Report of the Evaluation of the Access and Inequalities Funding Community Empowerment Programme

Executive Summary

As part of delivery of the COVID-19 Programme Derby and Derbyshire ICB received additional financial allocations from NHSE in 2025/26 to help tackle health inequalities around low uptake of COVID-19 vaccinations. The funding was used to support a community empowerment programme that would aim to increase vaccine uptake across Derby and Derbyshire.

This report presents an evaluation of the community engagement approaches taken across 5 funded VCSE organisations. The evaluation includes synthesis of self-reported local data and the findings from independently facilitated Ripple Effects Mapping workshops to demonstrate the impact of the community empowerment programme on communities and vaccination uptake with a focus on Derby City and Derbyshire County.

A review of the data from the Derby and Derbyshire vaccination engagement projects supports a new model of vaccination engagement based on trusted relationships, community leadership and place-based dialogue. The findings demonstrate that effective engagement is not primarily achieved through information campaigns alone, but through sustained, culturally responsive, community-rooted approaches that build trust, strengthen local capacity, and create safe spaces for conversation.

The Ripple Effects Mapping further showed that the work generated wider benefits beyond vaccination, including increased confidence, stronger community participation, improved advocacy, greater systems learning, and the development of longer-term community and public health infrastructure.

The findings support a strategic shift from short-term, transactional engagement models towards longer-term investment in community infrastructure, local leadership and relational prevention approaches. This offers an opportunity not only to improve vaccination confidence and uptake, but also to strengthen wider community resilience, participation and trust across a broad range of health inequalities priorities.

Recommendations

1. Move from short-term campaign funding to longer-term community infrastructure investment
Confidence and community participation develop gradually through sustained local relationships rather than short-term engagement activity.

2. Commission for relationships, trust and participation
Shift commissioning models away from too much focus on outputs and activity to capture the value generated through relational engagement approaches.

3. Develop a Community Health Champions model
The evaluation findings support the value of trusted community leaders and champions in supporting sensitive health conversations.

4. Embed community engagement within place-based prevention approaches
The projects consistently demonstrated that engagement was most effective when rooted within existing community spaces, relationships and local ecosystems.

5. Expand culturally responsive approaches
The evaluation demonstrated the importance of culturally appropriate communication, accessible information and trusted messengers.

6. Invest in psychologically safe community spaces for health dialogue
Across all projects, safe and non-judgemental environments emerged as one of the most important conditions for successful engagement.

7. Recognise and resource the wider ripple effects of community engagement
The Ripple Effects Mapping workshops demonstrated that the projects generated wider impacts beyond vaccination alone.

8. Strengthen feedback loops between communities and systems
The projects highlighted the importance of communities not simply receiving information but shaping engagement approaches and influencing system understanding.

9. Build systems capability in relational and community-led engagement
The REM findings demonstrated that the work generated important systems learning around trust, silo working, place-based practice, community expertise and relational public health approaches.

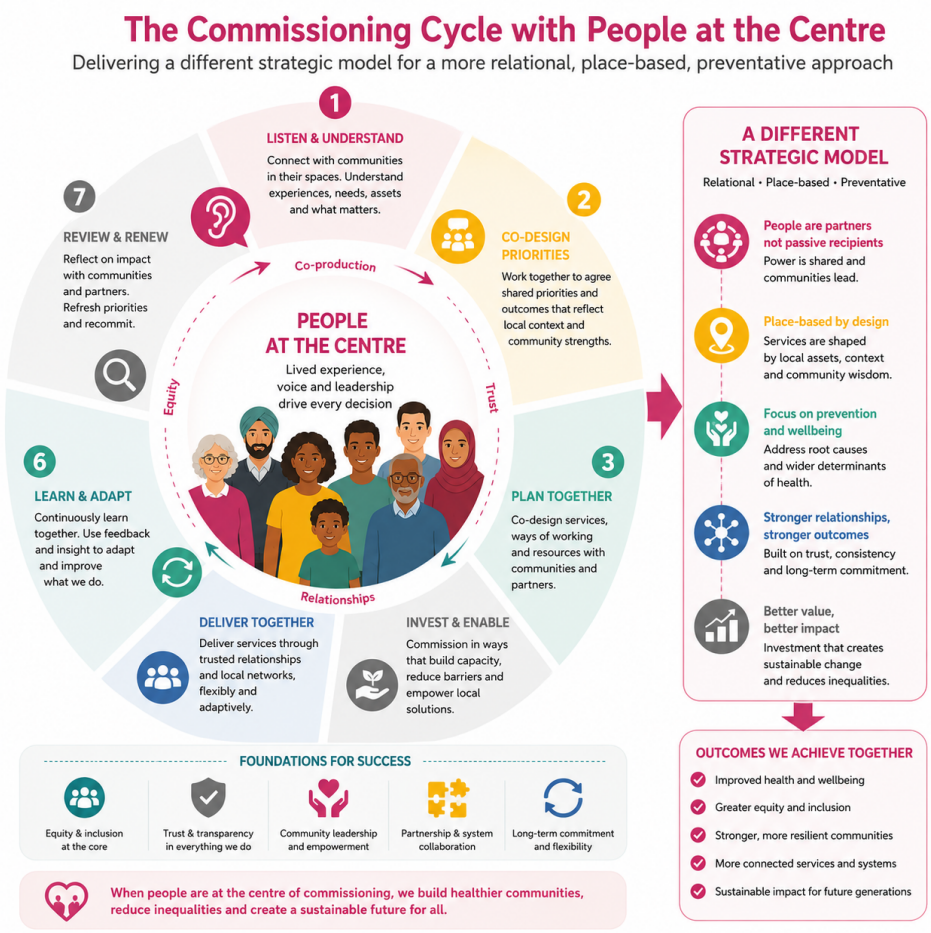
10. Continue using Ripple Effects Mapping as part of evaluation and learning
The REM process surfaced important outcomes that were not fully visible through traditional reporting methods.

Beyond Vaccination

The community engagement projects demonstrate that investment in trusted, community-led engagement and capacity-building creates benefits far beyond vaccination alone. By strengthening relationships, confidence, local leadership and safe spaces for dialogue, the work created conditions that support wider sensitive health conversations across issues such as mental health, sexual health, obesity and preventative care. The findings suggest that community-rooted, relational approaches function not simply as communications activity, but as long-term public health and prevention infrastructure that can improve inclusion, reduce stigma, strengthen community resilience and support earlier engagement with health services across a range of complex health inequalities.

The power of strategic commissioning

Strategic commissioning has a critical role to play in enabling a more embedded, relational and community-rooted model of public health engagement. The findings demonstrate that trusted relationships, local leadership and sustained community presence are central to addressing health inequalities, particularly where trust, stigma and exclusion shape engagement with services. This requires a shift away from short-term, transactional commissioning towards longer-term investment in community infrastructure, local capacity and place-based partnerships. By commissioning for relationships, trust and prevention capacity, rather than activity alone, systems can create the conditions for more effective, culturally responsive and sustainable engagement across a wide range of complex health issues.



1. Background and context

As part of delivery of the COVID-19 Programme Derby and Derbyshire ICB received additional financial allocations from NHSE in 2025/26 to help tackle health inequalities around low uptake of COVID-19 vaccinations.

The funding could also be used to tackle other low uptake vaccinations as well as COVID-19 with prioritisation of winter vaccinations (Covid, Flu and RSV) as an expectation of the funding.

The funding was used to support a community engagement campaign that would aim to increase vaccine uptake across Derby and Derbyshire.

Vaccination inequalities in Derby and Derbyshire are driven by a complex interplay of demographic, socioeconomic, behavioural, and systemic factors. The most affected groups are those facing multiple barriers, such as, ethnic minorities, deprived communities, young people, and pregnant women. Geographically, Derby City and some Primary Care Networks (PCNs) surrounding the city and in the north of the county show the lowest uptake. Funding was directed towards these areas.

Previous insights confirmed that:

- Trust, access, and tailored communication are critical.
- Community-led approaches are effective but need sustained funding.
- Digital and logistical barriers must be addressed.
- Training and consistent messaging are essential for both professionals and community figures.

The ICB met with key stakeholders and together they identified the following key aims for the funded community engagement programme:

- Understand local uptake and inequalities
- Learn from previous engagement
- Build on insights from community-led initiatives
- Address barriers identified insight reports (e.g. mistrust, misinformation, access)

2. About the Community Empowerment Programme

This was the third wave of access and inequalities funding, but the first time the funding had been distributed and led by the engagement team at the Integrated Care Board with a specific focus on *community empowerment*.

The overall aim of the funding was agreed to:

- Increase uptake of COVID-19, flu, RSV, and life-course vaccinations
- Build trust through community-led engagement

- Empower local leaders and strengthen system–community relationships
- Embed long-term planning into the vaccination landscape

The desired outcomes were identified as:

- Higher vaccination rates in underserved areas
- Sustainable community-led health promotion
- Improved public understanding and confidence in vaccines

The funding was used to:

- Train community leads in vaccine engagement (e.g. RSPH Level 2).
- Use micro-grants to facilitate myth-busting and outreach.
- Support communities to lead their own initiatives.
- Establish and run a vaccinations improvements working group
- Analyse feedback from insight reports.
- Develop an actions plan

3. Evaluation

As part of the funding, it was important to develop a system wide evaluation of the work, to learn what works well, what could be improved and how to improve future approaches.

To conduct a comprehensive evaluation of the community engagement approach across multiple VCSE organisations, the evaluation covered:

- The impact of engagement plans on communities and vaccination uptake.
- Strategic analysis of engagement methods (including ripple effect mapping).
- Collation and synthesis of all local data into a single evaluation, with separate reporting for the City and County.
- Actionable recommendations for commissioners to increase vaccination uptake.

3.1 Evaluation methodology:

- Independent review of the project reports from each area.
- Independent review of data provided on the number of trained leads, events, attendees, demographics, engagement formats, co-designed resources, and vaccination outcomes.
- Consideration of feedback from community leads including attitudes, barriers, influences, suggestions. Thematic analysis of insights, highlighting differences between City and County.
- Review of pre and post-training surveys for community leaders to identify changes in confidence and understanding.
- Delivery and analysis of Ripple Effect Mapping (REM) to capture broader impacts, positive outcomes, and areas for improvement. REM is a dynamic and

appreciative participatory method that is particularly valuable to capture the wider impacts of systems change efforts from those directly involved. It is particularly useful when cause and effect is difficult to disentangle and to understand what changed that standard evaluation methods might miss.
- Bringing the data together into a single report with findings for Derby City and Derbyshire County.

It is important to note that evaluation is a secondary review of project reports provided by project leads. Independent verification of data was not carried out.

4. About this report

In this report we will provide background to each of the funded projects and present the findings for each aspect of the evaluation, distinguishing Derby City from Derbyshire County throughout. The Ripple Effects Mapping makes up a significant aspect of the overall evaluation approach and provides rich insights in addition to the self-reported data provided in project reports. All of the data is brought together to set out overall reflections and recommendations at the conclusion.

5. Evaluation Report Findings

5.1 Derbyshire County

Overview of the approaches taken in each of the four funded projects in the County.

Bolsover CVS
The engagement plan used trusted voluntary and community sector (VCSE) organisations as anchors to connect with residents, making sure conversations happen in relaxed and safe settings.

Recognising that traditional engagement methods (like surveys and group discussions) are less effective, the project aimed to introduce more innovative, interactive, and inclusive ways to engage people. Funding was used to free up time and capacity in each VCSE partner organisation. Bolsover CVS (BCVS) coordinated and facilitated events and activities to gather information, ran a working group, and supported the creation of a collaborative action plan and final report.

Links CVS
The project delivered a programme of community-led engagement to support awareness raising and uptake of NHS vaccination programmes (including routine immunisations, flu, and COVID-19 boosters).

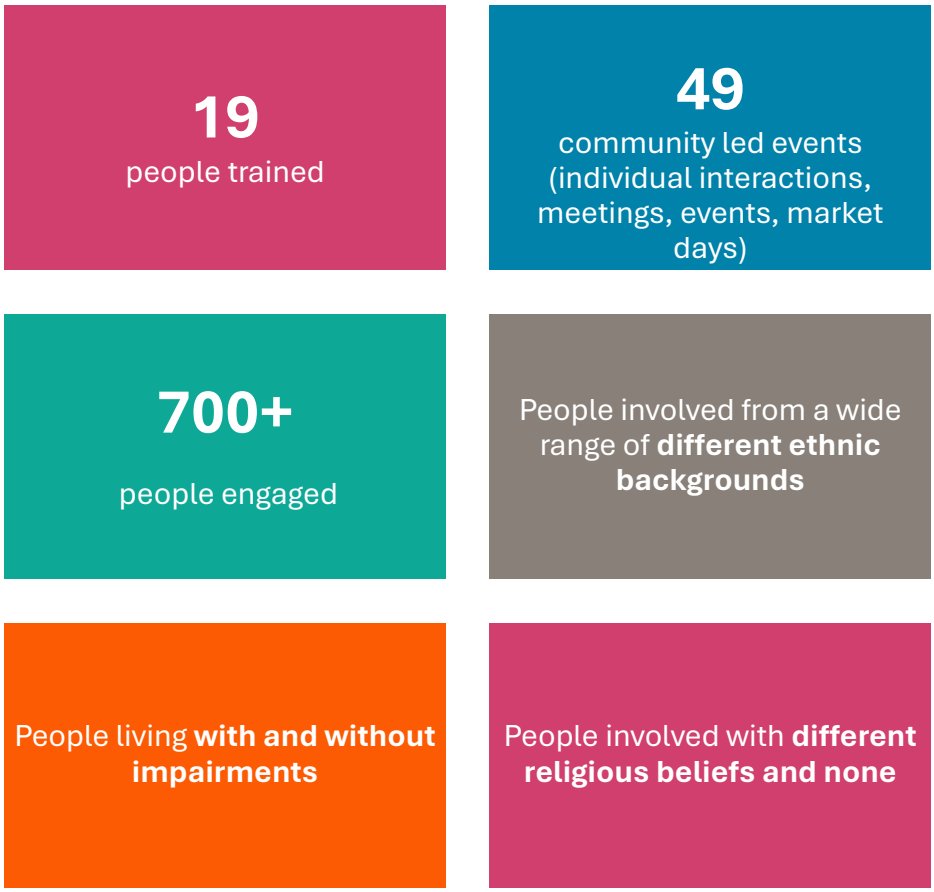
This was delivered through information and awareness events led by the trained Vaccination Champions from 15 BME community groups, who worked alongside community representatives. The primary target populations are 15 BME communities with historically lower vaccination uptake, vaccination hesitancy, particularly adults of working age, older residents, and parents/carers of young children.

South Derbyshire CVS
Community Empowerment and engagement events were delivered to provide information, gather further insight, address misinformation, build trust and leave a lasting legacy of where residents can access accurate information. This included face-to-face community outreach sessions and online sessions. Training individuals in RSPH Level 2 to act as local ambassadors. Facilitation of South Derbyshire 'working group' meetings with outputs shared with the county wide working group.

The Bureau / Gamesley
Recruited and trained local residents form a cross-cultural co-production group local residents, providing accredited training (RSPH Level 2) and fair payment. The group designed and delivered creative engagement in accessible community spaces, tailored to local needs. Hosted welcoming, non-clinical spaces for open dialogue, myth-busting, and sharing stories about vaccines and health. Collected real-time, ward-level insights on barriers and motivators for vaccination, using both quantitative and qualitative methods.

Overview of self-reported data from the reports.

Data provided by Derbyshire County projects on the number of trained leads, events, attendees, demographics, and engagement formats.



Engagement formats, co-designed resources, and vaccination outcomes

Across the 4 projects, engagement evolved away from formal consultation, surveys and traditional "health promotion" towards relational engagement, informal conversations, creative activity, peer-led dialogue and embedded community presence. The reports collectively show a shift from "delivering messages" to "building trust and dialogue".

Approaches in more detail include:

Project	Main Engagement Formats	Key Characteristics
Bolsover CVS	Markets, community centres, "Pants & Tops", questionnaires, spin-the-wheel	High-volume, informal, adaptable engagement.
South Derbyshire CVS	Warm spaces, lunch clubs, roadshows, support groups, online sessions, myth-busting activities	Structured relational outreach with trained champions.

The Bureau	Creative arts, storytelling, postcards, textiles, cafés, youth groups, journalling, informal presence	Deep relational and creative engagement.
Links CVS	Community-led awareness sessions, multilingual engagement, trusted champions, pre/post surveys	Culturally tailored, community-network-based engagement.

Key characteristics of effective formats

Across the reports, all four projects found that familiar environments, existing relationships and non-clinical settings were essential for meaningful engagement. A consistent message across all four reports was that people were more willing to discuss vaccination when engagement felt informal, didn't resemble 'official consultation' and happened through trusted intermediaries.

The Bureau took a specifically creative approach. The report described these activities as acting as a 'connector' with participation happening indirectly through doing and making. In this way, engagement became less constructed and more natural and relational. This approach built trust, reduced pressure, increased belonging and opened space for later health conversations.

South Derbyshire CVS and Links CVS strongly emphasised the Vaccine Champions approach. Champions delivered information within existing relationships, challenged misinformation, created safe dialogue spaces and acted as trusted messengers. The strongest outcomes were linked to peer-to-peer conversations, real-time myth-busting and conversations in everyday settings.

The Bolsover approach showed strong community listening, action-planning informed by residents and adaptive engagement techniques.

Vaccination outcomes

The four reports collectively demonstrate improved confidence, increased knowledge, greater willingness to discuss vaccination and stronger trust in peer-led messaging. However, evidence of direct uptake change varied considerably and would require ongoing evaluation and revisiting projects further down the line.

South Derbyshire CVS contained the clearest measurable outcomes in their report. With 9 confirmed vaccinations directly linked to champion conversations, substantial increases in champion confidence and increased public willingness to seek information, consult GPs and reconsider vaccines.

Links CVS report showed measurable increases in knowledge, confidence and a general willingness to discuss vaccines. Key impacts included reduced fear, increased reassurance, stronger understanding of vaccine benefits and increased community dialogue. The report also suggested participants became more likely to discuss vaccines with family/friends and act as informal advocates.

The Bureau report produced perhaps the deepest understanding of hesitancy.

It reframed hesitancy as relational, historical and structural rather than simply informational. A key finding is around vaccine hesitancy as fundamentally linked to wider trust in systems. The report sets out a strong case that information alone is insufficient, and that trust-building must precede vaccine engagement.

Bolsover Trusted Voices report provided broad uptake data around flu, relatively high historic COVID uptake and low awareness of RSV/shingles. It also identified digital exclusion, transport barriers, confusion about eligibility, misinformation and mistrust. There was limited direct measurement of behaviour change or post-engagement uptake.

Feedback from Derbyshire community Leads

The reports were also reviewed specifically to pull out feedback from community leads that relate to *attitudes, barriers, influences and specific suggestions*.

Attitudes

A consistent finding across all four reports is that most people were not strongly "anti-vaccine". Instead, attitudes were characterised by, uncertainty, caution, conditional trust and delayed decision-making. Community leads repeatedly described hesitancy as, "soft hesitancy", uncertainty rather than opposition and a desire for reassurance and trusted information.

Community leads consistently identified trust as the defining issue underpinning vaccination attitudes.

Across all reports, confidence improved when, people could ask questions, concerns were discussed openly and conversations happened through trusted individuals. Community leads repeatedly noted that people wanted dialogue, not lectures, reassurance mattered more than formal messaging and participants responded best to non-judgemental conversation.

Barriers

The reports identify multiple interconnected barriers. These barriers show up as practical, emotional, relational and structural rather than simply about access to or quality of information.

Community leads consistently highlighted, confusion about eligibility, lack of clarity around vaccine schedules, uncertainty about vaccine contents, concerns about side effects and confusion between vaccines (especially RSV and flu).

All four reports highlighted the strong influence of misinformation. Common themes included:

- autism/MMR myths
- concerns about rapid COVID vaccine development
- distrust fuelled through social media
- rumours spreading through peer networks

Community leads consistently observed that misinformation spreads socially, becomes reinforced within networks and is difficult to counter through formal messaging alone.

Community leads highlighted need for translated materials, interpreter support, culturally relevant communication and difficulty understanding NHS systems and terminology. Participants also reported uncertainty about vaccine ingredients, cultural and religious considerations and a general preference for information delivered by people from their own communities.

Digital exclusion emerged particularly strongly in South Derbyshire CVS and Bolsover. Community leads described difficulties with NHS apps, online booking systems, digital literacy and accessing information online. This particularly affected older adults, rural communities and socially isolated residents.

Practical access barriers were consistently raised across all projects, that include, lack of transport, rural isolation, cost of travel, difficulty accessing appointments and inconvenient timing.

The Bureau report particularly emphasised wider determinants of health as important barriers including, poverty and financial pressures, damp housing and poor living conditions and general feelings of service fatigue. Community leads stressed that health engagement cannot be separated from wider life stressors.

Influences

Across all four reports, the most influential factor was trusted people within existing networks. Such as community champions, family, friends, local group, cultural and religious leaders. Community leads repeatedly observed that, people were more willing to listen to someone they knew, someone with shared experience and someone perceived as “one of us”.

Influence was strongly linked to existing relationships and familiar spaces, specifically, where conversations happened and who facilitated them.

The Bureau report showed that cafés, community centres and creative groups created conditions where people felt safe enough to discuss health concerns openly. The Links CVS report found that family and community opinions significantly influenced decision-making.

Community leads noted that vaccination attitudes spread socially, concerns are reinforced collectively and trust and mistrust circulate through relationships and social networks.

Suggestions

Across all reports some clear and practical actions can be identified.

Action	**Detail**	**Rationale**
Deliver engagement through trusted community spaces.	Community leads strongly recommended community centres, cafés, faith settings, cultural organisations, warm spaces and youth groups as primary delivery sites.	The reports repeatedly stress that health engagement works best when embedded in everyday community life.
Use trusted community champions.	All four reports support expanding peer-led engagement, community champion models and trusted and recognised local voices.	Champions were seen as effective because they reduce defensiveness, normalise conversation and bridge gaps between communities and services.
Improve communication and information.	Community leads called for simpler messaging, transparent information, myth-busting, clear explanations about side effects and contents and culturally appropriate language.	Recommendations consistently included translated materials, interpreter support and visual and verbal formats.
Create safe spaces for two-way dialogue.	This was seen as more effective than one-way information campaigns and purely digital communication.	A major recommendation across reports is that people need opportunities to ask questions, discuss concerns safely and explore uncertainty without judgement.
Increase community-based access.	Community leads recommended more local clinics, flexible appointment options, walk-in services and delivery through familiar settings.	Access improvements were repeatedly linked to convenience, trust and visibility
Invest long-term in relationships.	The strongest cross-cutting recommendation was the power of sustained engagement, long-term presence and ongoing relationship-building.	Community leads repeatedly stressed trust cannot be built quickly, co-production takes time and communities need continuity. The Bureau report was especially clear

		that co-production cannot be assumed as a starting point and must emerge gradually through trust and consistency.

The feedback from community leads across all four reports shows that vaccination confidence is shaped less by isolated health messages and more by people's broader experiences of trust, inclusion, and connection. Community leads consistently identified that trusted relationships matter more than formal campaigns and informal conversation is more effective than instruction. Communities want involvement, not persuasion. Health engagement works best when integrated into everyday community life.

Ripple Effects: a focus on Derbyshire

The reports provide a good picture, but the Ripple Effects Mapping revealed that the most significant impacts of the vaccination engagement work extended beyond vaccine knowledge or uptake alone. The process created wider ripple effects including increased trust, stronger community relationships, reduced stigma, growing confidence among community leaders, ongoing peer-to-peer conversations, and greater community participation in health dialogue.

The Bureau (Gamesley)

In Gamesley, the REM data strongly reinforces that the project's biggest achievement was not vaccine messaging itself it was creating conditions for trust and engagement. This deepens the report's conclusion that relationship-building had to precede formal co-production.

"This was not disengagement, but a form of caution."

The formal report describes trust-building conceptually. REM shows how trust translated into ongoing activity, how engagement expanded into wider community action and how participation evolved organically. The ripple effects extended beyond vaccination into neighbourhood ownership, local organising, environmental/community activity and stronger local connections. Engagement around vaccination indirectly strengthened community participation and neighbourhood connection.

The REM reveals that creative engagement strengthened community cohesion, generated new energy and collaboration and created momentum for future activity. The report describes banner-making and creative activity as engagement tools. REM demonstrates that these activities became community infrastructure, relationship catalysts and foundations for wider participation.

The project shifted local perceptions about participation itself. The REM suggests that residents became more willing to engage and began participating in wider local conversations, that they felt safer entering community spaces with a much deeper social outcome than the formal report captures explicitly.

The Bureau / Gamesley		
Outcome	**Primary Ripple**	**Secondary Ripple**
Increased participation.	People were engaged in creative activities and conversations.	Residents became more willing to participate in local events, neighbourhood action, shared activities and future engagement opportunities.
Improved mental well-being.	Arts and community activity brought people together.	People coming together reduced loneliness, increased belonging and improved emotional wellbeing.
Increased openness towards engagement with the NHS.	Trust building through informal engagement.	Reduced fear or avoidance of services, greater willingness to speak with professionals and improved future engagement potential.
Strengthened community infrastructure.	Creative workshops and gatherings.	Stronger local networks, increased collaboration and sustained community organising capacity.

Bolsover / Community Trusted Voices

In Bolsover, it became clear through the REM that conversations themselves are an important outcome. The Bolsover REM repeatedly references friendly chats, loneliness, ongoing conversations and relationship-building. This suggests that the engagement created social connection as well as vaccine dialogue. The act of stopping to talk, mattered in itself.

"Friendly chat - people are often lonely and often enjoy talking."

The formal report primarily focuses on survey findings, the role of misinformation and uptake patterns. The REM suggests that there are additional emotional and relational impacts such as the value of human contact and the importance of being listened to.

The approach to community engagement evolved and adapted over time and across phases of funding. With adaption of engagement methods building on learning from previous rounds. Showing iterative learning, reflective practice and more careful engagement design. The REM shows how practitioners learned and changed in response to community feedback.

Ripple effects included systems relationships and strategic influence with discussions with Primary Care Networks (PCNs), feedback into meetings and active support from business managers and community partners. This indicated wider systems ripple effects, by increased cross-sector dialogue, greater legitimacy for community voice and community engagement influencing operational conversations.

Bolsover /Community Trusted Voices		
Outcome	**Primary Ripple**	**Secondary Ripple**
Reduced social isolation through engagement activity	Vaccine conversations	Increased social contact, people feeling listened to, emotional support through conversation.
Increased confidence discussing health generally	Vaccine conversations	More willingness to ask questions, seek information, discuss health concerns, challenge misinformation.
Improved legitimacy of community voice	Feedback gathered through engagement	Community concerns fed into PCN discussions, service conversations and strategic meetings.
Greater practitioner learning and ability to adapt	Community engagement activity	Improved understanding among practitioners of misinformation, digital exclusion, local access barriers and communication gaps.

South Derbyshire CVS

One of the strongest REM themes across all projects is evident in the REM for South Derbyshire CVS, that community leaders became trusted health voices beyond vaccination. The REM repeatedly references leads becoming trusted voices, conversations about other health issues, further training undertaken by leads and champions continuing conversations.

"Leads have become trusted voices."

The formal report describes improved confidence, but the REM shows changes in how people identify themselves, community leadership development and long-term capacity-building. Champions moved from trained participants to ongoing trusted community assets.

The training triggered wider community health conversations. The REM shows that vaccination discussions became entry points into other health topics, support signposting and broader wellbeing conversations. This is a significant ripple effect not fully explored in the written report. The process appears to have normalised health discussion, reduced stigma and increased openness around healthcare engagement more generally.

Informal engagement reached previously excluded groups, with examples such as “we could talk to people we could not before”, “engaged communities that previously couldn’t”.

The REM surfaced growing awareness among leads about TikTok influence, younger people’s strong views and the need for targeted youth engagement, this insight is more forward-looking than the formal report.

South Derbyshire CVS		
Outcome	**Primary Ripple**	**Secondary Ripple**
Longer term community health leadership	Vaccine champion training	Leaders becoming trusted community health advocates with conversations continued beyond the project.
Increased community confidence engaging with healthcare systems.	Vaccine myth-busting and support	More willingness to speak to GPs, access services, ask questions, seek preventative care.
Ripple spread through peer and family networks	Direct champions conversations	Information spreading informally through families, friend groups and social networks.
Increased organisational confidence in community-led models	Successful engagement activity	More confidence among system partners in the ability of the VCSE to deliver, the idea of ‘champion’ models and relational approaches.

Links CVS – BME Communities

That communities felt heard and represented is one of the clearest REM findings for Links CVS. For example, multilingual engagement made people feel heard, underserved communities felt visible and the act of participation itself mattered.

“Groups felt heard.”

The report focuses on surveys, barriers and awareness sessions, but the REM shows emotional and relational impacts of inclusion and the importance of voice and recognition.

The REM repeatedly references continuation of feedback loops, ongoing conversations and sharing information through networks that demonstrates the project did not end with the session itself. Information sharing and discussion continued through families, communities, cultural groups and informal networks.

REM reinforces that trust and culturally appropriate engagement mattered more than information alone with examples of language accessibility, cultural relevance and trusted messengers. These were central to participation and confidence.

Links CVS / BME Communities		
Outcome	**Primary Ripple**	**Secondary Ripple**
Strengthened visibility and inclusion of BME communities	Culturally tailored engagement	Communities feeling recognised, represented and included.
Increased community capacity for future health communication	Training vaccination champions	Creation of trusted local communication pathways and informal health communication networks.
More intergenerational and family conversations	Awareness sessions	Vaccine conversations continuing in homes, extended family networks and community groups.
Greater confidence navigating health systems	Increased understanding of vaccines	Improved confidence in accessing appointments, understanding eligibility, seeking information and communicating with services.

5.2 Derby City

Overview of the approach taken in Derby City.

Derby Health Inequalities Partnership – Via Community Action Derby
Through this programme, eight community groups designed and delivered engagement activities, including workshops, focus groups and informal discussions. These activities created safe spaces for individuals to share their experiences, ask questions and discuss their views on vaccinations, including COVID-19, Flu, RSV and wider life-course immunisations, particularly where uptake is lower across underserved communities.

The project sought to:

- Listen to community experiences and identify barriers to accessing vaccinations, including issues around trust, misinformation and access.
- Build understanding of how services can be improved to meet the needs of diverse groups, particularly ethnic minority communities, people living in deprived areas, young people and pregnant women.
- Strengthen relationships between health services and community organisations that already have trusted links within local communities.
- Encourage open, culturally sensitive and stigma-free discussions around vaccination to improve confidence and uptake.

By working through trusted local organisations, the programme aimed to gather insights that will help shape how vaccination information is communicated and delivered across Derby, ensuring that services are inclusive, accessible and reflective of the city's diverse communities, while supporting longer-term approaches to reducing health inequalities.

Data provided by Derby City projects on the number of trained leads, events, attendees, demographics, and engagement formats.

Engagement formats, co-designed resources, and vaccination outcomes

Derby Health Inequalities Partnership (DHIP) worked with 9 different community organisations using a variety of different bespoke approaches. The organisations involved were:

- Aapni Welfare Society
- Central Education & Training (CET)
- Sahahra
- Indian Community Centre

- Kelsey Family CIC
- Ikhlas Education Centre
- The Nsibidi Project
- Derby Asian Women Network
- The Hadhari Project

In reviewing the project report it is evident that across all organisations, engagement was highly varied but consistently community-based and relational.

Approaches in more detail include:

Engagement worked best when it was embedded in existing community relationships rather than delivered as a standalone "health intervention."

Workshops both structured and informal were used widely across the community groups. These included presentations, Q&A, and facilitated discussions. Small group discussions and focus groups enabled deeper, more personalised conversations. Informal conversational and one to one engagement sessions played a useful role in reducing stigma and encouraging openness, especially with marginalised groups or those who have experienced trauma. Community events & embedded engagement enabled integration into existing activities like wellbeing events or parenting groups. Digital engagement, was used to extend and diversify reach, including social media and WhatsApp. Faith/community venue-based sessions such as in mosques, churches, community centres and recovery hubs were successful in creating safe and familiar spaces for people to engage.

Key characteristics of effective formats

The most successful formats shared a number of key features:

- Delivered in trusted, familiar settings
- Conversational and non-judgemental tone
- Allowed open Q&A and discussion
- Peer or community-led
- Supported by interpreters or multilingual delivery
- Flexible (drop-ins, informal sessions, integrated into existing activities)

Vaccination outcomes

Data around increased uptake of vaccinations wasn't available from the report but there are a number of useful indicators for contribution towards increased vaccination outcomes that can be pulled out.

Across all groups there is indication from the reporting on:

- Increased understanding of vaccines
- Improved confidence
- Reduced misinformation
- Greater willingness to consider vaccination

For example, CET describe a “clear and positive shift in attitudes”. Kelsey Family CIC refer to a shift from resistance to curiosity, Derby Asian Women’s Network refer to an increase in confidence around vaccinations in later sessions and Hadhari, described people becoming more open to considering vaccinations.

Whilst immediate uptake is not indicated, there is some evidence of a shift in intention with people being, ‘more likely to consider’, ‘planning to check eligibility’, and ‘thinking about booking’. This presents a subtle shift from refusal to delayed decision making.

Across the report, there are some observable differences in how different groups shifted their position through the community engagement. Older adults, generally started from a more open position but articulated emerging doubts. Working age adults, had less priority for vaccination showing more delay than refusal. Some of the biggest shifts were described as part of the work with marginalised communities, especially where trust was low initially.

Feedback from community leads

As with Derbyshire, the reports were also reviewed specifically to pull out feedback from community leads that relate to *attitudes, barriers, influences and specific suggestions*.

Attitudes

Community leads consistently surfaced that most participants were not strongly anti-vaccine and instead, attitudes sat on a spectrum:

- Confident (often older adults or those with healthcare trust)
- Uncertain / hesitant (largest group)
- Sceptical or mistrustful (smaller but significant group)

Key patterns in attitudes include vaccination seen as routine and accepted (especially historically, e.g. childhood vaccines) but post-COVID there is greater scepticism. People describe common emotional responses such as:

- Anxiety (around side effects and long-term impact)
- Confusion (changing guidance, new vaccines like RSV)
- Caution rather than refusal

Barriers

Community leads highlighted interconnected informational, cultural / language and systemic barriers.

A lack of clear, simple explanations was described with overly clinical or complex language and limited translated materials causing confusion about, eligibility, purpose of different vaccines, side effects and interactions.

Language and literacy were visible as barriers across multiple groups particularly the reliance on verbal communication and family members used to interpret.

The system itself was seen as creating barriers with difficulty booking appointments, understanding NHS systems and knowing where to go. Digital exclusion was a notable barrier to access along with inconvenient appointment times, transport and mobility challenges and a lack of local, community-based provision.

Trust along with psychological and social barriers was a consistent issue. With a mistrust in healthcare systems, pharmaceutical companies, previous poor healthcare experiences and a perception of reduced communication post-COVID. People talk of a fear of side effects, impact on existing conditions, stigma and anxiety and influence from families and social networks.

Influences

Community leads consistently identified who and what shapes decisions.

What	**How**
Trusted individuals	• GPs and healthcare professionals (when trusted) • Community connectors and facilitators • Peers and people with lived experience
Social and community networks	• Family • Friends • Community groups
Misinformation	• Social media • WhatsApp • Word-of-mouth
Cultural and religious context	• Faith leaders • Congregations and gatherings • Culturally aware communication
Personal relevance	People are more likely to vaccinate if • They feel at risk • It protects family • Required for travel/work

Suggestions

Community leads and participants proposed some clear, practical improvements:

- **Bring services into communities:** Deliver vaccines in, community centres, faith settings and familiar local venues. Increase walk-in clinics and flexible hours.

- **Improve communication:** Use simple, non-clinical language, provide verbal explanations and visual materials. Ensure consistency of messaging and clarity on eligibility and purpose.

- **Expand multilingual support**: using translated materials, interpreters (not family members) and bilingual staff.

- **Provide opportunities for discussion**: using safe and familiar spaces to ask questions, explore concerns and through ongoing workshops and conversations.

- **Use trusted messengers**: such as community leaders, peer advocates and people with lived experience.

- **Strengthen healthcare engagement**: by introducing more proactive communication from GPs, direct encouragement and follow-up, opportunities to speak with professionals.

- **Make vaccination more convenient**: by aligning vaccines (e.g. flu + COVID together), offer through routine appointments and provide booking support.

Ripple Effects – a focus on Derby

REM findings from Derby suggest that the engagement process generated impacts far beyond increased vaccine awareness alone.

"People felt heard."

In the REM workshop with the groups working as part of DHIP, the value of safe spaces to reduce stigma and increase openness was repeatedly referenced as a successful way to increase confidence in asking questions and helping people to feel heard.

The report generally discusses confidence, and the REM reveals the importance of emotional safety, reduced judgement and permission to discuss concerns openly as key to increasing confidence. Themes such as self-advocacy, increased confidence accessing services and increased communication skills suggests that participants became more active and empowered in navigating healthcare as a result of their involvement.

The REM identifies participants sharing learning with family, increased conversations and references to, "word of mouth" and the role of personal networks spreading information. This suggests vaccination engagement spread organically through trusted relationships.

Systems learning also emerged with some significance through the REM with themes around silo working, the need for more place-based working, the importance of community professionals and the need to shift focus from outputs to place based community outcomes. This indicates the project creating opportunities for systems reflection, institutional learning and changes in professional thinking.

Derby Health Inequalities Partnership (DHIP)		
Outcome	**Primary Ripple**	**Secondary Ripple**
Reduced stigma around discussing health concerns	Safe conversations about vaccination	Increased openness discussing healthcare, prevention worries and mistrust and accessing support.
Increased long-term confidence engaging with systems	Improved knowledge and advocacy confidence	Increased willingness to contact services, ask questions, challenge decisions and navigate systems independently.
Strengthened community confidence and agency	People participating in engagement activities	Communities feeling more visible, more listened to and more able to influence conversations.
Increased spread of trusted information through networks	Direct participant engagement	Ongoing spread of information through families, peers, friendship groups and community networks.
Greater recognition of lived experience within systems	Community feedback being surfaced.	Professionals and organisations hearing community realities differently, recognising barriers more clearly, understanding the importance of place-based approaches.
Increased confidence among community leaders and facilitators	Facilitating conversations and engagement	Community leaders becoming more skilled at facilitation, trusted voices, local connectors and advocates for their communities.
Stronger community relationships	Shared discussions and participation	Increased connection between participants, groups, facilitators and services.
Shift from 'service delivery' to 'shared ownership'	Collaborative engagement processes	Participants seeing themselves and acknowledged as contributors, partner and active participants in health improvement.

6. Impact of training – Derby and Derbyshire

The extent of pre and post training feedback captured was inconsistent which makes it difficult to draw any specific conclusions. But across all reports the RSPH Level 2 training is referenced and formed a core strand of enabling communities to engage in conversations about vaccinations.

Several reports suggest that, prior to training many champions had no previous experience discussing public health and some lacked confidence even where they personally supported vaccination. Individuals did not initially see themselves as "health messengers" but following training, participants increasingly initiated conversations naturally, shared information proactively, supported others to access services and were more comfortable challenging misinformation within their own networks. This shift is particularly visible in the South Derbyshire and Links CVS reports.

Reviewing information across all of the reports and with information captured in the REM it is evident that training trusted community members increased both confidence and capability to engage others in conversations about vaccination. Participants became more comfortable discussing vaccine-related concerns, more able to challenge misinformation, and more confident acting as trusted sources of information within their communities. Confidence grew most where training was practical, relational and grounded in existing community relationships, enabling individuals to move from passive supporters to active local advocates for informed health decision-making.

7. Recommendations for action

Taken together, evaluation of the Derbyshire and Derby vaccination engagement projects suggests that effective public health engagement is fundamentally relational, community-rooted and place-based.

The projects demonstrate that improving vaccine confidence and supporting wider sensitive health conversations depends less on information campaigns alone and more on trusted relationships, safe spaces for dialogue, culturally responsive engagement and sustained investment in community capacity.

The findings support a strategic shift from short-term, transactional engagement models towards longer-term investment in community infrastructure, local leadership and relational prevention approaches. This offers an opportunity not only to improve vaccination confidence and uptake, but also to strengthen wider community resilience, participation and trust across a broad range of health inequalities priorities.

Recommendation	Indicators	Actions
1. Move from short-term campaign funding	The evaluation suggests that trust, confidence and community participation	This should include: • Multi-year commissioning where possible

to longer-term community infrastructure investment	develop gradually through sustained local relationships rather than short-term engagement activity. Strategic commissioning should therefore prioritise longer-term investment in trusted community organisations, local partnerships and community leadership infrastructure.	• Flexible funding models that allow local adaptation • Ongoing support for community infrastructure organisations and trusted networks • Recognition of relationship-building as a legitimate public health outcome
2. Commission for relationships, trust and participation	Traditional commissioning models focused primarily on outputs and activity volumes may not adequately capture the value generated through relational engagement approaches. Ripple Effects Mapping findings demonstrate that many of the most important outcomes are indirect, relational and developmental.	Future commissioning frameworks should include measures relating to: • Trust and confidence • Community participation • Safe spaces for dialogue • Community leadership and advocacy • Systems learning and partnership quality • Peer-to-peer information sharing and community diffusion
3. Develop a Community Health Champions model	The evaluation supports the value of trusted community leaders and champions in supporting sensitive community and public health conversations.	The model should explicitly support conversations relating to: • Vaccination • Mental health • Sexual health • Obesity and healthy weight • Cancer screening • Menopause • Wider prevention and wellbeing
4. Embed community engagement within place-based prevention approaches	The projects consistently demonstrated that engagement was most effective when rooted within existing community spaces, relationships and local ecosystems.	This should include stronger integration with: • Community centres • Faith and cultural organisations • Warm spaces • Libraries • VCSE networks • Youth settings • Informal social environments

5. Expand culturally responsive and multilingual engagement approaches	The evidence demonstrated the importance of culturally appropriate communication, accessible information and trusted messengers.	Future work should include: • Co-designed multilingual resources • Greater use of community languages • Visual and verbal communication methods • Community-led interpretation and translation support • Engagement approaches tailored to cultural context and lived experience
6. Invest in psychologically safe community spaces for health dialogue	Across all projects, safe and non-judgemental environments emerged as one of the most important conditions for successful engagement. This is particularly important for sensitive issues where stigma, fear or mistrust may reduce participation.	Future models should prioritise: • Informal conversational approaches • Dialogue rather than persuasion • Peer-led discussion • Creative and participatory engagement methods • Opportunities for questions, reflection and discussion
7. Recognise and resource the wider ripple effects of community engagement	The Ripple Effects Mapping workshops demonstrated that the projects generated wider impacts beyond vaccination alone. Future investment decisions should recognise these wider preventative and social value outcomes.	These could include: • Increased confidence and self-advocacy • Stronger community participation • Reduced stigma • Wider health conversations • Increased trust in services • Stronger community leadership • Improved systems understanding of lived experience
8. Strengthen feedback loops between communities and systems	The projects highlighted the importance of communities not simply receiving information but shaping engagement approaches and influencing system.	Future programmes should: • Build structured community feedback loops • Involve communities in co-design and decision-making

		• Share learning transparently with communities • Create mechanisms for community influence within strategic planning • Support ongoing dialogue between communities and statutory organisations
9. Build systems capability in relational and community-led engagement	The REM findings demonstrated that the work generated important systems learning around: • Trust • Silo working • Place-based practice • Community expertise • Relational public health approaches	Future development should include: • Training for system partners in relational engagement approaches • Shared learning between VCSE and statutory partners • Greater recognition of lived experience and community expertise • Cross-sector collaboration around prevention and inequalities
10. Continue using Ripple Effects Mapping as part of evaluation and learning	The REM process surfaced important outcomes that were not fully visible through traditional reporting methods. This included: • Secondary ripple effects • Community confidence and empowerment • Relationship-building • Systems learning • Peer-to-peer diffusion • Increased participation and belonging	Future programmes should continue to use participatory and reflective evaluation approaches such as REM to capture: • Relational outcomes • Community-led impacts • Emergent change • Wider prevention and social value

Appendix – Ripple Effects mapping and maps

Ripple Effects Mapping is a dynamic and appreciative participatory method to capture the wider impacts of systems change efforts from those directly involved. It is particularly useful when cause and effect is difficult to disentangle and to understand what changed that standard evaluation methods might miss.

It engages a range of stakeholders in gathering data in a workshop setting. To create a visual output of the activities and impacts along a timeline. In this case it helps to identify how the A&I funding and specific engagement approaches have contributed to broader impacts, positive and negative outcomes and areas for further focus and improvement or effort in relation to addressing access and inequality of vaccine uptake.

Two ripple effect mapping workshops were carried out. On was held with community leads in Chesterfield on April 21st and involved the four projects in Derbyshire and the second was held on April 22nd and involved the community leads across the projects that make up the Derby Health Inequalities Partnership.

Important to the REM process is to provide a structure and format for guidance but to allow participants to map their projects in ways that make sense to the work they have been doing locally. In line with the objectives of the community empowerment approach used by Joined Up Care Derbyshire, including the distribution of micro-grants and support for communities to lead their own initiatives, each map is unique and each group approached the task in slightly different ways.

Physical maps were created at each workshop. In Derbyshire each of the four projects created their own maps, and in Derby the group created two maps. Photographs of the original maps and versions created in PowerPoint are available in the appendix.
At each workshop, groups were first invited to agree a timeline, from a starting point for when they would map activities up to a point when activities were concluded. For most groups the starting point was around September / October 2025 when the funding window opened. The end point for most groups was March 2026.

Once the timeline was agreed each group were invited to respond to a series of prompt questions that were revealed one by one by the facilitators, using post it notes, arrows and other images and notes groups created their Ripple Effects Map. Prompt questions included:

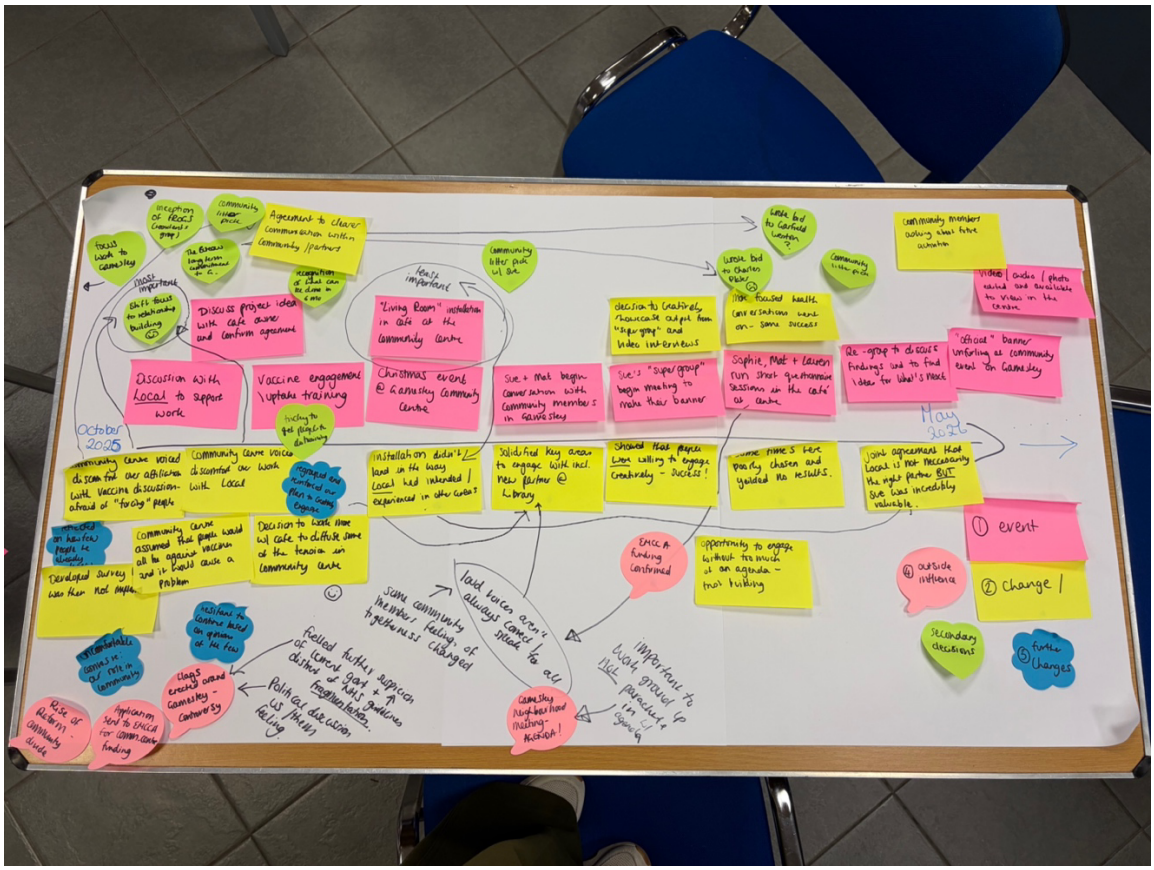
- What were the key activities?
- What happened (or changed) as a result of those activities?
- What did those changes then lead to?
- Who or what else might have contributed to these changes? How?
- What change was most important? What change was least important?

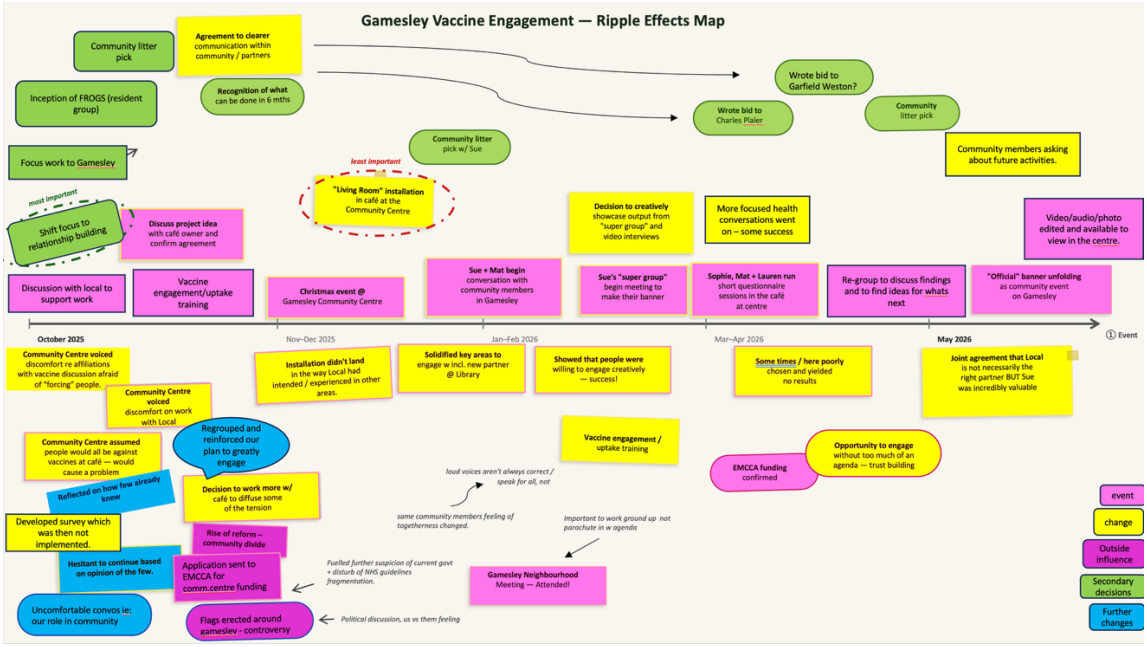
To draw out themes from across the ripple effects maps, data was extracted and coded against 5 headings that were consistent across each map:

1. Activities / events

2. Primary ripple
3. Secondary ripple
4. Outcomes
5. Challenges

The Bureau


Agreement to clearer communication within community /partners
Discuss project idea with café owner and confirm agreement
Discussion with Local to support work
Vaccine engagement/uptake training
"Living Room" installation in café at the Community Centre
Christmas event @ Gamesley Community Centre
Sue + Mat begin conversation with community members in Gamesley
Sue's "super group" begin meeting to make their banner
Decision to creatively showcase output from "super group" and video interviews
Sophie, Mat + Lauren run short questionnaire sessions in the café at centre
Re-group to discuss findings and to find ideas for what's next
"Official" banner unfolding as community event on Gamesley
Video/audio/photo edited and available to view in the centre.
Community members asking about future activities.
Wrote bid to Garfield Weston?
Wrote bid to Charles Plater
Community litter pick
Community litter pick w/ Sue
Focus work to Gamesley
Shift focus to relationship building
Installation didn't land in the way Local had intended / experienced in other areas.
Solidified key areas to engage w incl. new partner @ Library
Showed that people were willing to engage creatively — success!
Some times / here poorly chosen and yielded no results
Joint agreement that Local is not necessarily the right partner BUT Sue was incredibly valuable
Community Centre voiced discomfort re affiliations with vaccine discussion afraid of "forcing" people.
Community Centre voiced discomfort on work with Local
Regrouped and reinforced our plan to greatly engage
Community Centre assumed people would all be against vaccines at café — would cause a problem
Reflected on how few already knew
Developed survey which was then not implemented.
Hesitant to continue based on opinion of the few.
Uncomfortable convos ie: our role in community
Decision to work more w/ café to diffuse some of the tension
Rise of reform – community divide
Application sent to EMCCA for comm.centre funding
Flags erected around gamesley - controversy
Vaccine engagement / uptake training
EMCCA funding confirmed
Opportunity to engage without too much of an agenda — trust building
Gamesley Neighbourhood Meeting — Attended!
loud voices aren't always correct / speak for all, not
same community members feeling of togetherness changed.
Important to work ground up not parachute in w agenda
Fuelled further suspicion of current govt + disturb of NHS guidelines fragmentation.
Political discussion, us vs them feeling
October 2025
Nov–Dec 2025
Jan–Feb 2026
Mar–Apr 2026
May 2026
event
change
Outside influence
Secondary decisions
Further changes


Gamesley Vaccine Engagement — Ripple Effects Map
Community litter pick
Agreement to clearer communication within community / partners
Recognition of what can be done in 6 mths
Inception of FROGS (resident group)
Wrote bid to Garfield Weston?
Wrote bid to Charles Plater
Community litter pick
Community members asking about future activities.
Focus work to Gamesley
least important
Community litter pick w/ Sue
most important
Shift focus to relationship building
"Living Room" installation in café at the Community Centre
Discuss project idea with café owner and confirm agreement
Decision to creatively showcase output from "super group" and video interviews
More focused health conversations went on – some success
Video/audio/photo edited and available to view in the centre.
Discussion with local to support work
Vaccine engagement/uptake training
Christmas event @ Gamesley Community Centre
Sue + Mat begin conversation with community members in Gamesley
Sue's "super group" begin meeting to make their banner
Sophie, Mat + Lauren run short questionnaire sessions in the café at centre
Re-group to discuss findings and to find ideas for whats next
"Official" banner unfolding as community event on Gamesley
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Event
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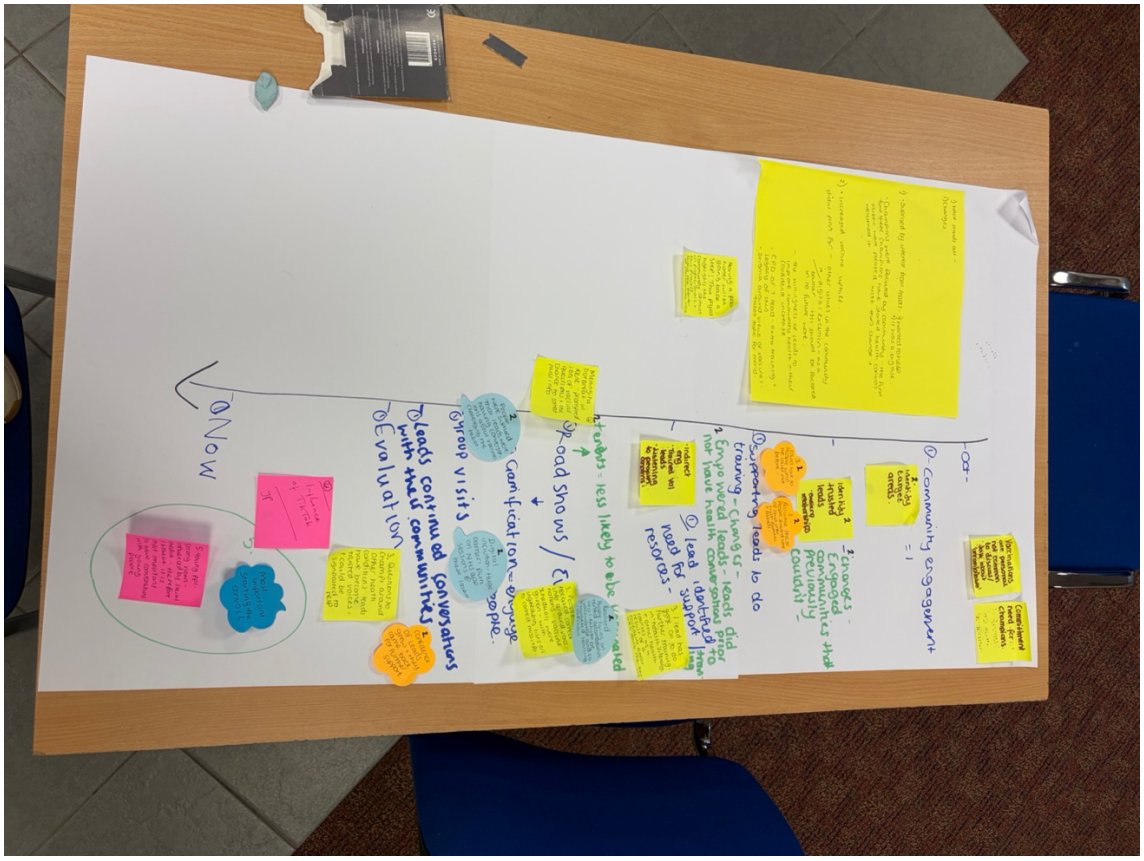
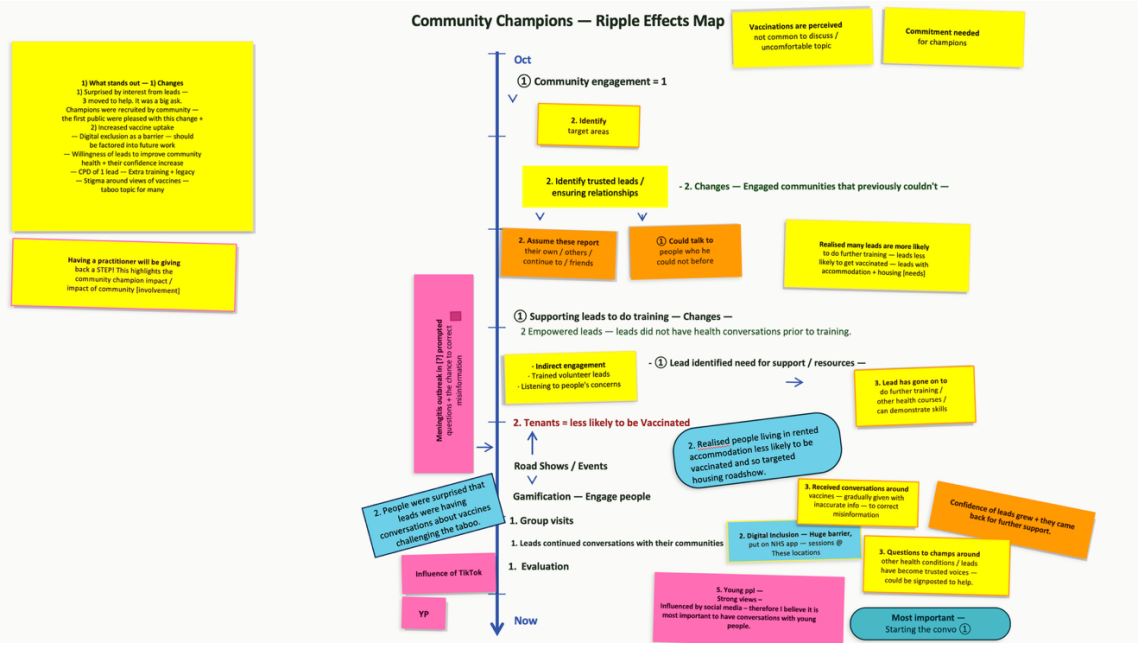
Important to work ground up not parachute in w agenda
Fuelled further suspicion of current govt + disturb of NHS guidelines fragmentation.
Gamesley Neighbourhood Meeting — Attended!
Political discussion, us vs them feeling
event
change
Outside influence
Secondary decisions
Further changes

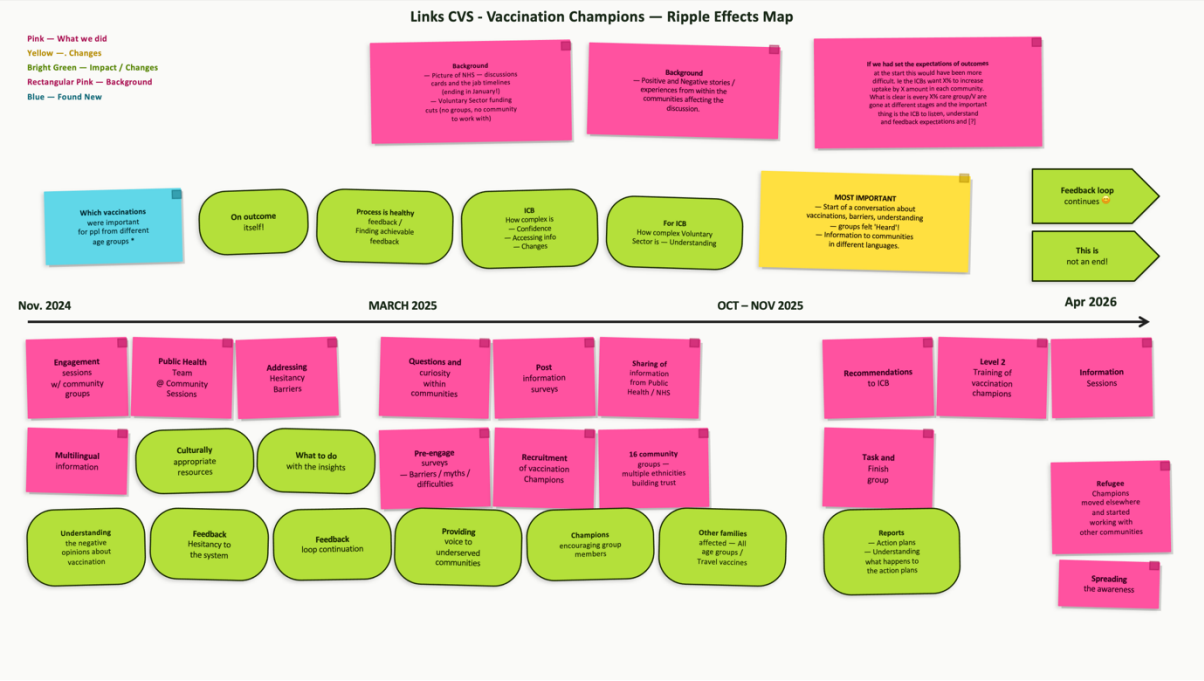
South Derbyshire



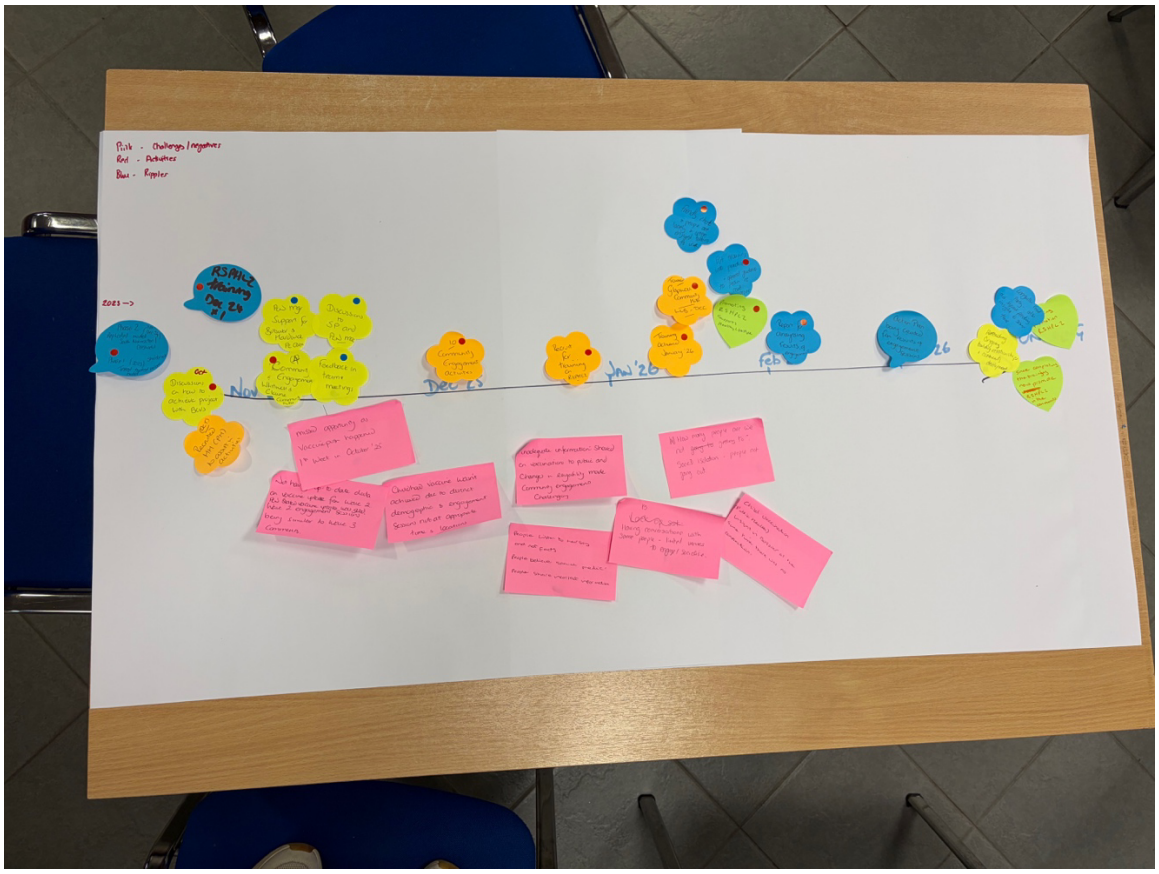


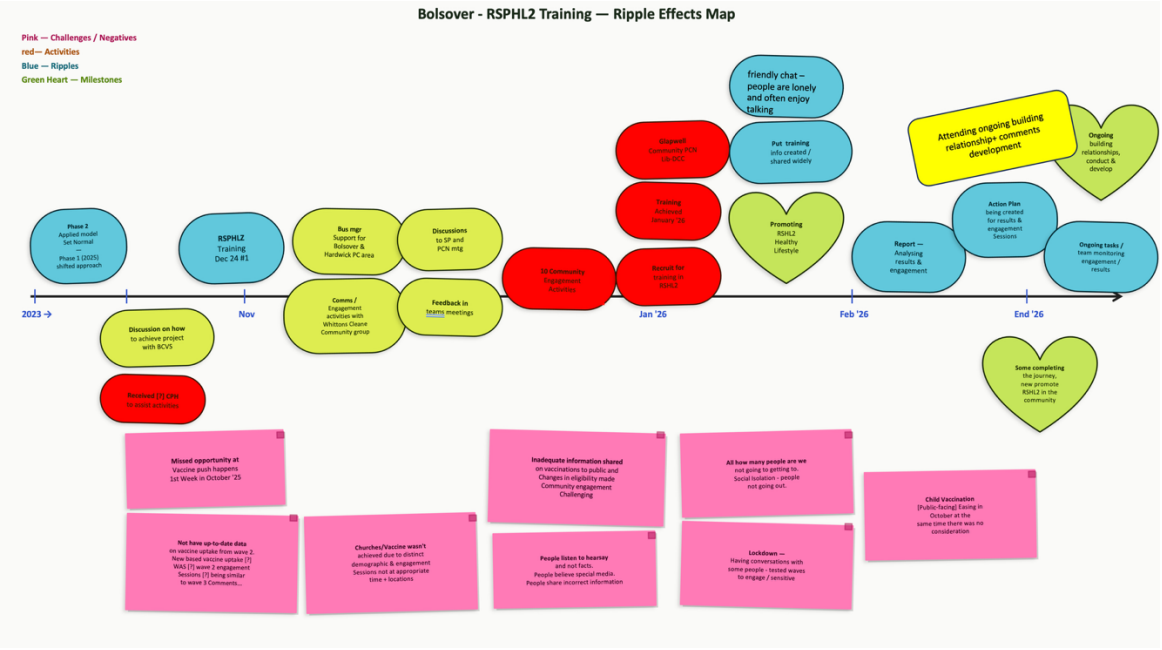
Links CVS


Nov. 2024
MARCH 2025
OCT – NOV 2025
Apr 2026
Engagement Sessions w/ community groups
Public Health Team @ Community Sessions
Addressing Hesitancy Barriers
Questions and curiosity within communities
Post information surveys
Sharing of information from Public Health / NHS
Recommendations to ICB
Level 2 Training of vaccination champions
Information Sessions
Feedback loop continues
This is not an end!

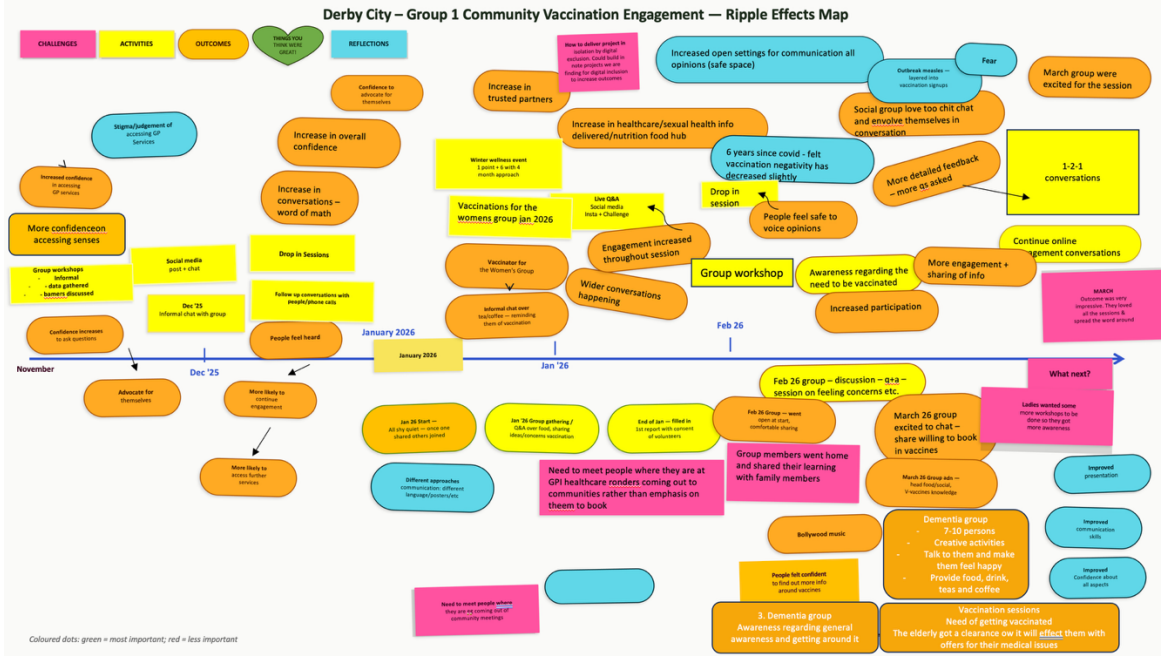

Links CVS - Vaccination Champions — Ripple Effects Map
Pink — What we did
Yellow —. Changes
Bright Green — Impact / Changes
Rectangular Pink — Background
Blue — Found New
Background — Picture of NHS — discussions cards and the jab timelines (ending in January!) — Voluntary Sector funding cuts (no groups, no community to work with)
Background — Positive and Negative stories / experiences from within the communities affecting the discussion.
If we had set the expectations of outcomes at the start this would have been more difficult, ie the ICBs want X% to increase uptake by X amount in each community. What is clear is every X% care group/V are gone at different stages and the important thing is the ICB to listen, understand and feedback expectations and [?]
Which vaccinations were important for ppl from different age groups *
On outcome itself!
Process is healthy feedback / Finding achievable feedback
ICB How complex is — Confidence — Accessing info — Changes
For ICB How complex Voluntary Sector is — Understanding
MOST IMPORTANT — Start of a conversation about vaccinations, barriers, understanding — groups felt 'Heard'! — Information to communities in different languages.
Feedback loop continues
This is not an end!
Nov. 2024
MARCH 2025
OCT – NOV 2025
Apr 2026
Engagement sessions w/ community groups
Public Health Team @ Community Sessions
Addressing Hesitancy Barriers
Questions and curiosity within communities
Post information surveys
Sharing of information from Public Health / NHS
Recommendations to ICB
Level 2 Training of vaccination champions
Information Sessions
Multilingual information
Culturally appropriate resources
What to do with the insights
Pre-engage surveys — Barriers / myths / difficulties
Recruitment of vaccination Champions
16 community groups — multiple ethnicities building trust
Task and Finish group
Refugee Champions moved elsewhere and started working with other communities
Understanding the negative opinions about vaccination
Feedback Hesitancy to the system
Feedback loop continuation
Providing voice to underserved communities
Champions encouraging group members
Other families affected — All age groups / Travel vaccines
Reports — Action plans — Understanding what happens to the action plans
Spreading the awareness

Bolsover


Pink - Challenges / negatives
Red - Activities
Blue - Ripples
RSPHL2 Training Dec 24 #1
Nov
Dec '25
Jan '26
Feb
Missed opportunity at Vaccine push happens 1st Week in October '25
Inadequate information shared on vaccinations to public and Changes in eligibility made Community engagement Challenging
People listen to hearsay and not facts. People believe special media. People share incorrect information


Bolsover - RSPHL2 Training — Ripple Effects Map
Pink — Challenges / Negatives
red— Activities
Blue — Ripples
Green Heart — Milestones
friendly chat – people are lonely and often enjoy talking
Attending ongoing building relationship+ comments development
Ongoing building relationships, conduct & develop
Glapwell Community PCN Lib-DCC
Put training info created / shared widely
Training Achieved January '26
Promoting RSHL2 Healthy Lifestyle
Action Plan being created for results & engagement Sessions
Report – Analysing results & engagement
Ongoing tasks / team monitoring engagement / results
Phase 2 Applied model Set Normal – Phase 1 (2025) shifted approach
RSPHL2 Training Dec 24 #1
Bus mgr Support for Bolsover & Hardwick PC area
Discussions to SP and PCN mtg
Comms / Engagement activities with Whittons Cleane Community group
Feedback in teams meetings
10 Community Engagement Activities
Recruit for training in RSHL2
2023 →
Nov
Jan '26
Feb '26
End '26
Discussion on how to achieve project with BCVS
Received [?] CFH to assist activities
Some completing the journey, new promote RSHL2 in the community
Missed opportunity at Vaccine push happens 1st Week in October '25
Not have up-to-date data on vaccine uptake from wave 2. New based vaccine uptake [?] WAS [?] wave 2 engagement Sessions [?] being similar to wave 3 Comments...
Churches/Vaccine wasn't achieved due to distinct demographic & engagement Sessions not at appropriate time + locations
Inadequate information shared on vaccinations to public and Changes in eligibility made Community engagement Challenging
People listen to hearsay and not facts. People believe special media. People share incorrect information
All how many people are we not going to getting to Social isolation - people not going out.
Lockdown – Having conversations with some people - tested waves to engage / sensitive
Child Vaccination [Public-facing] Easing in October at the same time there was no consideration

Derby Health Inequalities Partnership - **Group 1**



Derby health Inequalities Partnership - Group 2