

# The views of staff working with under 5-year-olds in providing flu vaccine information

Professionals' confidence when giving information, their knowledge of the vaccine, training and opinions.



# Contents

Contents.....	1
About us .....	3
Summary.....	4
Why we did this project.....	6
How did we do it?.....	6
Who did we hear from? .....	7
What did people tell us? .....	11
The interviews.....	23
Conclusion .....	29
Recommendations .....	30
What is happening with the feedback? .....	31
Thank you.....	31
Disclaimer.....	32

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# About us

We are an independent voice for the people of Derbyshire. We are here to listen to the experiences of Derbyshire residents and give them a stronger say in influencing how local health and social care services are provided.

## Our mission

We are a strong, independent, and effective champion for people that use health and social care services. We will continue to influence health and care services and seek to improve joined-up care for the people of Derbyshire.

## Our vision

We want to see consumers of health and social care services being put centre stage so that service providers and commissioners listen to what they have to say and use their voices to shape, inform and influence service delivery and design.



# Summary

Between December 2024 and February 2025, we collected the views of 115 people working or volunteering with children under five years old about toddler flu vaccinations. The survey was done alongside 11 semi-structured interviews.

We advertised the survey on social media and shared it with our contacts working in education and healthcare, including nursery workers, health visitors, nurses, and family support workers. We also went to GP surgeries and pharmacies and gave them flyers to advertise the survey.

This was a commissioned (paid for) piece of research that we co-produced with Public Health at Derbyshire County Council (DCC). This was funded by the Integrated Care Board (ICB) in the NHS.

We did this research as a follow-up to a project from the spring of 2024 that looked into parent and guardian views on baby and toddler vaccinations. That project showed the importance of parents and guardians receiving flu vaccine information from a trusted source. Here is a link to the report: [The views of parents and guardians on baby and toddler flu vaccinations for children under four years old.](#)

For this latest project, we wanted to know:

- How confident staff and volunteers who work with the under-fives feel giving vaccine information to parents and guardians
- What staff and volunteers think about any training they have had on giving flu vaccine information to parents and guardians
- Any ideas they have that might help to increase vaccination uptake.

## Key information

We heard from people in a variety of paid and unpaid roles in health, education, family support and childcare.

## Key findings

- 31% of people (35) said they were “extremely confident” or “very confident” in giving vaccine information to parents
- 37% (42) were “not so confident” or “not at all confident”.

- The remaining 32% (37) said they were “somewhat confident”
- Those who have had vaccine training were generally more confident in giving information about the children’s flu vaccine to parents and guardians
- 14% of people (15) had received vaccine training. Most of these were GP practice nurses (10), two were nurse associates, two worked in a nursery, and one was a midwife
- Most people (39%) get their flu vaccine information from the NHS website
- 32% of people (37) told us they didn’t have or get any flu vaccine information
- Many people in non-health roles would welcome vaccine training and more vaccine information, but some felt it wasn’t part of their role
- Better information for parents was highlighted as the thing most likely to improve vaccine uptake
- Many of the childminders and people managing or working in playgroups, preschools and nurseries are happy to share vaccine information with parents
- Several people told us they don’t believe toddler flu vaccinations are necessary.

### Key suggestions

- At the very start of each flu vaccination campaign, ensure trusted voices have access to simple and consistent flu vaccination information that they can share with parents via posters, leaflets or electronically.

This information should include:

- The benefits to the child
- The benefits to the family and wider community
- Information about how the vaccine is administered
- Safety information and possible side effects
- Allergy information.
- Give these trusted voices and parents a health contact who can answer vaccine questions

- Ensure those working in health roles are provided with vaccine training courses that give them the option for lots of discussion
- Provide bite-sized training options for staff working in non-medical roles
- Use social media, apps or other online platforms to reach parents who prefer digital tools over printed materials.
- Encourage parents to talk about toddler vaccinations.

# Why we did this project

## Working with Public Health at Derbyshire County Council (DCC)

In 2024, we were commissioned (paid) to do some work to hear parents' and guardians' views about the flu vaccination for their toddlers.

One of the things parents and guardians told us was that they needed more information from people and places they trust.

Public Health at DCC and the NHS wanted to know how confident people who work with children under five feel about being that trusted voice. They wanted to learn what could help them be more confident when talking about vaccinations with parents.

# How did we do it?

## Engaging with professionals in our survey and interview

We co-produced a survey and semi-structured interview questions with the DCC Public Health team and our volunteers.

The survey was made available in the following ways:

- Online survey link
- Leaflets
- QR codes.

We sent the survey to our local contacts working in education and healthcare, including nursery workers, health visitors, nurses, and family support workers.

We put the survey on our E-bulletin and website. It was also shared on social media, such as Facebook, X (Twitter), BlueSky and Instagram. We also wrote a column and article to feature in the local media.

One of the survey questions asked people to give their contact details if they were willing to answer further questions about toddler vaccinations. We asked these people to take part in a semi-structured telephone interview. We used the interview to learn more about their flu vaccination survey answers and how confident they feel giving information about other childhood vaccinations.

We also offered people the option of entering a prize draw for a £50 Love2Shop voucher to encourage them to take part in the survey.

## Who did we hear from?

We heard from 115 professionals and volunteers across a range of roles in health, education, family support and childcare.

All these people work with children under five years of age and have contact with the children's parents and guardians.

We mostly heard from women aged 25-64. These people worked across all areas of Derbyshire, including Derby City.

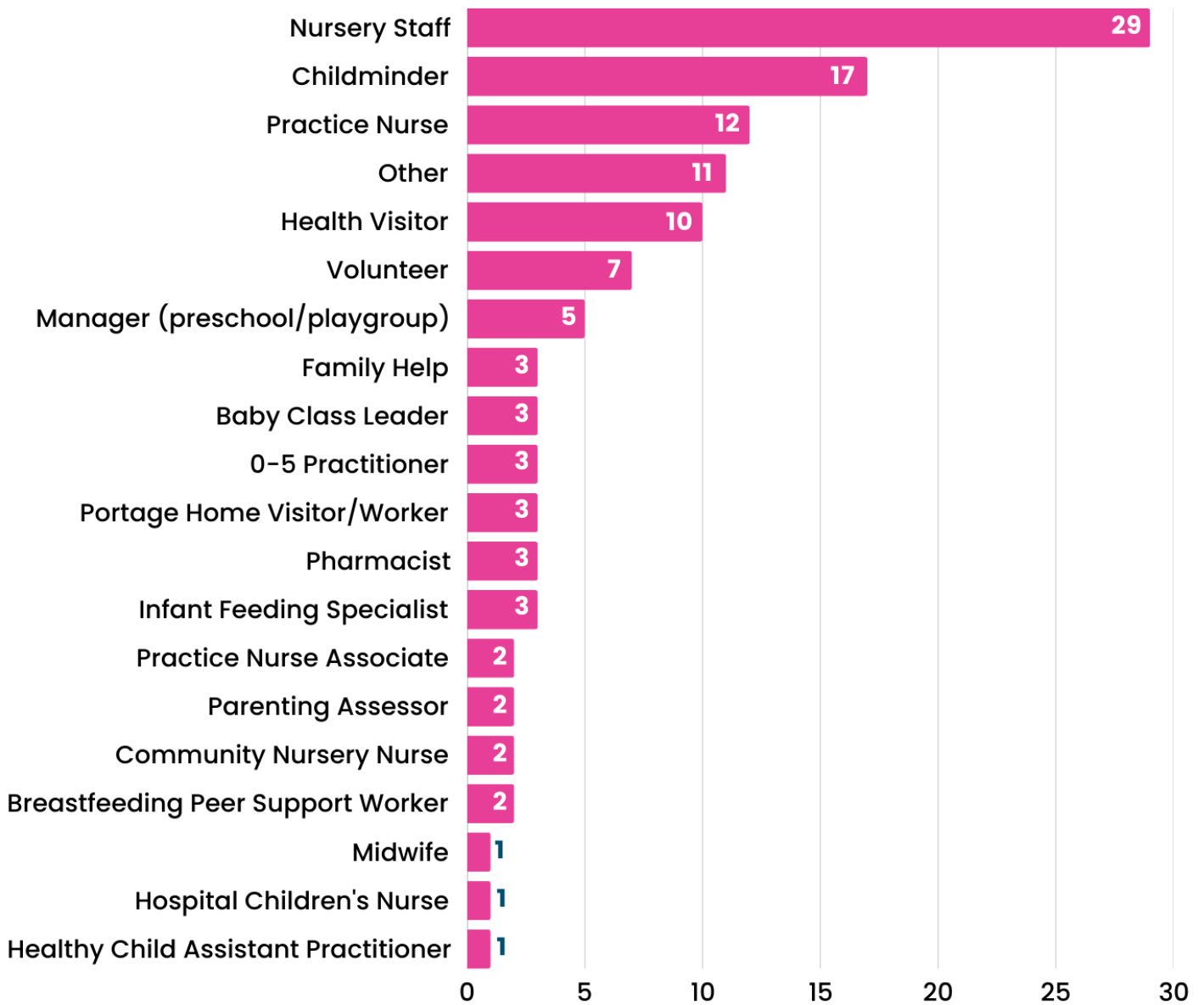
### Roles

The people we mostly heard from were:

- Nursery staff (29)
- Childminders (17)
- Practice nurses (12)
- Health visitors (10).

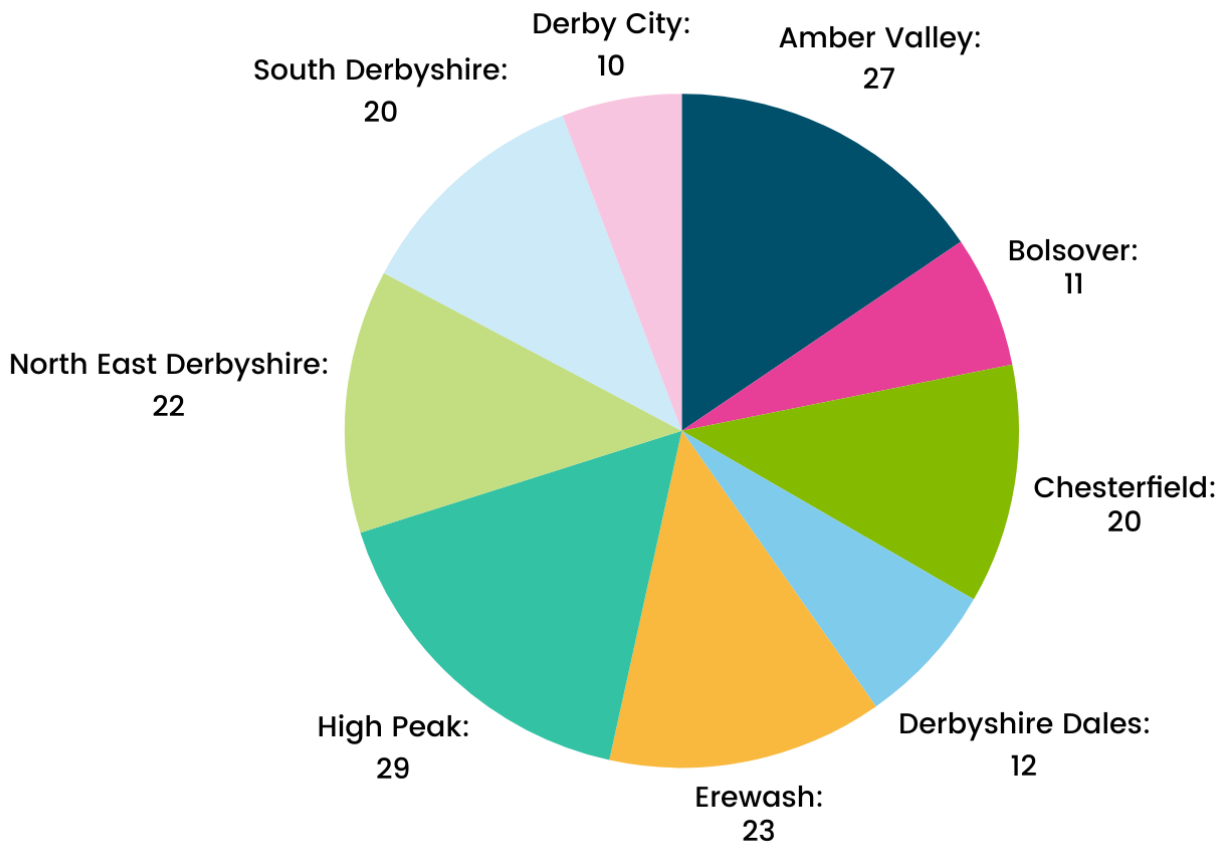
Three people told us they had two roles, and another person said they had three roles, so the total for the chart below is 120.





## Areas people said they work

We heard from people in every area of Derbyshire, including Derby City:



## Age of respondents

This question was optional, 84 people chose to tell us their age group. 55% were aged 25-49. 40% were aged 50-64.

- 18-24 years: 1
- 25-49 years: 46
- 50-64 years: 34
- 65-79 years: 2
- Prefer not to say: 1

## Gender

This question was optional, 83 people told us about their gender:

- 96% were women
- 1% were men
- 1% were non-binary.

## Sexual orientation

This question was optional, 84 people told us their sexual orientation:

- 92% (77) heterosexual /straight
- One person said they were bisexual
- Two people said they were pansexual.

## Long-term conditions and disability

- 19 people told us they had a long-term health condition
- Four people said they had a disability.

None of these people mentioned the accessibility of training that is currently provided as an issue.

Those with long-term conditions who had received flu vaccination training were positive about it.

No one that said they had a disability had been on any training.

It may be important to understand accessibility requirements if the training is offered more widely.

## Ethnicity

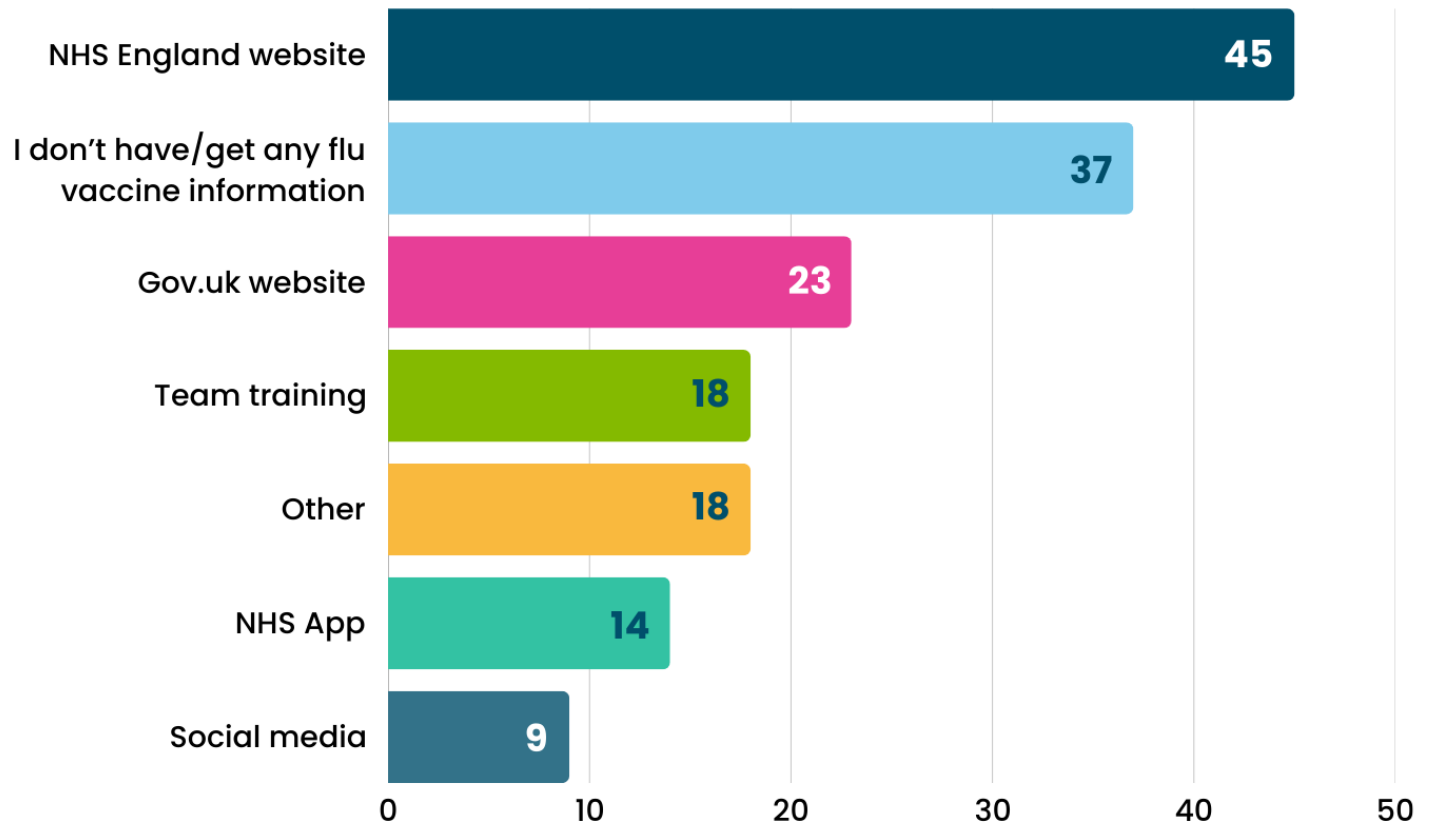
Most of our responses were from people who said they were White British/English/Northern Irish or Scottish. However, in Derbyshire, 94% of the population is White British (Derbyshire County Census, 2021). The person who said "other" said they were born in Zambia.

- Asian/Asian British: Chinese: 1
- White: British/English/Northern Irish/Scottish/Welsh: 78
- White: Irish: 1
- White: Any other White background: 1
- Prefer not to say: 2
- Other: 1

# What did people tell us?

## Where people get their flu vaccine information

The graph below shows where the people who filled in our survey get their flu vaccine information from:



Most people 45 (39%) told us they get their flu vaccine information from the NHS website.

18 people told us they got their flu vaccine information from team training. All these people work or volunteer in healthcare roles.

37 people said they didn't have or get any flu vaccination information. This included people from a wide range of roles, including:

- Health visitors
- Infant feeding specialists
- Portage home visitors (people who provide help at home for preschool children with special needs)
- Nursery staff
- Childminders

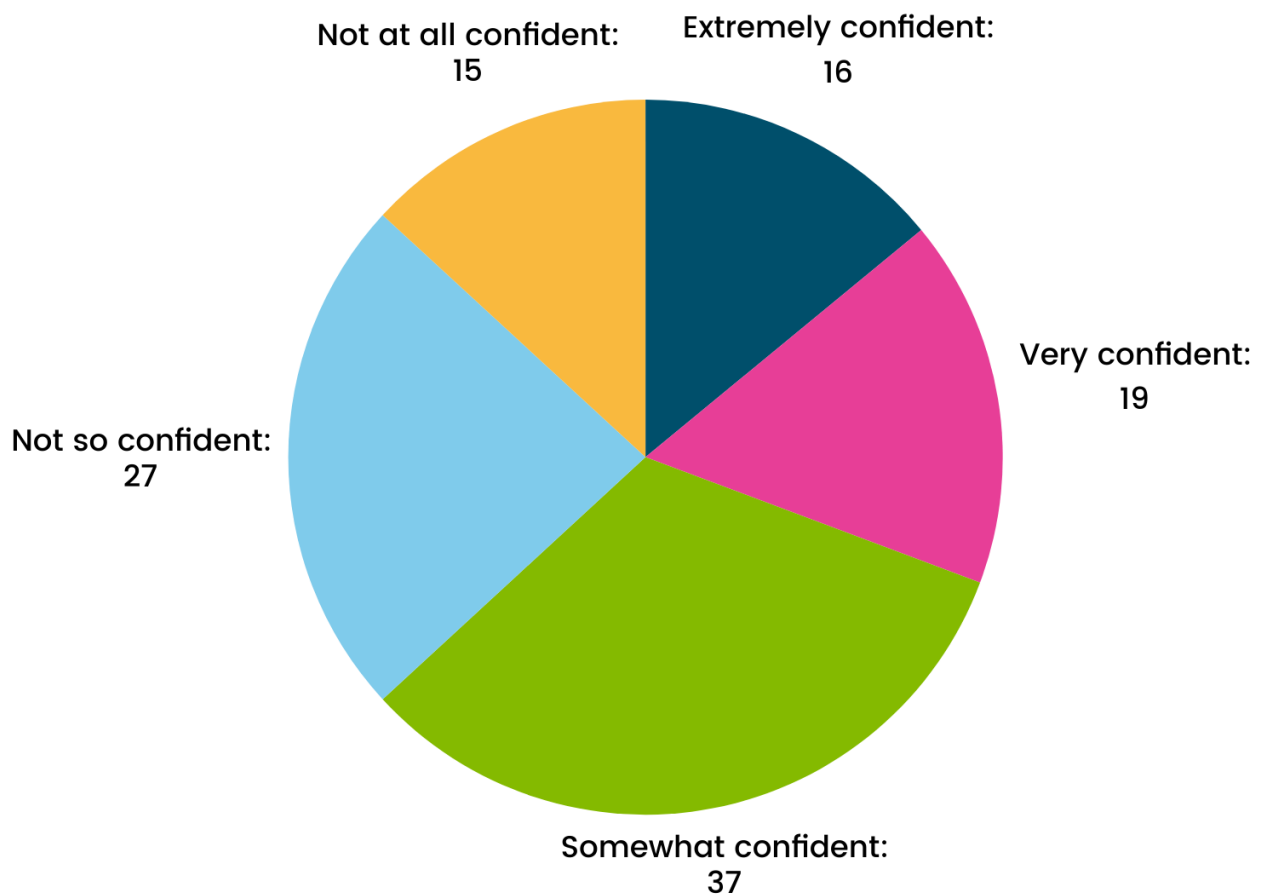
- Baby class leaders.

Other places people get their flu vaccine information from include:

- Medical journals
- Posters
- [Emails from Derbyshire County Council Early Years Team](#)
- [The Hub Plus – training and support for people who work in primary care e.g. medical centre staff](#)
- [E-learning for healthcare – online training aimed at health professionals but available to anyone](#)
- GPs
- Pharmacies
- However, some people just said, “I have to search for it myself.”

### Confidence in giving children’s flu vaccine information to parents

We asked professionals and volunteers how confident they feel when giving parents information about the children’s flu vaccination. The graph below shows what the 114 people who answered this question told us:



35 people (31%) said they were “very confident” or “extremely confident” in giving information about the children’s flu vaccination. These people had the following roles:

- Practice nurse (11)
- Health visitor (5)
- Volunteer (4)
- Nursery staff (4)
- Pharmacist (2)
- Breastfeeding peer support worker (2)
- Family help & support workers (2)
- Childminder (1)
- Practice nurse associate (1)
- Manager (preschool/playgroup) (1)
- Other (2).

When we asked them to explain their answers, people told us:



“I feel the training I undertook on e-learning for health enabled me to give up-to-date and relevant information.” **Practice nurse**

“I feel I know the basics and can signpost to useful websites/professionals but not much more.” **Health visitor**

“I know both pros, cons and studies. I know the side effects, so I can give an impartial viewpoint.” **Breastfeeding peer support worker**



42 people (37%) said they were “not so confident” or “not at all confident”. These people had the following roles:

- Nursery staff (16)
- Childminders (5)
- Volunteers (4)
- Baby class leaders (3)
- Infant feeding specialist (2)
- Portage home visitor/worker (2)

- Family help (2)
- Health visitor (1)
- Pharmacist (1)
- Community nursery nurse (1)
- Other (6).

When asked to explain their answers, people told us:



“I am having to source the resources and information myself. The people in the know are not sharing this with us ... Early Years Educators should be treated as equal partners within the multi-disciplinary teams and agencies.” **Nursery staff**

“Don't feel it's our place to advise regarding medical matters.” **Nursery staff**

“I personally have never let my own children have the flu vaccine. I don't agree with kids having lots of drugs in their body, especially at such a young age.”  
**Childminder**

“I've never received any information about it.” **Volunteer**



Here are some of the things that those who said they were “somewhat confident” told us:



“My own children have it and I would advise it. But I couldn't give parents medical advice about the benefits/how it works, etc.” **Childminder**

“I'd be fully confident if we had guidance on it from health.” **Nursery staff**





“I'd feel confident sharing information found via emails received or NHS website and could signpost parents to relevant information if needed.” **Teacher**

“It's not my job to give medical advice. Invest more money in health visitors and their team. I'm in education, and I have plenty to do.” **Childminder**

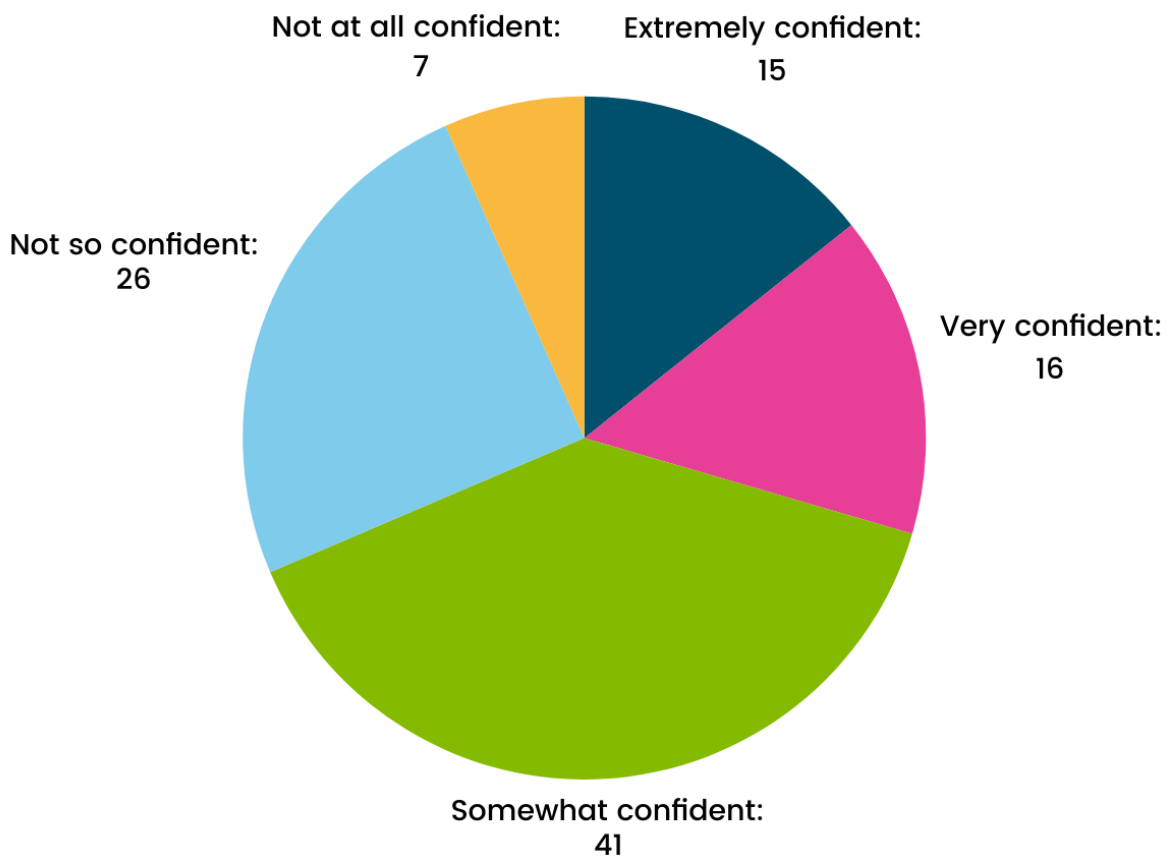


Some people working with toddlers in education don't feel it is their responsibility. Most professionals just feel they need more information and training to give children's flu vaccination information to parents.

Most practice nurses feel very confident, but the response from health visitors was more varied, from “extremely confident” to “not at all confident”.

### Confidence in correcting false information

We asked people how confident they feel correcting false information that people tell them about vaccinations. Note that fewer people (105) answered this question:





31 people (30%) said they were “very confident” or “extremely confident”, while 33 people said they were “not so confident” or “not at all confident.”

People appear to have moved slightly towards the middle ground when it comes to confidence in correcting false information, compared to confidence in giving vaccine information to parents.

Those who were “very confident” or “extremely confident” said:



“The thing that people seem to worry about now is does it have COVID in with it? Easy to reassure them!”

**Practice nurse**

“Of course, there is misinformation online. However, there has to be truth to what you are telling a family. So maybe the NHS should specifically state the pros and cons of vaccinations so that parents can make that informed decision.” **Volunteer**

“I am aware how vaccines work and the benefits of them to lessen effects or eradicate diseases.” **Health visitor**



People who were “not so confident” or “not at all confident” told us:



“I’m not sure of details and if I would be able to answer any queries/questions.” **Nursery staff**

“I do not know enough about the process of immunisations and how they are made etc to correct any misinformation.” **Nursery staff**

“Not sure if I know all the facts, but I would certainly look to find the correct information.” **Childminder**



Here are some of the things that those who said they were “somewhat confident” told us:



“I have the knowledge to reassure and inform parents.” **Nursery staff**

“I would prefer to have factual information that I can provide to parents and my staff.” **Pre-school manager**

“It depends on how much they believe in it. Some people are more open to be corrected than others.” **Practice nurse**

“Although I am confident in my own choice to have my children receive the vaccine, I would signpost back to GP/health visitor if families/parents were sharing false information.” **Perinatal support officer**

“I would direct them to some NHS evidence-based information and possibly send links for this.” **Health visitor**



## Training to give flu vaccine information to parents and guardians

We asked people if they had been trained to give flu vaccine information to parents:

- 15 people said “yes”
- 93 people said “no”
- Three people said they were “not sure”
- Four people didn’t answer the question.

There is a positive link between training and confidence in giving flu vaccine information to parents and guardians.

Of most of those who had been trained were:

- “Extremely confident” (6)
- “Very confident” (7)

- The two people who had been trained and said either “not at all confident” or “somewhat confident” gave no further information about the training or their level of confidence.

However, 21 of the people who had not received training also felt [when giving flu vaccination information]:

- “Extremely confident” (9)
- “Very confident” (12).

We noted that health visitors hadn’t received training to give vaccine information to parents. This may explain why one of the health visitors said they were “not at all confident” in giving vaccine information to parents.

The people who had received training had the following roles:

- Practice nurse (10)
- Practice nurse associate (2)
- Nursery staff (2)
- Midwife (1).

One of the nursery staff members who had received training said:



“The training that I took part in provided me with lots of information that I now feel confident that I can support them [parents and guardians] and offer support/advice.” Nursery staff



The practice nurses told us:




“It [giving vaccine information to parents or guardians] is part of the training given during the annual immunisation update and the annual flu update. They do not specifically say ‘tell the parents this ...’ but you are given the information about the vaccine that you can then give to the parents at the level that they need/want.” Practice nurse



 “I find e-learning for health seasonal flu vaccination programmes are very accessible and useful.”  
**Practice nurse**



Those who hadn't been trained to give vaccine information to parents or guardians had mixed opinions.

 “I think I was offered it but declined. I am happy to pass on flyers/information from a trusted third-party source and allow parents to make their own informed decisions.” **Childminder**

“It would be useful to know some basic information should a question come up, although we would signpost back to their GP or health visitor.” **Perinatal support officer**

“Yes [I feel I should have training] or at least be given information about the vaccine as parents do ask.” **Nursery staff**

“Never really been given any training on how to talk to the parents it's always been about getting the vaccine into the kid.” **Practice nurse**



One childminder told us that they had seen training offered but, when they applied, they were told that it wasn't available to childminders.

The health professionals who had received training told us that there was enough information although they did say that it wasn't about how they speak to parents or guardians but more generally about the vaccine.

Those working in education commented on being happy to pass on information or have additional training.

## Things that could improve children’s vaccination uptake

We asked the professionals and volunteers who took part in our survey what they felt could improve children’s vaccination uptake.

What they told us is listed in order below, starting with what was mentioned the most.

Note that some things have the same ranking because they were mentioned the same number of times.

Rank	Suggestions from professionals:	What they said:
1.	Better Information for parents	<p>“Give them [parents] unbiased information and emails etc. when near the time.” <b>Childminder</b></p> <p>“Better information about how the vaccine is delivered and why children are given the vaccine.” <b>School mental health support team</b></p>
2.	More Information for staff	<p>“More information readily available to professionals to share with parents.” <b>Portage worker</b></p> <p>“Proper dissemination of the information to all those involved in the care and education of our little ones, and to ensure this is sent out in a timely manner. NOT the week before the programme rolls out.” <b>Nursery staff</b></p>
3.	More advertising and use of social media	<p>“More information on social media as that seems to be everyone’s first port of call.” <b>Childminder</b></p> <p>“Increased awareness through advertisement about the nasal flu i.e. administration, side effects, eligibility</p>

		and why it's so important to protect children so that this protects other (super spreaders).” <b>Practice nurse</b>
4.	Easier access to appointments	“Clinics running later in the afternoon so that children can be brought in after childcare/school – say from 4pm to 5pm. Ability for parents to book the appointment online without having to phone the surgery...” <b>Practice nurse</b>  “Saturday clinics. Going into nurseries.” <b>Practice nurse</b>
4.	Better use of posters and leaflets	“Leaflets, posters etc for us to display and distribute.” <b>Nursery staff</b>  “Give childminders leaflets.” <b>Childminder</b>
4.	Staff training	“Training for all 0-5 staff.” <b>Parenting assessor</b>  “Training which is easily accessible.” <b>Health visitor</b>
5.	Nothing needs to change	“Nothing, let the parents decide for themselves. They should be given both pros and cons.” <b>Volunteer</b>
6.	Give vaccinations in nurseries and preschools	“For it to be given at setting, so it's easier for parents, and the children are in a place they know.” <b>Nursery staff</b>  “Come into nursery. Children always attend. Parents working won't take time off work.” <b>Nursery staff</b>
7.	Health visitor and professional involvement	“Information shared through health visitors.” <b>Nursery staff</b>

7.	Use of text message reminders	"Direct letters or texts to parents." <b>Health visitor</b>
8.	Drop-in Clinics	"Mobile clinics into places like soft-play or child friendly cafes. Somewhere not so clinical and easy for the parents to bring the children to. A big factor is the school immunisations team being so busy they struggle with follow-up if a child gets missed, maybe a clearer plan for these." <b>Practice nurse</b>
8.	Vaccinations aren't needed	"Under 5s do not need a flu vaccination." <b>Volunteer</b>
9.	Allow pharmacists to give toddler vaccinations	"Increase access by allowing community pharmacies to administer." <b>Pharmacist</b>  "The pharmacy being able to administer this to enable quicker and easier access for parents." <b>Pharmacist</b>
9.	Direct contact between parents and health professionals	"Webinar or workshops for parents; coffee and chat morning in school." <b>Teacher</b>  "Direct contact with mums/dads/carers. If someone was to come and talk to them at the baby group/ nursery/school." <b>Volunteer</b>
9.	Better education in schools	"School intervention- discussed at school." <b>Practice nurse</b>
10.	Suggestions that were made only once	Allowing the parent to administer the vaccination themselves.  More information in different languages.

Ensuring vaccine availability: A health visitor told us that parents said their GPs had stopped giving the flu vaccination because they had used all their stock. They were unlikely to have the vaccination as they would have to have it done privately.

## The interviews

Along with the survey, we did 11 semi-structured interviews.

In the interviews, we asked people to tell us more about relevant training and their confidence when talking to parents about all the different childhood vaccinations.

We asked them to tell us more about the things they thought might improve vaccination uptake.

The people we spoke to have the following roles:

- Practice nurse (2)
- Preschool manager (2)
- Portage home visitor/worker
- Nursery manager
- Headteacher of a nursery and infant school
- Manager of an out-of-school club
- Playgroup manager
- Specialist nurse
- Family health practitioner.

We spoke to people who worked across all areas of Derbyshire, including Derby City.

### Training

Only three of the people we interviewed had received vaccination training. All three were nurses.



One told us they had no training in their current role and thought this was probably because they didn't administer vaccines.

## Training for nurses

Nurses told us about the full two-day training courses that they did initially and the annual updates.

They told us that before the pandemic, the training was all face-to-face. They thought that this was beneficial.

We were told that the training now takes place remotely on Teams, which they don't like as much but understand that it is the new way of doing things.

One of the nurses told us that the annual updates are usually done through e-learning for health.

Another said that you usually get annual update training delivered by a person on Teams but can do an e-learning for health course if you miss that.

One of these people told us they didn't particularly like the e-learning for health training because there wasn't enough detail or opportunity to ask questions.

One of the nurses said that a new nurse had started at their practice, and they hadn't been able to find any NHS training on immunisations. So, the surgery has had to pay for a private provider to do this. They don't think this is right.

They think the NHS and the "system" (ICB) should provide training for staff, so they are giving accurate, consistent and up-to-date information to all patients, wherever they live in the county.

They also told us that for the latest year, they had been unable to find any annual update training for practice staff.

The nurses told us that the "[Green Book](#)" is like the bible for immunisations.

One nurse told us that the latest annual update training they had in 2023 wasn't up to the standard of the Green Book or what they would have expected.

The specialist nurse we spoke to who hasn't had training in her current role said she would, "Definitely like immunisation training". She would like it to be face-to-face with a broad section of health professionals attending so that they can have conversations to share learning about starting and managing vaccine conversations. She suggested an afternoon or full-day course travelling within Derbyshire or the East Midlands.

It was suggested that there is a good argument for mandatory immunisation update training for health professionals.

One nurse said, “This could help professionals to put forward a cohesive argument in favour of immunisations” because “What families hate is the inconsistency of health information. Different statistics or opinions can lead to confusion.”

## Training for staff who aren't nurses

Most of the people we spoke to in the interviews would like to be offered vaccination training. They feel that training would give them more confidence when talking to parents about vaccinations.

Several people spoke about the importance of information consistency across the county and even the country.

Some of the people we spoke to didn't think it was their role to have conversations about vaccinations with parents. However, they said they would be happy to give parents vaccine information from the NHS.

They suggested that this could be an information leaflet that should have a contact number for parents to call if they have any further questions.

We heard about the importance of making sure the information leaflet is kept up-to-date and only the latest version is shared with parents.

We asked people what vaccination training should be like. We were told:

- The training should be NHS-delivered or approved
- Ideally training should fit within a one-hour staff meeting. However, some said it can be up to two hours
- Initial training with follow-up sessions would be beneficial
- The content should focus on supporting families without requiring professional-level knowledge
- It should be online, flexible, and accessible anytime for staff convenience
- Preferably concise (around 30 minutes) and designed for time-limited staff
- It should be interactive, bite-sized, or modules with a recap and quizzes are ideal
- It should be free and have opportunities for live question and answer sessions, or self-paced learning
- There should be ongoing updates on guidance changes.

## Confidence and vaccine conversations with parents

We asked the people we interviewed whether there were any childhood vaccinations they feel less confident talking to parents about.

The nurses were confident in their knowledge about all childhood vaccinations.

However, one did talk to us about the difficulty of changing the minds of parents who are anti-vax (do not agree with vaccinating people). Parents who are anti-vax tell nurses they have already done their own research and made their decisions.

The nurse who spoke to us about this said she tells people to look at the following website for more information about vaccines:

<https://vaccineknowledge.ox.ac.uk/home>.

This nurse also told us that she has noticed reduced vaccine uptake since the pandemic. Although, she feels that uptake levels are still pretty good.

One of the nurses told us that the main things parents want to know is whether the vaccine is live and what the side effects might be. She said there seems to be less concern than there has been in the past about the safety of the MMR (measles, mumps and rubella) vaccine.

A specialist nurse told us that there could be more opportunities to have conversations with the parents of children who have missed their vaccinations.

In some clinics, parents are asked about their child's immunisation status to check that records are up to date. Currently, if a parent shares that the child has missing vaccinations, it is respectfully noted, but there are no further conversations about it.

The nurse who spoke about this said she was going to speak about it with other practice staff following our conversation.

The people we spoke to who were not nurses had mixed levels of awareness of childhood vaccinations. Some told us an overview would be useful. We shared the following links with them:

- [Gov.uk: A Guide to vaccinations from 2 to 5 years](#)
- [NHS: NHS Vaccinations and when to have them](#)

One person told us they do not discuss vaccines with parents or guardians as they do not feel this is their role.

They said they tell parents to contact their GP or health visitor, even though they know it might be difficult to speak with these people. They said that this is why they would like to have information to hand out to parents that is the same across the country and county.

Several people mentioned the MMR vaccine being one that parents have talked about, particularly in the past.

One person told us they were more confident talking about flu and COVID vaccines because they had those themselves.

However, they did know that for children the flu vaccine is a nasal spray. They said that when they put up posters about vaccines, they hope that people don't ask them questions because they don't feel confident, they could answer the questions if asked.

A preschool manager told us that the preschool has a very good relationship with the local health visitor team and contacts them with any issues and questions they cannot answer themselves.

They think it is very important that staff or volunteers having vaccine conversations have a local contact they know and trust (preferably someone they have seen in real life) who they can contact for more information and support. They suggested that this didn't have to be a health visitor but could be another health professional.

## **Ideas to improve vaccination uptake**

We asked people to tell us about any suggestions they have to improve vaccination uptake.

People gave us the same kind of suggestions they had told us about in the survey:

- Good information for parents ensuring awareness of vaccinations and when they are due. The benefits, possible side effects, and risks of not being vaccinated both to the child and the wider community
- Good information or training for preschool, nursery and playgroup staff
- Promotion of vaccines using social media
- Appointments at suitable times
- Training for staff involved in vaccination conversations to ensure confidence and consistent information for parents
- Coffee and chat sessions for parents.

A headteacher at an infant and nursery school told us that having medical professionals in school doing workshops or coffee and chat mornings would help to ensure parents weren't misinformed.

They suggested that it could also encourage people to sign up there and then for vaccinations. They said that their school could be used to test the idea.

Someone mentioned that not all parents who haven't vaccinated their children don't want to. Some may simply miss electronic communications. They suggested using social media to help remind parents about missed vaccinations.

One professional said that it's good to encourage discussions about vaccinations in environments where parents can talk to each other, such as the [Neuro Hubs](#).

One of the nurses told us that the 'Incomplete Immunisation Report' (0-5s with missing vaccinations) allows contacting those who have declined the vaccination to find out why.

Initially, they follow-up with a reminder by text or letter. If parents still decline and haven't been seen for a while, a phone call can sometimes help to remove any fears parents might have.

One of the nurses told us there is not enough information about RSV (Respiratory Syncytial Virus). They think this vaccination should be more widely promoted in pregnancy.

Another nurse told us that some parents want the combined vaccines (4 in 1 and 6 in 1) to be given separately even though it is NHS guidance to give them together. They know of one parent who has paid for this privately.

We were told there used to be a big campaign for the pre-school booster where birthday cards were sent from GP practices inviting children for their booster vaccinations, but this was stopped due to cost.

A family health practitioner suggested displays and more information in GP surgeries would be helpful.

She said that parents often ask for reassurance about the safety of vaccines, so professionals need to be confident.

She also said that generally they have greater uptake for things when there are free gifts such as a small teddy or stickers.

# Conclusion

The people who answered our survey are in roles that could be considered trusted voices for parents and guardians.

Most appear to support the flu vaccination programme and wider childhood vaccinations. However, some don't think toddler flu vaccinations are necessary.

The people who told us they didn't think flu vaccinations are necessary described their roles as "volunteer" and "local authority worker".

Some feel that it should be left to parents to decide whether to vaccinate their children. However, they should be provided with all the information (both pros and cons) to allow them to make an informed decision.

People in non-health roles told us that vaccine information should come from the NHS or other trusted sources, although they are happy to share it with parents.

They said they would be happy to put up posters and share electronic information and leaflets.

The people who had had training tended to be more confident in giving vaccine information to parents. These people were also mainly nurses.

Some people in non-health roles would feel more confident talking to parents about toddler flu vaccinations if they had training.

Some said they would take up an offer of training for themselves and their staff.

Others (a childminder and local authority worker) said they had or would decline vaccine training because it wasn't part of their role to influence parents' vaccine decisions.

Any training offered to those in non-health roles needs to be flexible and appropriate to the role. Suggested durations were between half-an-hour and two hours. Something that can be accessed at any time would make online learning suitable.

Several people said parents and trusted voices need access to a health professional for questions. These health professionals must have access to training of their own.

One nurse told us their practice recently had to pay for private vaccine training. They feel the training should be provided by the NHS and include the opportunity for discussion.

People mentioned the importance of consistent information. Existing trusted resources could be used where appropriate or as a base for new leaflets, posters and training.

As with our previous report on parents' and guardians' views of the under-5 flu vaccine, the need for clearer and more detailed communication with parents was thought to be the thing that could improve vaccination uptake.

# Recommendations

- Ensure all health professionals have access to vaccine training with the opportunity for discussion
- Offer flexible appointments that work around families, including the suggested: Pharmacists being able to give the under-5 flu vaccination, and going into nurseries to give the vaccination
- Provide those who have been identified as trusted voices, such as those working in education, optional access to bite-sized vaccination training
- At the very start of each flu vaccination campaign, ensure trusted voices have access to simple and consistent flu vaccination information that they can share with parents via posters, leaflets and electronically e.g. on social media.
- This information should include:
  - the benefits to the child
  - benefits to the family and wider community
  - information about how it is administered
  - safety information/possible side effects
  - allergy information.

- Check with parents that any resources produced answer their questions. This could be done by working with educators to form a focus group of parents to look at flu vaccination information material
- Look into giving trusted voices a health contact who can answer vaccine questions from parents
- Use social media, apps or other online platforms to reach parents who prefer digital tools over printed materials
- Encourage parents and guardians to talk about toddler vaccinations. This could be at parent and toddler groups or places such as the neuro hubs where parents already meet
- Take up the offer that a school head suggested to trial parent coffee mornings with a health professional to talk about vaccinations
- If vaccine training is given to a wider audience of professionals make sure it is accessible for those with a long-term condition or disability.

## What is happening with the feedback?

This feedback has been shared with decision-makers at DCC's Public Health team and the NHS Integrated Care Board (ICB). The data from this survey will help influence the 2025 winter baby and toddler flu vaccination campaign.

## Thank you

Healthwatch Derbyshire would like to thank everyone who took part in this survey.

We would especially like to thank the people who took the time to talk to us and answer further questions.

We would also like to thank DCC's Public Health team and our volunteers for helping us produce this survey.



# Disclaimer

The comments outlined in this report should be taken in the context that they are not representative of all professionals working with under 5-year-olds within Derbyshire but nevertheless offer useful insight.

It is important to note that the engagement was carried out within a specific time frame and therefore only provides a snapshot of people's views as shared with Healthwatch staff.

They are the genuine thoughts, feelings, and issues people shared with Healthwatch Derbyshire. The data should be used in conjunction with, and to complement, other sources of data that are available.



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