NHS England and NHS Improvement

Behaviour Change Unit, in partnership with PHE and Warwick Business School

Optimising Vaccination Roll Out - Dos and Don’ts for all messaging, documents and “communications” in the widest sense

December 2020

Who is this pack for?

Anyone who communicates, in the widest sense, on the vaccination roll out.

- Whether you are producing a media campaign, a letter to system leaders or a Standard Operating Procedure (SOP) for frontline managers or clinicians, account of these **Behavioural Insights will help with the impact of your document**
- It will also **enable you to help the wider vaccination programme** within your specific area of work

Weaving these insights into letters and guidelines will have two positive impacts

1. The people reading them will be **more widely reassured and more keen and willing to do what you are asking of them**
2. It will remind the readers of their role in sharing these important messages more widely, thereby **supporting others on the frontline and increased take up** of the vaccine across the population

Identifying your audience cohort

- This pack focusses on high priority population cohorts, key to successful roll out and take up. These are
  - System Leaders, Manager and Coordinators
  - Health and Care Workers (Immunisers)
  - Care Home Residents
  - Over 65s
  - Health and Care Workers (Recipients)
  - Young People
- In many cases, your document/ message will have one of these cohorts as the primary audience, e.g. guidance or a welcome pack for immunisers (Cohort: *Health and Care Workers (Immunisers)*). **Weaving the relevant insights in to your message will reassure your audience and enhance your impact**.
- In other cases, the primary audience will be different but the “end” or “effected” audience will be one of these cohorts, e.g. for a guide to ICS leaders on mobilising immunisers, the end audience is *Health and Care Workers (Immunisers).* For a letter to GP practices supporting roll out in care homes, the end audience is *Care Home Residents.*
  - I.e. a letter or SOP to primary and community care (or their commissioners/ managers), on supporting roll out in care homes, can **help to deliver take up by residents by nudging the primary audience to include reassurance** in the model and messages employed with the care home and it’s residents. So, your primary audience may be ICS leaders or local system managers but your “end audience” includes care home staff and residents

Why does this matter? The Behavioural Challenge

- **We need about 80% coverage for the vaccination programme to be successful (achieve herd immunity) [1]**
- **Current research suggests that as few as 57% of UK adults would be vaccinated, with variations within demographics [2]**
- **Between 27- 33% are vaccine conditional or undecided [2, 3]**
- **Clinicians will have the vaccine but need more information on efficacy and safety before they do [4]**

It is crucial the first phase is successful as it will impact on the behaviours and uptake of future phases

We need to convert 2 in every three of the undecided and protect those who are already willing

This will take more than logistics and simple messaging

A behavioural approach can enhance impact as part of the programme

References

1. The Royal Society COVID-19 vaccine deployment. Behaviour, ethics, misinformation and policy strategies. Oct 2020
2. Kantar. Achieving Herd Immunity – Key findings from a Discrete Choice Experiment on COVID-19 Vaccination
3. Neumann-Bohme. Once we have it, will we use it? A European survey on willingness to be vaccinated against Covid-19
4. Progressive. Scottish Government COVID-19 Vaccination Research

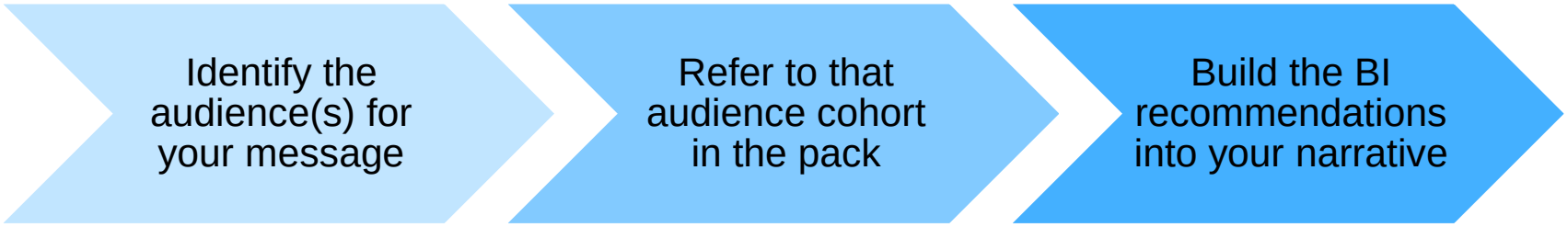
How to use this pack

By using this pack you will help to make your message:

- More compelling
- Simpler to adopt and follow
- Support the wider vaccine rollout programme

By incorporating these messages into guidance, letters and other communications, overall impact of the vaccination programme and the wellbeing of the frontline will be supported.

Whether your message is conveyed in a Standard Operating Procedure (SOP), letter, guide or poster, to clinicians, managers, leaders or the general public, working through the quick Behavioural Insight (BI) process below can significantly enhance the impact and success of your work.



Additional Support

For more detail and support on the content of this pack, plus any additional advice on optimising your message and its impact, please contact the NHSEI Behaviour Change Unit:

england.covid-sustainablehealth@nhs.net

Cohort – Systems Leaders, Managers and Coordinators

Do	Don't	Messages/ actions that will land well	Delivery Route	Behavioural Insight supporting this advice (MINDSPACE framework*)
Clearly **communicate the reason for the vaccination programme** and why we are rolling it out at pace	Don't underplay or leave unsaid the enormity of the task (acknowledge it and focus on the benefits and why it matters so much)	"We know this is a challenging task and there are 4 reasons why we are asking you to lead the vaccination programme: 1. To achieve population immunity and eradicate the virus 2. To enable the health service and people to return to normal 3. To support staff in providing usual care and reduce waiting lists. 4. To protect yourself and other others"	**Weaved into guidelines** (all letters and documents that advise, recommend or mandate practice, including protocols). **Digital media** (internet, email, social media, apps, texts).	SALIENCE: our behaviour is influenced by what our attention is drawn to, what is novel, what seems relevant to us and to our personal experiences, and what we can understand (keep it simple). EGO: we act in ways that make us feel better about ourselves and support the impression of a positive and consistent self-image.
Be direct about **what the roll out needs** to achieve to be successful (*what's the goal?*) and **provide signposting to clear and simple guidance** on putting in place the infrastructure to deliver the programme (*how will I do this?*)	Don't suggest vague non-specific goals Don't assume leaders will know what to do – don't allow ambiguity when a necessary task can be described clearly	"We need between 54-95% uptake, which is higher than the traditional flu vaccination programme. We need to target those in the highest risk groups first. We need individuals to come back for a second dose (where indicated per vaccine)."	**Weaved into guidelines** (all letters and documents that advise, recommend or mandate practice, including protocols). **Digital media** (internet, email, social media, apps, texts).	COMMITMENT: we seek to be consistent with our public promises, and reciprocate acts. EGO: we act in ways that make us feel better about ourselves and support the impression of a positive and consistent self-image. DEFAULTS: we go with the flow of pre-set options and regularly accept what the easy default setting is
Provide access to credible information about the vaccine (*what do we know about the vaccine?*). Systems leaders will want to able to articulate the basics. **Empower leaders with clear messages** so they can speak as champions within the system (CEOs, Medical and Nursing Directors, etc)	Don't assume leaders will know what to say, provide the headlines	Provide a resource for system and programme leaders – giving all the required information about the vaccine (efficacy and safety, side effects, administration regime), "This is to help you to communicate openly with immunisers and the population, and gain trust" "Use our 'Dos and Don'ts for audience cohort messaging' to help make your message compelling and simple to follow"	**Weaved into guidelines** (all letters and documents that advise, recommend or mandate practice, including protocols). **Digital media** (internet, email, social media, apps, texts).	NORMS: we are strongly influenced by what others do and norms should be related to the target audience as much as possible. MESSENGER: we are heavily influenced by who communicates information to us – we automatically defer to formal sources of authority, and we are affected by people-like-us and by the feelings we have for the messenger.

*MINDSPACE – see slide 17

Cohort – Health and Care Workers (Immunisers)

Do	Don't	Messages/ actions that will land well	Delivery Route	Behavioural Insight supporting this advice (MINDSPACE framework*)
Repeatedly **reassure that training needs will be catered for**, for all immunisers and across all levels and that there will be an ongoing and clear route for advice if individuals need help or are concerned.	Don't assume all clinician volunteers will have current skills for administering the vaccine.	Set up local online/social media support group and network of immunisers where experiences can be shared.	**Weaved into guidelines** (all letters and documents that advise, recommend or mandate practice, including protocols). **Digital media** (internet, email, social media, apps, texts).	NORMS: a support group adds significant value as we are strongly influenced by what others do particularly those in similar circumstances to us
Create a sense of community, and underline the significant value in the impact of volunteering to be an immuniser	Don't create a sense of obligation.	Reassure that we understand personal, ethical, cultural or religious reasons for not wanting to be an immuniser.	**Weaved into guidelines**, e.g on logistics,protocols, planning and delivery **Workforce comms via Digital media** (internet, email, social media, apps, texts); **Face-to-face** (hospitals, primary care).	SALIENCE: our behaviour is influenced by what our attention is drawn to – if we draw attention to the positive components of being a volunteer, we will reassure those keen to come forwards
Alongside training, set up and, in relevant documents and comms, consistently **link to a dedicated resource for immunisers**, such as a website – providing all the required information about the vaccine they are being asked to administer (e.g. content of vaccines (porcine/ egg, etc), duration of immunity, side effects, etc	Don't miss opportunities to highlight resource packages, including in indirect but associated documents	We created a website resource for immunisers – giving all the required information about the vaccine you are being asked to administer, which will help to communicate openly with patients and gain trust.	**Weave links, and reminders to promote, into guidelines** e.g on planning, mobilisation and delivery and also documents that include protocols **Digital media** (internet, email, social media, apps, texts).	SALIENCE: Empowered, informed and well-trained staff are more engaged, willing and productive, including at instilling confidence in their patients.
Ensure any guides and messages supporting recruiting volunteers also focusses on **retaining immunisers**. This should emphasise 'Immuniser' is a recognised and accredited role, and is key to getting the nation 'back to normal', thus creating a sense of pride and of feeling valued and appreciated.	Don't make onerous the task of being accredited/ recognised	"Immunisers are the latest 'NHS Heroes' - your important role will make a difference - enabling the NHS and people to return to normal, supporting staff in providing usual care and reducing waiting lists."	**Digital and Print media** (social media, apps, newsletter, leaflets, letters); **Outdoor media** (posters) **Weaved into guidelines**, e.g on logistics, protocols, planning and delivery	EGO: we act in ways that make us feel better about ourselves and our actions. The greater the expectation placed on us, the better we perform.

*MINDSPACE – see slide 17

Cohort – Care Home Residents

Do	Don't	Messages/ actions that will land well	Delivery Route	Behavioural Insight supporting this advice (MINDSPACE framework*)
Accessible and evidence-based messaging, delivered by trusted figures, about the **positives of why Care Home Residents are going first** in the roll out	Don't assume automatic willingness	You are going first in the roll out for your personal protection, quality of life, family access, and return to normal.	**Weaved into guidelines**, e.g on logistics, protocols, planning and delivery **Print and Digital media** (leaflets, posters, internet, email, social media, apps, texts) **Face-to-face**	SALIENCE: our behaviour is influenced by what our attention is drawn to, what is novel, what seems relevant to us and to our personal experiences and what we can understand (keep it simple).
Transparent, accessible and documented processes around informed consent and cognitive capacity, which includes **prompt engagement with families/representatives** to make sure appropriate consent is given. Include open and transparent, simple, clear, accessible **risk assessment**	Don't disempower residents.	"We will explain what to expect when getting the vaccine, potential side effects, what to do if feeling unwell, and how to get your second jab. We will treat you with kindness, understanding and respect."	**Weaved into guidelines**, e.g on logistics, protocols, planning and delivery **Print and Digital media** (leaflets, posters, internet, email, social media, apps, texts) **Face-to-face** **Phone helpline**	EGO: we act in ways that make us feel better about ourselves and support the impression of a positive and consistent self-image. DEFAULTS: we go with the flow of pre-set options and regularly accept what the easy default setting is. AFFECT: our emotional associations can powerfully shape our actions – provoking emotion can change health behaviour.
Include **reassurance that trusted and trained healthcare workers** (home staff, known GP surgery or community staff) will be **delivering the vaccine** (or will be present during vaccination). Reassure that care home staff have the information and resources they need to manage any side effects, and information on optimal administering process.	Don't allow perception that 'strangers' will deliver vaccine alone.	"Local trained healthcare workers will vaccinate you"	**Weaved into guidelines**, e.g on logistics, protocols, planning and delivery **Print and Digital media** (leaflets, posters, internet, email, social media, apps, texts) **Face-to-face**	MESSENGER: we are heavily influenced by who communicates information to us – we automatically defer to formal sources of authority, and we are affected by people-like-us and by the feelings we have for the messenger.
Provide incentives - **certification that the care home has achieved** the required vaccination levels and visible/ tangible **acknowledgement for an individual who has had the vaccine**. Promote that this a national effort, with everyone pulling together	Don't allow perception of coercion or obligation	"Your Care Home is safe' posters 'I'm halfway there/ I've taken the first step' badge/ sticker for a two-dose vaccine Recognition of Care Home's achievement from recognised body (e.g. letter from NHSEI)	**Weaved into guidelines**, e.g on logistics, protocols, planning and delivery **Print and Digital media** (leaflets, posters, internet, email, social media, apps, texts)	INCENTIVES: our responses to incentives are shaped by predictable mental shortcuts such as desire for immediate gratification. EGO: we act in ways that make us feel better about ourselves and support the impression of a positive self-image. NORMS: we are strongly influenced by what others do and norms should be related to the target audience as much as possible.

*MINDSPACE – see slide 17

Cohort – Over 65s

Do	Don't	Messages/ actions that will land well	Delivery Route	Behavioural Insight supporting this advice (MINDSPACE framework*)
Reassure and Empower the Over 65s to return to normality, because of the good immune response of older individuals to the vaccine	Don't describe the Over 65s as 'vulnerable'.	"This vaccine is effective in your age group and will allow you to return to normality, which means freedom do what you enjoy, such as group classes, swimming, seeing friends and family, and getting your life back." Leverage anticipated regret in communications – "The virus isn't getting weaker. Over 65s are over 3 times more likely to die if you get COVID. Think about how you will feel if you do not get vaccinated and end up with COVID-19"	**Print media** (newspaper, leaflets) **Outdoor media** (billboards, posters) **Digital media** (internet, email, social media, apps, texts).	SALIENCE: our behaviour is influenced by what our attention is drawn to – e.g. what seems relevant to us and to our personal experiences AFFECT: our emotional associations can powerfully shape our actions – provoking emotion can change health behaviour.
Consistently and regularly **provide NHS information** about the vaccine including what to expect when having it, potential for side effects, what the effects will be, how to manage, when to seek help, and how to differentiate between side effects and COVID symptoms.	Don't rely only on pharma industry info & reassurance.	"Misinformation is widespread - See our NHS resource for patient information" "Most people are getting vaccinated"	**Print media** (newspaper, leaflets) **Outdoor media** (billboards, posters) **Digital media** (internet, email, social media, apps, texts).	MESSENGER: we are heavily influenced by who communicates information to us – we automatically defer to formal sources of authority, and we are affected by people-like-us and by the feelings we have for the messenger. NORMS: we are strongly influenced by what others do and norms should be related to the target audience as much as possible.
Inform Over 65s that there is enough vaccine for their family and friends – **reassure they are not taking the dose away from someone who needs it more.**	Don't assume everyone will realise this	"There is enough vaccine for everyone"	**Print media** (newspaper, leaflets) **Digital media** (internet, email, social media, apps, texts).	EGO: we act in ways that make us feel better about ourselves and support the impression of a positive and consistent self-image.

*MINDSPACE – see slide 17

Cohort – Health and Care Workers (recipients)

Do	Don't	Messages/ actions that will land well	Delivery Route	Behavioural Insight supporting this advice (MINDSPACE framework*)
Show evidence and **scientific reassurance** about the safety/ efficacy/ side effects, quoting or referencing relevant experts	Don't miss opportunities to reassure – the need for reassurance is a key factor for many clinical staff	"National experts and clinical colleges and associations recommend immediate vaccination because of the evidence about safety and efficacy" .	**Weaved into guidelines**, e.g on logistics,protocols, planning and delivery **Workforce comms via Digital media** (internet, email, social media, apps, texts) **Internal print media** (newsletter, leaflets, letters)	SALIENCE: our behaviour is influenced by what seems relevant to us and to our personal experiences, and what we can understand – the evidence base is a key example among the clinical community
Emphasise and repeat that **the vaccine will reduce transmission** of the virus and that **quarantine and PPE are not alternatives** to a vaccine.	Don't leave unsaid as a sense that quarantine/ PPE are viable choices is active amongst the workforce	"The vaccine will reduce transmission of the virus in addition to reducing severity of the illness. Therefore, quarantine and PPE are not an alternative to a vaccine." "Vaccine will reduce PPE requirements over time"	**Weaved into guidelines**, e.g on logistics,protocols, planning and delivery **Workforce comms via Digital media** (internet, email, social media, apps, texts) **Internal print media** (newsletter, leaflets, posters, letters)	SALIENCE and INCENTIVES: our responses to incentives are shaped strongly by avoiding losses and desire for immediate gratification.
Reassure that **staff with side effects will be supported** and **immunisation wilt be made easy**	Don't leave unsaid as the workforce are already concerned by this	Share credible information about mild side effects which we will help you overcome because there is support if time off is needed.	**Weaved into guidelines**, e.g on logistics,protocols, planning and delivery **Workforce comms via Digital media** (internet, email, social media, apps, texts) **Face-to-face** (hospitals, primary care).	AFFECT: our emotional associations can powerfully shape our actions – provoking emotion has been shown to change health behaviour. DEFAULTS: we go with the flow of pre-set options and regularly accept what the easy default setting is.
Make clear how and when **services will improve as a result of the vaccine** roll out and acknowledge staff have compromised a lot during the first two waves of the pandemic.	Don't leave implicit that a successful roll out returns us to 'normal'	"Soon, we will be able to go back to our usual way of working" "You can safely see your vulnerable friends and relatives after successful uptake of vaccination" Consider incentives like celebratory Staff and Family Days, once things are "back to normal"	**Weaved into guidelines**, e.g on logistics,protocols, planning and delivery **Workforce comms via Digital media** (internet, email, social media, apps, texts) **Face-to-face** (hospitals, primary care).	INCENTIVES: We are motivated to action by both the hope of gain and the fear of loss
Encourage the use of clinical leaders as vaccine Champions: e.g. in messaging and the CEO, Medical Director Nursing Directors etc, to have the vaccine first.	Don't assume this will occur to all system leaders to build into their approach	"We advocate the vaccine and are leading by example. I am having the vaccine today."	**Weaved into guidelines**, e.g on logistics,protocols, planning and delivery **Workforce comms via Digital media** (internet, email, social media, apps, texts) **Face-to-face** (hospitals, primary care).	MESSENGER: we are heavily influenced by who communicates information to us – we automatically defer to formal sources of authority, and we are affected by people-like-us and by the feelings we have for the messenger.
Acknowledge staff commitment in having the vaccine. Emphasise that the **vaccination roll out is about staff health** and not workforce numbers.	Don't take as a given that staff are committed to the vaccine	"Our organisation cares about your health"	**Weaved into guidelines**, e.g on logistics,protocols, planning and delivery **Workforce comms via Digital media** (internet, email, social media, apps, texts) **Internal print media** (newsletter, leaflets, posters, letters)	EGO: we act in ways that make us feel better about ourselves and support the impression of a positive and consistent self-image. COMMITMENT: we seek to be consistent with our promises, and reciprocate acts.

Cohort – Young People

Do	Don't	Messages/ actions that will land well	Delivery Route	Behavioural Insight supporting this advice (MINDSPACE framework*)
Acknowledge the impact the virus has had on this group. Explain why they are lower down the vaccine roll-out (unlikely to get ill/ have complications). Back up statements with science, actual research numbers and link to "getting your life back".	Don't ignore the science but don't overplay. Young people have lost trust and this may trigger conspiracy theories	We understand the restrictions have caused you anxiety, depression, loneliness and isolation. You are are invited later during the vaccine roll-out because you are unlikely to get ill and have complications. However, your vaccination is vital: You are key to achieving community immunity because we need about 80% coverage. You have a very important part to play in the national effort – normality can only return for you and others, with your vaccination."	**Digital media** (internet, email, social media, apps, texts). **Face-to-face and Outdoor media** in clubs, schools, universities	SALIENCE: our behaviour is influenced by what our attention is drawn to – what is novel, what seems relevant to us and to our personal experiences, and what we can understand (keep it simple). EGO: we act in ways that make us feel better about ourselves and support the impression of a positive and consistent self-image.
Acknowledge conspiracy theories, identify which ones have most traction through social media and counter through clear evidence based, unemotional messaging, including from trusted sources.	Don't be dismissive, the conspiracies are resonating because trust has been lost	"There are many conspiracy theories across social media. Our leading scientists and medical experts recommend vaccination because of the robust evidence that it works." Note: NHS messages will be more trusted than Government messages	**Digital media** (internet, email, social media, apps, texts). **Face-to-face and Outdoor media** in clubs, schools, universities	MESSENGER: we are heavily influenced by who communicates information to us – we automatically defer to formal sources of authority, and we are affected by people-like-us and by the feelings we have for the messenger.
Highlight popular "normal life" activities that young people can engage in again once vaccinated – socialising, sports and exercise, work, lectures, events, etc.	Focus on "we're in this together" – young people feel unfairly treated by "us" .	"The more young people vaccinated, the safer it will be and the less likely will be future lockdowns." "If you want to be able to do what you want, then having the vaccine is the fastest and safest way to achieving this."	**Digital media** (internet, email, social media, apps, texts). **Face-to-face and Outdoor media** in clubs, schools, universities	INCENTIVES: our responses to incentives are shaped by predictable mental shortcuts such as strongly avoiding losses, desire for immediate gratification, comparison to a reference point, and overestimating small chances.
Explain implications of not being vaccinated for seeing loved ones by focusing on the potential regret one might feel if they were not vaccinated and were to subsequently infect others	Don't dispel or ignore the nay-sayers and conspiracy theorists	"The vaccine is not 100% effective, so if only your older relative has it you could still give them the virus if you are not vaccinated"	**Digital media** (internet, email, social media, apps, texts).	AFFECT: our emotional associations can powerfully shape our actions – provoking emotion has been shown to change health behaviour.

*MINDSPACE – see slide 17

What happens if a patient takes a first coronavirus vaccine dose but not a second? What could be done to nudge people about the vital importance of getting that second dose?

Commitment - *we seek to be consistent with our public promises, and reciprocate acts.*

- The act of writing a commitment can increase the likelihood of it being fulfilled. A common method for increasing the costs for failure is to make commitments public. For example, patients who do not attend their appointments (DNAs) and who fail to cancel with enough time to offer it to another – is an especially vexing one and a major drain on NHS resources. **SMS reminders can reduce DNAs.**
- Renowned social psychologist Robert Cialdini cites the example of restaurateur Gordon Sinclair who added two words that his receptionists used when taking customer bookings over the telephone -
  - Instead of the usual 'Please call us if you need to change or cancel your booking' before hanging up, staff instead say 'Will you please call us if you need to change or cancel your booking?' …and then pause, prompting the customer to make a verbal commitment by answering 'Yes'.
- Such a small change seems unlikely to yield big results, but **this verbal commitment led to a notable drop in no-shows for a reason well known to behavioural scientists.**
- In another study conducted in a healthcare centre, when making follow-up appointments the researcher asked nurses to ensure that patients wrote down the time and date on the appointment card themselves rather than the more common practice of the nurse doing so. This costless intervention led to a reduction in subsequent DNAs of 18%.
- **Such commitment techniques could be used right after the first Covid vaccination** when the patient is booked in for the second one.

Ego - *we act in ways that make us feel better about ourselves and support the impression of a positive and consistent self-image.*

- Messages should **emphasize the social benefits of vaccination**, in addition to individual benefits, that help to protect others in the community – family members and friends, and eventually the whole of society through "population immunity" if there is a high level of uptake.
- **Communicating the social benefits of vaccination has been found to increase vaccination intention**, particularly when the risk associated with vaccination is low and getting vaccinated involves little effort.
- In the specific context of COVID-19, where there can be prolonged duration of illness, **putting emphasis on the economic benefits, such as being able to stay in the workforce and provide for one's family, might also encourage vaccination**.

Context: Developing these insights

- **The Behaviour Change Unit and its partners conducted a behavioural de-risking workshop to identify barriers to success and begin to explore solutions and mitigations**

- **Attendees**

Insight	Partner
Behavioural	Behaviour Change Unit NHSEI Behavioural Economics Unit PHE Behavioural Insights Team Cabinet Office Behavioural Insights Team Warwick Business School
Clinical	Behaviour Change Unit FMLM Clinical Fellows
Process Engineering	Behaviour Change Unit
Knowledge Management and Transfer	Behaviour Change Unit

- **The workshop focussed on identifying behavioural and logistical (human factor) barriers across 5 priority groups**
  - Care Homes
  - Over 65s (non-care home residents)
  - Health and Care Workers (as recipients of the vaccines)
  - Health and Care Workers (as administers of the vaccine – “Immunisers”)
  - Young people

Objective and Approach

Objective: To identify key considerations for different priority groups in order to optimise the safe and assured uptake of any authorised COVID-19 vaccine

The workshop covered the following areas for each group:

Themes	Key Considerations
Barriers	Logistics and Practicalities
	Perception, Influences and Understanding
	Poor Messaging
Drivers	Personal Experience and Understanding
	Returning to Normality
	Accessibility
	Feeling Valued
	Networks and Influences
Suggested solutions	Communication
	Leadership and Strategy
	Resources

Each priority group was asked the same set of questions, aimed at examining personal and network influences, communication requirements and vaccination compliance

The participants were asked to consider their responses in line with COM-B and PMT behavioural methodologies

The workshop generated over 100 pages of behavioural actions that need to be considered for successful delivery across multiple agencies

Key messages have been summarised for each priority group

Headline workshop conclusions and recommendations

Across all ‘population cohorts’ there are significant potential barriers to take up. Behaviourally, these range from anxiety to determined resistance, mild scepticism to overt mistrust, disinterest to conscious non-compliance.

- ***The clinical community*** is willing to receive the vaccine, once they are reassured by the science
- ***The social and care staff communities*** are willing to receive the vaccine, once they are reassured by social messaging
- ***The youth community*** is highly sceptical, more likely to believe false information and requires significant focussed attention (uptake in this community is critical to herd immunity ambitions)
- ***Volunteering to be an immuniser*** will be predicated for many on ‘belief’ in its worth and system facilitation to make the role simple to carry out, including reassurance on training and support packages

Only with focussed effort can each potential behavioural barrier be identified, understood and mitigated.

For more detail and support on the content of this pack, plus any additional advice on optimising your message and its impact, please contact the NHSEI Behaviour Change Unit:

england.covid-sustainablehealth@nhs.net

Summary of Primary Barriers and Drivers per 'population cohort' – Workshop results

1. Health Care Workers (recipients) - Behavioural barriers	2. Care Home Residents - Behavioural barriers	3. Over 65s - Behavioural barriers	4. Health Care Workers (immunisers) - Behavioural barriers	5. Young People - Behavioural barriers
1.1 Lack of **Scientific reassurance**	2.1 Concern about being **First in line**	3.1 **Resistance to personal need**	*4.1 Resistance to* ***Sense of obligation***	*5.1* ***Reassurance on prioritisation***
1.2 Belief in **Quarantine as an alternative to vaccine**	2.2 Resistance to **Sense of obligation**	3.2 **Fear of vaccine over virus**	*4.2* ***Lack of confidence***	*5.2* ***Fear of vaccine vs virus alongside 'place in queue'***
1.3 Concern about **Side effects**	2.3 **Confusion on phasing**	3.3 **Fear of side effects**	*4.3* ***Professional ethics***	*5.3* ***Prevalence of conspiracy theories***
1.4 Belief in **PPE** as an alternative to vaccine	2.4 Lack of **Trust in immuniser**	3.4 **Resistance to prioritisation**	*4.4* ***Lack of confidence in model/ plan/ approach***	
1.5 Lack of (ease of) **Access** reduces willingness/ ability				
1. Health Care Workers (recipients) - Behavioural drivers	**2. Care Home Residents - Behavioural drivers**	**3. Over 65s - Behavioural drivers**	**4. Health Care Workers (immunisers) - Behavioural drivers**	**5. Young People - Behavioural drivers**
1.6 The return to **Routine work**	2.5 **Ease of access**	3.5 **Reassurance of altruism vs selfishness**	*4.5* ***Sense of pride and community***	*5.4* ***Rational egoism and 'group interest'***
1.7 Return to seeing vulnerable **Friends and family**	2.6 **Altruism (sense of community)**	3.6 **Reassurance on efficacy**	*4.6* ***Sense of importance/ recognition of role***	*5.5* ***Return to normality***
1.8 **Leading by example**	2.7 **Reward incentive (credit)**	3.7 **Consistent credible messaging**	4.7 **Confidence in task**	*5.6* ***Regaining trust***
1.9 **Wellbeing**	2.8 **Altruism (achieving collective safety)**	3.8 **Support and sense of community**	4.8 **Reward incentive (credit)**	*5.7* ***Freedom of movement***
		3.9 **Accessibility**		

MINDSPACE – Whitehall Behavioural Insights Team

MINDSPACE is a checklist of influences on our behaviour for use when making policy

With this in mind, we set out nine of the most robust (non-coercive) influences on our behaviour, captured in a simple mnemonic – MINDSPACE – which can be used as a quick checklist when making policy.

Messenger	we are heavily influenced by who communicates information
Incentives	our responses to incentives are shaped by predictable mental shortcuts such as strongly avoiding losses
Norms	we are strongly influenced by what others do
Defaults	we 'go with the flow' of pre-set options
Salience	our attention is drawn to what is novel and seems relevant to us
Priming	our acts are often influenced by sub-conscious cues
Affect	our emotional associations can powerfully shape our actions
Commitments	we seek to be consistent with our public promises, and reciprocate acts
Ego	we act in ways that make us feel better about ourselves

For the full document - **https://www.bi.team/publications/mindspace/**