important.</i> Literacy – some people are not literate in their mother tongue. Digital access: Participant said people with no IT, in particular the older generation need to have messages relayed where they go to <i>E.g., places like the Day centre, churches and the Reginald centre.</i>	distributed by Whatsapp. Providing a script for communities to read out and distribute via Whatsapp. Translate leaflets and distribute on Instagram. Videos to have a voice over as well as text. Using Easyread- type pictures to convey messages <i>Clear pictures are easiest and easy language, easy simple language.</i> Taking messages to places where people attend, who have limited access to digital means.
How to get a test 119 Nhs.uk	No (LRF) Yes (BHI)	Through church	N/A	N/A Location of test centres: people were not aware of these	Not aware of 119 number – people had had no information about this and were calling 999 to get a test. Language: understanding the booking process <i>it's a very complicated process. It would</i>	Leaflet to families in community languages explaining how to get a test – what number to call, how to do it if don't have internet access. Have leaflets in the 4/5 main languages

The Messages	Reach	How are communities receiving messages?	Messages shown at Focus group	Where have the messages been seen?	Barriers to receiving messages	Recommendations for future communications
					<p><i>put people off</i></p> <p>Lack of understanding/knowledge of the purpose of 111/119 phone numbers. <i>'When we call 111/119 do they provide us with advice or medicine?'</i></p> <p>Digital access/Language People said that if you were on line all the information about Covid was there. If people had reasonable English and access to the internet – it was easy <i>'The NHS website is very good'</i></p>	<p>Making it clear when phone numbers are free to call Using existing phone services like Migrant Help where different languages are easily available. <i>'People feel confident to call this'</i>.</p> <p>Distribute information widely where people go: <i>TV advertisements – shops schools, universities, public places.</i></p> <p>Use community radio channels to interview medical people who tell you how to contact the NHS. and YouTube (this can be sent out via whatsapp) to give regular information about how to contact the NHS.</p> <p>A simpler system for</p>

The Messages	Reach	How are communities receiving messages?	Messages shown at Focus group	Where have the messages been seen?	Barriers to receiving messages	Recommendations for future communications
						<p>booking a test – Just a name, address and number when booking online and when you get to the centre fill in the ‘application form’</p> <p>Open different help centres for different communities so that language is not a barrier Afghani community and Persian and Somalian, different test centres for testing people with covid 19. So they understand quicker and better.</p>
<p>The NHS is here for you contact your GP</p> <p>111</p> <p>111.nhs.uk</p>	<p>No (LRF) Yes (BHI)</p>	<p>Communities weren’t aware of the 111 phone number</p>	<p>NHS poster with image of a white nurse</p> <p>Image of a telephone with 111 on it</p>	<p>People had not seen these messages</p>	<p>Cultural representation: videos and images of people talking about health matters need to represent the people they want to receive the messages</p> <p><i>Call 111 advert – need to change from just a white nurse...there are lots of BAME NHS staff so not representative</i></p>	<p>How to contact the NHS Give information to the radio (Community radio channels) and YouTube (this can be sent out via whatsapp) Interview medical people who tell you how to contact the NHS.</p>
<p>Use A&E correctly</p>	<p>No</p>	<p>N/A</p>	<p>NHS poster with image of a white nurse</p>		<p>Not understanding what constitutes an emergency.</p> <p><i>‘Messages about only attending</i></p>	<p>Easy read/ symbol based Information distributed in public places and through communities on</p>

The Messages	Reach	How are communities receiving messages?	Messages shown at Focus group	Where have the messages been seen?	Barriers to receiving messages	Recommendations for future communications
			Image of a telephone with 111 on it		<p><i>A&E if a situation was life - threatening is quite ambiguous and how does someone know when a condition they have is classified as life-threatening or not?</i></p> <p>No access/not seen relevant information: Unaware of 111 People prefer to ring 999 because they want a fast service</p>	<p>what is an emergency.</p> <p>Consistent approach to messaging: not just in times of Covid but regular information advertised in public places.</p> <p>Regular messaging across community networks about contacting the NHS <i>It is a constant thing and people need to be reminded, it's not just about Covid.</i></p>
<p>Attend your appointments</p> <p>Going to the doctor or the hospital is low risk.</p>	No	N/A	NHS Video outlining what to expect when you go for an appointment	People had not seen this video	<p>Language barriers –Information only in English.</p> <p>No access to relevant information: People liked this video and thought it reassuring, simple and clear. But hadn't seen it before</p> <p>Fear of contracting Covid: people are scared to go to test centres and appointments.</p> <p>No confidence to translate messages into community</p>	<p>Voices overs and subtitles in different languages</p> <p>For new arrivals using support workers or staff to get this message out. Video/animation is useful</p> <p>A central forum for message distribution: For community groups and organisations to access the right information. Different community</p>

The Messages	Reach	How are communities receiving messages?	Messages shown at Focus group	Where have the messages been seen?	Barriers to receiving messages	Recommendations for future communications
					<p>languages: <i>'it's very scary for people to do this on their own, they want to be sure it is right. They want an official body to do it.'</i></p> <p>No clarity for community leaders as to how to access messages to disseminate to communities: <i>'NHS could always send flyers and information and we could disseminate in our language./ The fact that we are not included in their data this is appalling, We must be included as a centre or service provider it's very crucial for us to do this.'</i></p> <p>Mistrust in where the messages are coming from.</p>	<p>groups have their own websites and pages, refugee forum can have access to the information that is up to date.</p> <p>Training required for communities to translating messages into community languages: This is considered a specialist job</p> <p>Use community leaders and people who are trusted by the communities to disperse messages by providing direct information about how to access relevant messages, through social media and other channels. They can talk to community members or send it via social media.</p> <p>Use on line ESOL classes to disseminate information: <i>they can provide this information</i></p>

The Messages	Reach	How are communities receiving messages?	Messages shown at Focus group	Where have the messages been seen?	Barriers to receiving messages	Recommendations for future communications
						<p><i>10 minutes before the lesson in this class people can help send it to different communities and families this would be very helpful.</i></p> <p>Direct communications from the NHS: For communities to be included in a general database where new information is sent out automatically.</p>
<p>Look after your mental health</p> <p>Look after your mind as well as your body.</p> <p>Make sure you know who to talk to if you are feeling low.</p>	No	Messages about looking after mental health are not getting through to communities.	Poster from NHS website 'Life after Lockdown: managing anxiety	People had not seen these messages.	<p>Access to programmes/services</p> <p><i>Sometimes I struggle to refer people how do I access the services.</i></p> <p>Language:</p> <p><i>Stigma: It is a big barrier, there is a big stigma, communities need more support on this if people getting symptoms and see if they can support them. They have to have a constructive way of looking at the stigma and how they can get support from anyone.</i></p>	<p>Positive promotion of encouraging good mental health: Specific advice on how to keep mentally healthy.</p> <p>Simple messages offering reassurance that this is a common problem for people.</p> <p>Using symbols: <i>If NHS had awareness about symbols for washing hands etc, they could put</i></p>

The Messages	Reach	How are communities receiving messages?	Messages shown at Focus group	Where have the messages been seen?	Barriers to receiving messages	Recommendations for future communications
						<p><i>signs up for mental issues to encourage people to do exercise at home dancing doing things fun with each other to get rid of that mental problem</i></p> <p>Provide phone numbers of services to explain to people that mental illness isn't anything to be ashamed about. Sometimes communities had problems accessing services to refer their members to.</p> <p>Ongoing messaging work with communities encouraging people to think about their mental health</p>

People with English as a Second Language

Protected characteristics: Adults with English as a second language,

People from a migrant background

South Asian Communities

People from refugee /asylum seeker communities

Languages spoken: Urdu, Shona, Kurdish (Sorani), Arabic, Punjabi.

Numbers 20

Organisations: Mafwa Theatre

Circles of Women Support

Messages	Reach	How are communities currently receiving these messages?	Messages shown at Focus group	Where have the messages been seen?	Barriers to receiving messages	Recommendations for future communications
Get a flu jab	yes	GP surgeries Chemists Letters been sent to elderly patients in English re flu jab....'worrying for them and having sometimes to wait several days until English speaking younger relative	'Just the Flu' video Flu Poster	TV advertisements Chemist (poster)	Language: Unable to read English Understanding English terms: 'Jab, vaccine, injection, inoculation – might be nice to just see it (an image) rather than just the words' Too many messages at GP surgeries 'There can be too many	Using Channels dedicated to specific communities where messages are in community languages (on Sky) Letters to be sent out in Patient's mother tongue where known Spoken language important on video information as well as text Use images for the jab rather than the words Repeat regular messaging for

Messages	Reach	How are communities currently receiving these messages?	Messages shown at Focus group	Where have the messages been seen?	Barriers to receiving messages	Recommendations for future communications
		<p><i>visits and able to interpret'</i></p> <p>Texts</p>			<p><i>messages at the surgery that it's not easy to absorb them. Same at the walk in centre'</i></p> <p>Lack of clarity as to who is eligible <i>'It's not clear who is eligible – I'm not on the list, but then see the posters and think should I be?</i></p> <p><i>I get texts to say 'get a flu jab' but then ring and I'm not on the list.</i></p>	important messages
Prevent Coronavirus	yes	<p>Phone message on GP surgery</p> <p>Red Cross Leaflet with food parcel</p> <p>Bus stops On the bus</p> <p>From the group organisers.</p>	<p>Leeds City Council infographic,</p> <p>Coronavirus information video</p>	<p>Lifts in flats 7 different languages</p> <p>LCC website</p>	<p>Language: information messages when calling the GP in English. <i>'Could there be an option for which language you need when calling the GP surgery'</i></p> <p>Literacy</p>	<p>Using infographic material in a similar format to LCC adverts are more accessible for people with English as a second language</p> <p>Keeping safe – symbols re handwashing etc are useful.</p> <p>Have adverts in people's mother tongue- so that the language barrier isn't an issue and would get the</p>

Messages	Reach	How are communities currently receiving these messages?	Messages shown at Focus group	Where have the messages been seen?	Barriers to receiving messages	Recommendations for future communications
		<p>Meeting Point (drop in for Refugees and Asylum seekers)</p> <p>Channels dedicated to specific communities where messages are in community languages (on Sky)</p> <p>Lifts in flats 7 different languages</p> <p>LBC radio LCC website</p> <p>GP surgeries</p> <p>Posters</p> <p><i>'We have translated the guidelines in our language which worked and this</i></p>			<p><i>'Figure and pictures-like the Leeds city council adverts-is much better and easier to understand'</i></p> <p>Digital access</p> <p>There can be too many messages at the surgery that it's not easy to absorb them.</p>	<p>message through</p> <p>Have staff who speak community languages to distribute messages</p> <p>Use existing groups and channels of communication to distribute messages:<i>Digital accessibility Circles of Women have bought mobile phones and tablets to communicate with their community by ringing them and telling them information about COVID.</i></p> <p><i>Community Champions: They have identified community champions that get the message across-this has worked very well with them</i></p> <p><i>NHS involving proactive groups in those areas that are on the ground (like this group) to get the messages out – they speak the languages, know the communities, are professional in their approach, and have built up trusting relationships</i></p> <p>Language:</p> <p>Distribute leaflets/information: at bus stops – where people go, have</p>

Messages	Reach	How are communities currently receiving these messages?	Messages shown at Focus group	Where have the messages been seen?	Barriers to receiving messages	Recommendations for future communications
		<i>worked very well within the community'.</i>				information in different languages
How to get a coronavirus test	yes	<p>On Sky TV <i>there are adverts in different languages saying how to get a test and what to do about covid.</i></p> <p>Asian TV – <i>'older [South Asian] population tend to watch this more than English – so it's important to get the right facts about the UK out there.</i></p> <p>Facebook/social media</p>	<p>LCC infographic</p> <p>How to use the NHS coronavirus video</p>	<p>Infographic: buses, flats,</p>	<p>Language and reading English:</p> <p>Video about COVID- <i>'There was no audio and it was not engaging. The slides moved very fast, so it was extremely difficult to read'.</i></p> <p>Accessibility – people are in their homes more rather than seeing messages outside.</p>	<p>Suggestions to make the TV advert more accessible in different languages, for example, Punjabi or Urdu so the elderly/ people that have English as a second language can understand the message more.</p> <p>Messages need to be in people's homes – TV or letters</p> <p>TV adverts - on channels watched by the elderly South Asian communities</p> <p>Adverts on national TV that replicate those on Sky TV: <i>Channels that have doctors speaking their native language to get the covid points across- but not everyone has sky therefore these need to be national</i></p> <p>Keeping safe – symbols re hand washing etc. are useful.</p>

Messages	Reach	How are communities currently receiving these messages?	Messages shown at Focus group	Where have the messages been seen?	Barriers to receiving messages	Recommendations for future communications
						<i>Use symbols rather than just text - can be easier to understand than just text.</i>
The NHS is here for you and safe	No	Letters TV facebook From all the messages the main one that came across was that people should not use the health services as they would put a strain on the NHS. <i>People in the community are not going because they think they will get COVID or they are scared as they are hearing family/friends dying.</i>	NHS Video outlining what to expect when you go for an appointment	People had not seen this video	Language: All letters being sent out in English then having to be explained or translated this can/has caused panic in the elderly population. Language: a lot of messages in English Some pictures can be helpful and are confusing eg adverts on buses – not strong messages	Direct correspondence from GP to be sent in community languages <i>the NHS already knows patient's mother tongue</i> Increase the amount of communications around NHS being open and safe for other illnesses GP practices should employ a diverse workforce (who have community languages and understand the issues impacting on local communities Communications: something simple video, animation – what to expect when you go in and reassurance that it is safe.
Use A&E	yes	Friends and	NHS poster			

Messages	Reach	How are communities currently receiving these messages?	Messages shown at Focus group	Where have the messages been seen?	Barriers to receiving messages	Recommendations for future communications
correctly		family Participants spoke of positive experiences of using 111.	with image of a white nurse Image of a telephone with 111 on it			
Attend your appointments	No	That the NHS is too busy with covid issues.	NHS Video outlining what to expect when you go for an appointment	This message hadn't been seen by the groups	Messages about NHS being safe are not getting to communities. <i>From all the messages the main one that came across was that people should not use the health services as they would put a strain on the NHS. People in the community not going because they think they will get COVID or they are scared as they are hearing family/friends dying'</i>	NHS needs to increase the amount of communications around NHS being open and safe for other illnesses An option to have information in another language when calling a GP surgery. <i>When you call the GP to make an appointment – you get the message that if you have coronavirus etc. not to come to the surgery, but you only get that in English. Could there be an option at the beginning to select an option for which language you need?</i>
Look after your mental health	Yes	Through groups TV	Poster from NHS website 'Life after Lockdown: managing	People had not seen these messages	Uncertainty of the circumstances: <i>Some of the cause of MH problems has been not knowing whether it's</i>	Use symbols rather than just text - can be easier to understand than just text. Increase amount of messaging with

Messages	Reach	How are communities currently receiving these messages?	Messages shown at Focus group	Where have the messages been seen?	Barriers to receiving messages	Recommendations for future communications
			anxiety	<p><i>'We haven't seen this message at all but we have been hearing a lot about mental health in the past 6-8 weeks '</i></p>	<p><i>safe to access to the GP and NHS, people don't know this. Access to information:</i> People had not seen any messages about mental Health</p>	<p>guidance of where to find support.</p> <p><i>Adverts : saying what support is available, for the elderly community a lot of them feel so isolated: Health deteriorates in the mind and so it would be good for there to be adverts saying what support there is available.</i></p> <p>Increase mental health messages in more visual forms: <i>'Need more around mental health'</i></p>

COVID Vaccine:

People with Learning Disabilities and their carers

Would you have the Vaccination?			Barriers	Recommendations
yes	no	Not sure		
9		2	<p>Only one participant said they were not sure whether they would get the vaccine, with their reason being that it hadn't been tested enough.</p> <p>Other than this all participants said they would definitely take the vaccine if they were offered it as they were desperate for life to get back to normal and to see friends and family members again. One participant said "I just want this virus to go and never come back", with others saying they "want to have their life back", and "hadn't seen their family for months".</p> <p><i>People would be concerned that the vaccine has been a bit 'rushed' and therefore risky to take.</i></p>	<p>Information about this vaccine would be trusted and taken on board if it came directly from the CCG or from public health as this is seen as a more trustworthy and reliable source than newspapers or other media.</p> <p>Clear messaging about which vulnerable groups will be eligible and when.</p> <p>Get clear information from the government-what's actually in the vaccine because false messages are going viral <i>Need to have transparency-this is key</i></p>

Black African Including Refugee and Asylum Seekers

Would you have the Vaccination?			Barriers	Recommendations
yes	no	Not sure		
7	2	4	<p>People who said they would have the jab had had good experience with the flu jab and were confident with the process</p> <p>Trust: As there is more than one vaccine people were not sure whether they could trust that it would be safe.</p> <p>Verification from an independent source – they would want an independent research centre to say it worked, not the NHS</p> <p>Pork - one member had heard</p>	<p>Accessibility – educated workers around the town and to feed more information to those who aren't certain. Town centre can create a small hub where you can get the information.</p> <p>Clear information about what is in the vaccine: More clear information what is included.</p> <p>More information on community mediums – people who are trusted talking about the vaccine</p>

			<p>from their community that the vaccine contained pork.</p> <p>More information required: one of the African Community radio station – had had a doctor talking about the vaccine and the time it would take to pass all the processes</p> <p>Trust: participant said that the vaccine had come out too soon and she would not be having it.</p>	
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People with English as a second language

Would you have the vaccination?			Barriers	Recommendations
yes	No	Not sure		
6	3	11	<p>Yes - Everyone is responsible, scientists are responsible, clever people, they should own the responsibility. Reading that this is very successful in older groups, so I am younger so why not? I think it would be beneficial, fingers crossed.</p> <p>Yes - I put yes, but it would leave me a bit nervous. Nobody has had it for a year or longer, need messages that around 2 years time I won't have long Covid symptoms. Some unease about it.</p> <p>Not trusting the science <i>Not sure - Matter of trust – completely new vaccine, not like flu jab or tetanus which you get through your childhood or through travelling. If you want to use a new cosmetic, you want to know how it will work.</i></p>	<p>Need reassurance, explanation of the science. Reassurance around side effects.</p>

Equality Monitoring

Equality Monitoring

What is your age?			
Answer Choice		Response Percent	Response Total
1	Under 16	2.8%	1
2	16-25	11.1%	4
3	26-35	16.7%	6
4	36-45	22.2%	8
5	46-55	30.6%	11
6	56-65	5.6%	2
7	66-75	5.6%	2
8	Prefer not to say	5.6%	2

What sex are you?			
Answer Choice		Response Percent	Response Total
1	Female	77.8%	28
2	Male	16.6%	6
3	Prefer not to say	2.8%	1
4	Other (please specify): Me and my wife	2.8%	1

What is your ethnic group?			
Answer Choice		Response Percent	Response Total
1	White - English/Welsh/Scottish/Northern Irish/British	11.1%	4
2	Arab	11.1%	4
3	Indian	13.9%	5
4	Pakistani	8.3%	3
5	African	13.9%	5
6	Chinese	5.6%	2
7	White and Asian	2.8%	1
8	Any other ethnic group (please specify): Afghan	27.7%	10
	Asian Caribbean	2.8%	1
	Iran	2.8%	1

Do you belong to any religion?			
Answer Choice		Response Percent	Response Total
1	Christianity	22.2%	8
2	Hinduism	2.8%	1
3	Islam	52.7%	19
4	Sikhism	5.6%	2
5	No religion	13.9%	5
6	Prefer not to say	2.8%	1

Do you consider yourself to be disabled? (Please click all that apply)

Answer Choice		Response Percent	Response Total
1	Mental health condition	20%	3
2	Learning disability	6.7%	1
3	Long term condition	13.3%	2
4	Prefer not to say	53.3%	8
5	Other (please specify): Asthma	6.7%	1

Do you look after, or give any help or support to a family member, friend or neighbour because of a long term physical disability, mental ill-health or problems related to age?

Answer Choice		Response Percent	Response Total
1	Yes	31.4%	11
2	No	51.4%	18
3	Prefer not to say	17.2%	6

Are you pregnant?

Answer Choice		Response Percent	Response Total
1	No	97.2%	35
2	Yes	2.8%	1

Have you given birth in the last 12 months?

Answer Choice		Response Percent	Response Total
1	Yes	5.6%	2
2	No	94.4%	34

Please select the option that best represents your sexual orientation.

Answer Choice		Response Percent	Response Total
1	Bisexual	2.8%	1
2	Heterosexual/straight	88.6%	31
3	Prefer not to say	8.6%	3

Are you transgender?

Answer Choice		Response Percent	Response Total
1	Yes	0.0%	0
2	No	97.2%	34
3	Prefer not to say	2.8%	1