



# The COVID-19 vaccine: information for frontline workers

**Guidance: logistics and communications for supporting people who are homeless with the COVID-19 vaccine.**

*(Document updated: 22/12/2021)*

## About

The aim of this document and accompanying resources is to share experiences of **‘what works’** when rolling out the COVID-19 vaccine to people experiencing homelessness. This information is based on people’s experience of working in frontline homelessness and health teams, and feedback from people with experience of homelessness.

This document accompanies Groundswell’s short film on the same topic, [available here](#).

*Please note we are using the term residents – this includes service users, clients, beneficiaries and guests.*

## Accompanying resources

- [Winter health leaflet](#) – updated to include Omicron and booster information. A guide about preventive health and keeping yourself safe this winter; including both the COVID-19 and flu vaccines.
- [Information leaflets about the COVID-29 vaccine](#) – how the vaccine was developed, what happens after it, the different doses. Many available in several languages.
- [A short film \(3 minutes\)](#) - made by Groundswell’s staff in their [Homeless Health Peer Advocacy \(HHPA\)](#) team, using their professional and personal experience to share ‘what works’ when rolling about the COVID-19 vaccine to people experiencing homelessness.
- [‘How to guide’](#) - to help staff and volunteers supporting people impacted by homelessness to register with a GP

## Practical advice – what works well

This information was gathered from health inclusion teams, Groundswell’s staff and volunteers and [Glass Door Homeless Charity](#) (who manage two large London based hostels) in early 2021.



The messages have since been reinforced by:

- 1) Groundswell's latest research '**COVID-19 testing and vaccines: what's working for people facing homelessness?**' [summarised here.](#)
  - 2) Groundswell's Homeless Health Peer Advocacy work in partnership with homelessness and health, [summarised by this blog about our work in North West London.](#)
- **'The power of the peer'**. Having other residents, or a Peer Mentor or Advocate, tell others that they have had the vaccine, why they have and how it worked is incredibly beneficial. We engage best with people we trust and respect. This peer influence can also work the other way (negatively) so bear this in mind.
  - **Honesty and camaraderie.** Get the vaccine alongside your residents, show people it's safe and a simple process. Tell people that you have had it and why. [Glass Door have done a great poster campaign featuring their staff.](#) If possible, ensure well known and trusted staff are present on the day of the vaccine rollout.
  - **Relationships.** If you already have a good relationship with a local surgery or health inclusion team, try to work with them – if people already trust them with their health and they know your residents this can make it a lot easier.
  - **Time.** It's something we rarely have enough of, however allowing time for people to be informed about the vaccine, understand the process, ask questions, and make their decision is so valuable. Having a rushed, last minute system is off-putting, people can sense 'chaos'.
  - **Preparation.** A team of 'vaccinators' turning up with no notice and trying to get as many people vaccinated as possible is unlikely to be effective. Try to plan as much as possible – it is great if the delivery team can visit in advance to answer questions and build relationships.
  - **Logistics.** Is the space COVID safe? Will the time be suitable for residents? Can you help residents complete paperwork in advance to save time?
  - **Information.** Do people know the vaccine is free? Do they understand how it is administered and how it works once they have received it? Make sure you consider accessibility – is this information available in the right languages? What about people who cannot read or have a learning disability?
  - **Reinforce.** Even if people have been given information be prepared to deliver it verbally and answer questions – face to face communications with someone you trust is more effective; there is so much information out there to digest.
  - **Partnerships and networks.** Recognise that sometimes we are not the right people to communicate messages around specific concerns such as religion, women's health. Instead, try to find trusted or specialist organisations or groups (e.g., a faith group) who may have more suitable information or trusted individuals.
  - **Respect.** Try to set boundaries around respecting people's choices and decisions.

## The use of language

It is always important that our information, whether informal conversations or formal resources are accurate and based on facts; this allows people to make informed choices about their health. We can also use ‘framing’ to ensure we communicate effectively and don’t unintentionally put off having the vaccine. **Some advice:**

- Focus on **cause and effects**, how can an action (having the vaccine) lead to a positive outcome. Examples:
  - *by taking the vaccine we are protecting ourselves and others from serious illness and potential death caused by COVID-19*
  - *as more of us receive the vaccine the quicker we can all be protected from the risk of serious illness*
  - *by slowing the spread of the virus, we are saving lives and protecting everyone around us*
- Focus on the **collective/common protection**, example:
  - *by having the vaccine booster, we can protect our loved ones/friends/family/fellow residents*
- Don’t talk about ‘low uptakes’ or ‘people refusing’, this **negativity is alienating** and can make not having the vaccine the norm. Instead **talk about the vaccine as something that is normal and something that is working**. Example:
  - *we’re all getting the vaccine so we can continue supporting people experiencing homelessness*
- Show **how our actions are working**. Example:
  - *the vaccine is preventing people from getting seriously ill and lowers the risk of passing the virus onto others*
  - *the vaccine has reduced hospital admissions*
- Make sure we **presume people are already ‘doing their bit’** and following guidance, instead of communicating or enforcing ‘rules’. Example:
  - *We must keep following the Government guidance for now*
- **Be specific and give examples**, being vague like ‘building back better’, ‘back to normal’ and ‘people at risk’ are terms we hear in the media and don’t mean a lot. Example:
  - *Once enough people have been vaccinated our day centre can be back serving food and offering support 5 days a week*
  - *People at most risk of falling ill from COVID-19 are those with conditions including COPD, asthma...*
- Don’t label people ‘they’, ‘other’, ‘vulnerable’ – **focus on the collective** as COVID-19 and the vaccine is something that affects us all.
- Do not try to use scaremongering to encourage the vaccine uptake, it doesn’t work and will alienate people.

