Immunisations & Vaccines

and PSHE Education

Professionals' Pack

2025

Ellie Chesterton & Natalie McGrath

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Introduction

This pack aims to support education providers to deliver quality PSHE education around Immunisations & Vaccines through identifying the curriculum links within the PSHE Associations' Spiral Curriculum and the Department for Education's statutory guidance and developing staff's confidence and competence on the subject matter to support them to facilitate PSHE education on this topic within their own setting.

The Department for Education's statutory guidance states that:

- Pupils can also put knowledge into practice as they develop the capacity to make sound decisions when facing risks, challenges and complex contexts.
- Schools should show flexibility to respond to local public health and community issues to meet the needs of pupils
- Should be addressed sensitively and clearly

Children and young people need to be taught to make safe and informed choices, identify and manage risks and consider strategies for keeping themselves and others safe and well.

Local Quality Framework

We believe that for PSHE education to be effective it must:

- Be delivered in a safe learning environment based on the principles that prejudice, discrimination and bullying are harmful and unacceptable.
- Have clear learning objectives and outcomes and ensure sessions and programmes are well planned, resourced and appropriately underpinned by solid research and evidence.
- Be relevant, accurate and factual, including using the correct terminology.
- Be positively inclusive in terms of:
  - Age
  - Gender Identity
  - Race
  - Sex
  - Disability
  - Pregnancy and Maternity
  - Religion or Belief
  - Sexual Orientation
- Designed to include the development of knowledge, skills and values to support positive life choices.
- Use positive messaging, that does not cause shame or victim blaming.
- Challenge attitudes and values within society, such as perceived social norms and those portrayed in the media.
- Be reflective of the age and stage of the children and young people and be tailored to the environment and group.
- Utilise active skill-based learning techniques to encourage active participation.
- Ensure that children and young people are aware of their rights, including their right to access confidential advice and support services within the boundaries of safeguarding.
- Be delivered by trained, confident and competent professionals.
- Empower and involve children and young people as participants, advocates and evaluators in the development of PSHE education.

Safe Learning Environment

A safe learning environment enables children and young people to feel comfortable to share their ideas without attracting negative feedback. It avoids possible distress and prevents disclosures in a public setting and enables professionals to manage conversations on sensitive issues confidently.

We have created a guidance document to support professionals to create this safe in their own setting.

No. 01 — Ground Rules

Create in collaboration with the group . As the facilitator role model the agreed ground rules.

No. 02 — Collaborate with DSL

Let them know when the session is being delivered to ensure the correct support is in place should any disclosures be made.

No. 03 — Staff Confidence

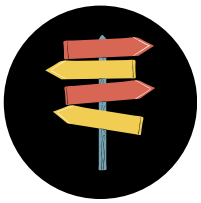
Check Staff confidence levels. If anyone is in panic zone it is not safe or appropriate for them or the participants to teach on the topic. This pack should help professionals to move from panic zone to learning or comfort zone

No. 04 Learning Techniques

~~Us~~e scenarios and stories to help participants engage with the topic. Refer to the third person rather than you e.g. what could this character do?, or people of about your age....

No. 05 — Difficult Questions

Questions are an important part of learning. Sometimes a child or young person will ask a difficult question. As with all questions the first thing is to value the question whilst either allowing time to consider an appropriate answer or to deflect an inappropriate question.



No. 06 — Signposting

It is absolutely essential, that included in the lesson, is information about different organisations and people that can provide support both within the organisation and outside of it.

A more detailed version of this page is available by emailing either Natalie or Ellie

Best Practice Principles

Do not use scare/fear or guilt tactics

It is a common misconception that if a child or young person is shocked or scared by what they see in images, videos used in sessions, they will avoid the behaviour in the future.

Whilst young people will often say that they like 'hard-hitting' material and that it engages them more effectively, in fact when experienced in a safe setting (in this case a classroom or youth space), shocking images become exciting (in a similar way to watching a horror film or riding a rollercoaster) and this excitement response can block the desired learning. Equally, for anyone who has previously been affected by something similar, it can re-traumatise them or they can block the message as it is too close for comfort, which again prevents the intended learning. It also presents a scenario which is more likely to make young people think 'that won't ever happen to me' than the desired 'that could be me' response.

The adolescent brain is still developing which means that the perception of messaging and how they react to them is different to our experiences as adults. Furthermore, because their brains are still developing, they often live "in the moment;" when an unhealthy situation arises, they'll make decisions based on what they're feeling then and there, instead of making a reasoned, logical decision.
The pre-frontal cortex or critical thinking/reasoning part of the brain is the last section to develop.

You can find out more about the teenage brain here.

Young people should be informed of risks in a balance and measured way through an approach that supports them to make informed, healthy, safe decisions and empower them to believe they can act on "good choices.

Top Tips:

- Evidence shows that shock and scare tactics just don't work.
- Check resources (including external agencies) for images or scenes that might be shocking, harrowing or scary for the age group – remember that children and young people will have a much lower threshold for what might worry them.
- Remember the purpose of the session is to educate not entertain. Just because young people might watch scary films in their own time, does not mean using similar films within PSHE Education will promote learning.
- Make sure there is a range of examples, case studies and consequences, most of which do not focus on the most dramatic or extreme outcomes.

Best Practice Principles

Knowledge, Skills and Values

Topics explored in PSHE education, relate directly to a child's or young person's life, when they might find themselves in a tricky situation or "crunch" moment – and need to make a quick decision; for example, a child who is dared to run across the road by their friends, or a teenager who is being pressured to start a fire. They will need to recall learning from PSHE education at that moment to help them make a decision.

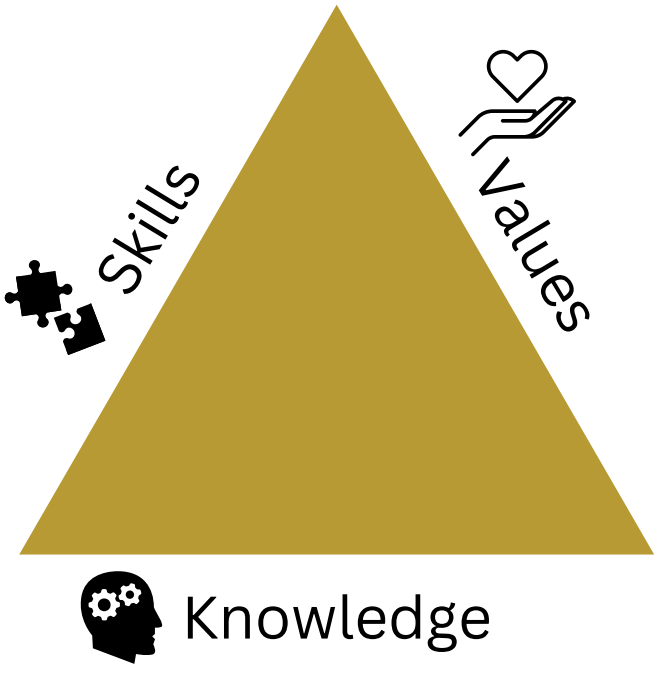
They will, of course, require knowledge e.g., of the legality (or not) of their actions. However, in order to make a safe decision in the moment, they will also need skills to negotiate with their peers to resist pressure from others, to exit the situation (if they choose to) and access appropriate help or support if necessary. They will need a strong sense of their own values, to make the right decision and the confidence to stick to it.

Knowledge on its own won't necessarily stop someone from trying things. In many cases young people end up in situations where they know what they are doing is "wrong", but they do it anyway, as they lack the essential skills or attributes to help them effectively manage the situation.

To ensure that sessions are balanced it is important to know the purpose of the activity and create a balanced session that increases or enables reflection on knowledge, skills and values.

The definition of each of these is:

Knowledge: gaining new information on a topic
Skills: gaining new skills on a topic
Values: reflecting on, and potentially altering, your own values in relation to a topic



Trauma Informed Approach

Being Trauma-Informed

It is important to be aware of the risks of educative interventions, if not delivered carefully. PSHE resources - when used with children and young people who have been affected by the topic being covered - can re-traumatise children and young people or induce vicarious trauma - this is defined as the feelings of trauma experienced by a third party when witnessing or engaging with the harm or trauma of another (Eaton, 2017).

The National Youth Agency provides a free e-learning course to help professionals gain a greater understanding of trauma and how it affects mental and emotional wellbeing. The module provides tools and reflection space for professionals to enable them to better support young people in this area.

You can access the course here - you will need to create a Youth Work One account to be able to access the course.

Top Tips

- Do not use resources that include graphic images, victim blaming or scenes of abuse.
- Ensure that the work is part of a planned, sequential curriculum that builds on prior knowledge.
- Work with your pastoral team to understand if there is anyone who could be affected by this scheme of work. Ask the individuals if they want to be included in the class or if they would prefer to do some other work - explain there will be no explanation given to their absence.
- Use resources only within class-sized groups and not within assemblies.
- Ensure that a trigger/content warning is given beforehand.
- Ensure there is plenty of time for class-based discussions and signposting and that children/young people do not move onto a different topic/lesson before having time to debrief.
- When exploring themes with the participants do not ask “what could x have done to not be a victim of...” or “what signs should they have spotted” this encourages victim-blaming and abuse is never the fault of the child or young person.
- Use distancing techniques - Avoid questions or activities which encourage students to consider their personal experiences, or ask them to put themselves in a particular situation. It it more appropriate to ask “how do you think x is feeling?” or “how would you feel if x was your friend?” . This help to develop skills of emotional literacy and empathy. You could also ask young people to imagine the response of “a young person, about your age who goes to school around here”
- How can you make it easy for participants to leave the room and communicate this in advance?
- How will you ensure parents/carers have information about this scheme of work to support it within the home?
- You might want to consider a Disassociation Game to close the session. This is a quick, light-hearted, unrelated activity following the plenary on learning from the session. The purpose of this is to help students emotionally detach themselves from the content of the session before they leave.

Tips for Communication

Communication difficulties

Special provision should be put in place to support conversations with children, young people or adult learners who:

- have communication difficulties
- are too young
- are unable to communicate
- cannot or will not explain

You should refer to the child, young person or adult learner's behaviour plan and the information available from any assessments. This may include visual cues to help facilitate discussion, such as picture exchange communication cards.

Mencap has published further information on communicating with people with learning difficulties.

The National Autistic Society has also published tips to communicate more effectively with an autistic person.

Links to PSHE Curriculum

The table below shows the learning opportunities from the relevant PSHE Association core themes which can be linked to Immunisations & Vaccines.

Primary

PSHE Association

Key Stage 1

H6	that medicines (including vaccinations and immunisations and those that support allergic reactions) can help people to stay healthy

Key Stage 2

H10	how medicines, when used responsibly, contribute to health; that some diseases can be prevented by vaccinations and immunisations; how allergies can be managed

DfE Statutory Guidance:

By the end of Primary pupils will know:

HP5	about personal hygiene and germs including bacteria, viruses, how they are spread and treated, and the importance of handwashing.
HP6	the facts and science relating to allergies, immunisation and vaccination.

SEND

PSHE Association

HL3 - Keeping Well

Core	Identify the difference between things that go on our body (creams, lotions) and things that go in our bodies (injections, tablets, liquid medicine).
Development	Recognise that people sometimes need to take medicines in different forms, including tablets, injections, inhalers
Enrichment	Describe that sometimes we may be given an injection by a doctor or nurse to help to prevent us from catching a disease (vaccination).

SSS1 - Feeling Unwell

Enhancement	Explain what is meant by immunisation and vaccination and why people might be immunised or vaccinated.

CG3 - Dealing with Touch

Core	Identify occasions when it might be okay for someone to make us feel uncomfortable (injections, cleaning cuts or grazes); that these might be when we are unwell, injured or need medical treatment.

Secondary
PSHE Association

Key Stage 3

H19	the importance of taking increased responsibility for their own physical health including dental check-ups, sun safety and self-examination (especially testicular self-examination in late KS3); the purpose of vaccinations offered during adolescence for individuals and society.

Key Stage 4

H13.	to identify, evaluate and independently access reliable sources of information, advice and support for all aspects of physical and mental health
H16	how to take increased personal responsibility for maintaining and monitoring health including cancer prevention, screening and self-examination

Key Stage 5

H9	to consistently access reliable sources of information and evaluate media messages about health
H11	to recognise illnesses that particularly affect young adults, such as meningitis and ‘freshers’ flu’
H19	how to reduce the risk of contracting or passing on a sexually transmitted infection (STI)

DfE Statutory Guidance:

By the end of Secondary pupils will know:

HP1	about personal hygiene, germs including bacteria, viruses, how they are spread, treatment and prevention of infection, and about antibiotics.
HP3	(late secondary) the benefits of regular self-examination and screening.
HP4	the facts and science relating to immunisation and vaccination.

NYA Youth Work Curriculum:

HW4	Making appropriate support and services accessible when necessary
HW5	Providing appropriate, accurate information and guidance

Useful Resources

Please check all resources are suitable for your settings and children before use

Immunisations & Vaccines

Videos:

How do vaccines work? Oxford Vaccine Group

To understand how vaccines work, it helps to look first at how the immune system works. This short animation explains how vaccines enable the body to make the right sort of antibodies to fight a particular disease.

Lesson Plans:

UK Health Security Agency - ages 3-16

Resources to support children and young people to learn about microbes, infections prevention and control, antibiotics and vaccinations. e-Learning is also available to improve knowledge and confidence around teaching e-Bug topics.

PSHE Hub- Connex Academy - Dog, Duck and Cat - ages 6-8

Help! - Using the characters of Dog, Duck and Cat lesson two of a five part series helps children to explore how they would know if they were getting ill, what germs, bacteria and allergies are, how to prevent illness and about what immunisation is through the use of an electronic storybook for you to read or a story video for you to play.

PSHE Hub - Connex Academy - Ant & Us - ages 10-11

How Can Humans Stay Healthy and Well? - Lesson two of six that helps children to understand how they would know if they were getting ill, what germs, bacteria and allergies are, how to prevent illnesses and what immunisation is. Uses 'Ant Asks' questions, in the form of animations, to direct children to carry out research as part of a series of lessons on a particular subject. They can then answer Ant's question, but also they learn the information for them.

University of Bristol: EDUCATE - ages 11-14

Co-produced by young people and researchers from the University of Bristol and London School of Hygiene and Tropical Medicine, 'EDUCATE' will help you teach students about the human papillomavirus (HPV) vaccine and provide reassurance about receiving the vaccine — which is usually offered to teenagers at school as part of the national vaccination programme.

The EDUCATE lesson will be most useful if it is delivered to Year 8 students before they are offered the HPV vaccine. However, other young people may also benefit from having the opportunity to find out more about the process.

Training:

Department for Education - for professionals

Practical training materials for primary and secondary schools to use to train staff to teach about health and prevention including immunisation and vaccination.

DEVELOPING SUBJECT KNOWLEDGE

IMMUNISATIONS & VACCINES

with thanks to...

Definitions

Immunisation refers to the process of receiving a vaccine and as a result of this, becoming immune to a disease. To be immune is to be partially or fully resistant to a specific infectious disease or disease-causing organism. Immunity is protection against a disease, and it can be passive or active, natural or vaccine induced.

Active immunity comes from being exposed to a disease-causing organism.

- Natural immunity results from being infected by a disease-causing organism, whether the infection is symptomatic or not.
- Vaccine-induced immunity results from being exposed to killed or weakened bacteria or viruses—or even just important pieces of them—through vaccination.

Either way, active immunity takes longer to develop but lasts longer than passive immunity.

Passive immunity is provided by antibodies produced by another human being or animal.

- Full-term babies acquire passive immunity from their mother's antibodies during the final months of pregnancy.
- Patients can acquire passive immunity through antibody-containing blood products derived from human or animal sources.

Passive immunity provides protection that is immediate but fades within weeks or months.

Vaccination is the process of receiving a vaccine i.e. receiving the injection, or taking an oral or nasal dose.

Vaccines work by stimulating the body's immune system to produce antibodies that fight disease, strengthening the body’s natural defenses. This process is similar to what happens when someone is naturally infected with a disease, but without the risk of complications.

Vaccines offered in schools

Education and childcare settings have a vital role to play to support the routine immunisation programme through sharing of information with parents and caregivers at key points. Universities and colleges are also encouraged to share information on vaccines such as measles, mumps and rubella (MMR) and meningococcal A, C, W, and Y (MenACWY) and information on the signs and symptoms of meningococcal disease with newly enrolled students, along with links to GP registration and other relevant healthcare services.

Vaccine	School years eligible	Mode of administration and schedule	Diseases protected against
Seasonal influenza vaccine	Primary School (reception to year 6)Secondary School (years 7 to 11)	Nasal spray, one dose (unless otherwise indicated)(Injected vaccine is available if nasal spray is unsuitable). Offered annually in the autumn term	Protects against the influenza virus
Human papillomavirus (HPV) vaccine	Years 8 and 9	Injected, one dose	Protects against genital warts and HPV related cancers such as cervical cancer, cancers of the head and neck and cancers of the genital area
MenACWY vaccine	Year 9	InjectedOne dose	Meningococcal groups A, C, W and Y
Td/IPV (3-in-1 booster)	Year 9	InjectedFinal dose of the course (total of 5)	Tetanus, diphtheria and polio
MMR check and offer	At all opportunities	Injected2 doses	Measles, mumps, rubella

School Aged Immunisation Services (SAIS)

School Age Immunisation Services (SAIS) providers are commissioned by NHS England (NHSE) to deliver the school-based immunisation programmes. Home schooled children and children not in mainstream schools for other reasons are also included.

The SAIS provider is contractually and legally responsible for the school-based immunisation programmes.

The setting supports the immunisation programme by hosting the SAIS team and helping them with aspects of the vaccination process, including:

- providing space and time in the timetable for vaccination
- reminding staff, children, and young people about the date of the immunisation session(s)
- sharing information leaflets and consent forms with parents or carers
- providing a list of eligible children and young people and their parent or carer's contact details to the SAIS team

Referral criteria

Children are automatically offered vaccinations within the relevant school year. If a child has missed a routine vaccination then a referral can be accepted via email or a telephone call to the office. Referrals are accepted from parents, carers, teaching staff, GPs, other healthcare professionals and social workers.

Staffordshire & Stoke-on-Trent School Age Immunisation Service (MPFT)

0300 124 0366

Phone lines are open from 08:30 to 12:30, Monday to Friday (excluding bank holidays)

school.immunisation@mpft.nhs.uk

School Age Immunisation Service : Midlands Partnership University NHS Foundation Trust

Influenza Virus

Seasonal influenza, also known as the flu, is a contagious respiratory illness that spreads during certain times of the year. It can cause mild to severe illness, and sometimes death.

Signs and symptoms

- Fever or feeling feverish
- Cough
- Sore throat
- Runny or stuffy nose
- Muscle or body aches
- Headaches
- Fatigue
- Vomiting and diarrhoea -more common in children

Transmission

The flu spreads easily through droplets from an infected person's cough or sneeze. It can also spread by touching contaminated surfaces.

How to protect against Influenza

The best way to prevent the flu is to get a flu vaccine every year. The vaccine can reduce the risk of getting the flu, being hospitalized, and dying from the flu. People at higher risk of severe illness include: Children under 5 years of age, Pregnant women, Older people, People with chronic medical conditions, and People with weakened immune systems.

Seasonal flu vaccination

The seasonal flu vaccine is a shot or nasal spray that protects against the flu virus. It's recommended for people at risk of serious illness or death from the flu. The vaccine contains an inactivated or weakened form of the flu virus and can take up to two weeks after vaccination for protection to develop. The vaccine is updated each year because the previous year's vaccine may not protect against the new strains.

Human papillomavirus (HPV)

Human papillomavirus (HPV) is the name of a very common group of viruses. They do not cause any problems in most people, but some types can cause genital warts or cancer. There are over 100 different types of HPV which can affect different parts of the body. About 30 different types of HPV can affect the genital skin but 90% of genital warts are caused by two types of the virus (types 6 and 11).

Signs and symptoms

HPV does not usually cause symptoms. Most people who have it do not realise and do not have any problems. However, sometimes the virus can cause genital warts, which are small growths or bumps that appear on or around the genital or anal area.

Conditions linked to HPV

Most of the time HPV does not cause any problems. However, some types of HPV can cause:

- Genital warts
- Abnormal changes in the cells that can sometimes turn into cancer

The causes of HPV and how it's passed on

HPV is very common; most people will get some type of HPV in their life. Because it has no symptoms, most people won't know that they have it.

You can get HPV from:

- Any skin-to-skin contact of the genital area
- Vaginal, anal or oral sex
- Sharing sex toys

How to protect against HPV

You cannot fully protect yourself against HPV, but there are things that can help.

- Condoms can help protect you from HPV but the virus may still be passed on by the surrounding genital areas coming into contact.
- The HPV vaccine protects against the types of HPV that cause most cases of genital warts and cervical cancer, as well as some other cancers. It does not protect against all types of HPV.

The HPV vaccination programme

Young people aged 12 to 13 years are offered immunisation against HPV as part of the NHS vaccination programme. Most young people receive the single-dose vaccine in their school. The vaccine is also available for young people (both male and female) aged up to 25 years in community settings and offered to men-who-have-sex-with men up to the age of 45 years through sexual health and HIV clinics.

Meningitis and Septicaemia

Meningitis and septicaemia are both rare but serious diseases that can be life-threatening. Meningitis is an inflammation of the lining of the brain and spinal cord, while septicaemia is blood poisoning. Both can be caused by bacteria, viruses, or fungi.

Signs and symptoms

For meningitis, the most important signs to look out for are:

- fever
- a very bad headache (this alone is not a reason to get medical help)
- vomiting
- stiff neck
- dislike of bright lights
- rash
- confusion, delirium
- severe sleepiness, losing consciousness
- seizures

For septicaemia, the most important signs to look out for are:

- fever and shivering
- severe pains and aches in limbs and joints
- vomiting
- very cold hands and feet
- pale or blotchy skin
- rapid breathing
- diarrhoea and stomach cramps
- red or purple 'bruised' or blotchy rash on skin that do not fade under pressure – do the glass test. On dark skin, check inside the eyelids or roof of the mouth where the spots may be more visible
- difficulty walking or standing
- severe sleepiness, losing consciousness

Transmission

The bacteria that cause these diseases are usually spread by close or lengthy contact. Most cases happen individually but outbreaks sometimes occur in schools or where people share living space, such as university halls.

The MenACWY vaccine

Most UK teenagers and young adults born from September 1996 will have been offered MenACWY vaccine whilst at school but they remain eligible up to their 25th birthday. The vaccine helps protect against 4 other types of bacteria linked to meningitis.

Tetanus, diphtheria, and polio

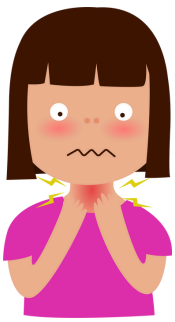
Tetanus, diphtheria, and polio are all serious diseases that can be prevented with the Td/IPV vaccine. Tetanus is a bacterial infection that affects the nervous system and can lead to muscle spasms, breathing problems, and death. Diphtheria is a bacterial infection that starts with a sore throat and can lead to breathing problems, heart damage, and death. Polio is viral infection that attacks the nervous system and can lead to permanent paralysis or death.

Signs and symptoms

Tetanus, diphtheria, and polio can cause a variety of symptoms, including muscle spasms, fever, and breathing problems.

Tetanus

- Muscle spasms: Painful spasms that can occur in the jaw, neck, and abdomen
- Lockjaw: Stiffness in the jaw muscles
- Fever: Some people may develop a fever
- Sweating: Sweating may occur
- Rapid heart rate: A fast heartbeat may occur
- Breathing problems: Muscle spasms can make it difficult to breathe



Diphtheria

- Sore throat: A sore throat is a common early symptom
- Swollen glands: Swollen glands may occur
- Coughing: A cough may occur
- Breathing problems: Breathing problems can quickly develop
- Heart and nervous system damage: Diphtheria can damage the heart and nervous system

Polio

- Minor illness: Sore throat, fever, nausea, and vomiting
- Moderate illness: Headache, fever, and stiff neck
- Severe illness: Partial paralysis, sometimes permanent, may occur

Td/IPV vaccine

The Td/IPV vaccine, also known as the 3-in-1 teenage booster, protects against tetanus, diphtheria, and polio. It's given as a single injection in the upper arm. Young people are given the Td/IPV vaccine (3-in-1 teenage booster) at around 13 or 14 years old (school year 9) as part of the NHS vaccination schedule.

Measles, mumps and rubella (MMR)

Measles, mumps, and rubella (MMR) are highly contagious viral infections that can cause serious health problems.

Signs and symptoms

- Fever
- Rash
- Cough
- Runny nose
- Red, watery eyes
- Headache
- Muscle aches
- Tiredness
- Loss of appetite
- Swollen salivary glands

Transmission

- Coughing or sneezing: When an infected person coughs or sneezes, they release droplets that contain the virus.
- Contact with surfaces: The virus can remain active on surfaces for up to two hours.
- Contact with saliva: The virus can be picked up from contaminated surfaces and transferred to your mouth or nose when you touch your hands.

How to protect against MMR

- Regular handwashing
- Avoiding close contact with people who have the disease
- MMR vaccine

The MMR vaccine

The MMR vaccine gives long-term protection against measles, mumps and rubella and is recommended for all babies and young children, but older children and adults can have it if they were not vaccinated when they were younger. Babies and young children are given 2 doses of the MMR vaccine as part of the NHS vaccination schedule.

They're given a dose at:

- 1 year old
- 3 years 4 months old

Babies between 6 and 12 months can have an extra dose of the MMR vaccine before this if they need it to protect them if:

- they're travelling abroad to an area with a lot of measles
- they've been close to someone with measles
- there's an outbreak of measles

The MMR vaccine can be given at any age.

Talking to children about vaccinations

When talking to children about vaccines, it is important to do so in a way that is simple and clear for them to understand.

- Use simple language
- Explain how vaccines work to protect them and others from getting sick
- Be honest about the potential for a small pinch
- Address any concerns they might have while reassuring them

Always ensure the conversation is age-appropriate and tailored to their understanding level. You will know your cohort best.

Young children (3-5 years old):

- Use simple analogies like "A vaccine is like a magic shield that protects you from germs." Please note that this may not be appropriate for children with additional learning needs such as neurodiversity.
- Focus on the positive aspects of having a vaccination, like getting a special sticker afterwards.
- Let them know that someone will be there to hold their hand if they're scared or worried.

Older children (6-12 years old):

- It is more appropriate at this age to explain how vaccines work by helping your body to fight off diseases.
- Discuss how vaccines can prevent serious illnesses like measles or chickenpox.
- Answer their questions honestly and address any concerns they might have about the injection.

Teenagers/Young People:

- Talk about the importance of herd immunity and how getting vaccinated protects not only themselves but also vulnerable people.
- Discuss the potential risks and benefits of vaccines in more detail.
- Encourage them to ask questions and express their opinions.

Fear of needles

Lots of children and young people (and adults) are nervous about having injections or blood tests taken with a needle. Being nervous about needles can affect anyone at any age for various reasons.

- Some people develop this fear as a result of a previous experience. For example, they may have felt unprepared or there may have been more than one attempt to find a suitable vein.
- Others may have seen or read about injections or having blood tests and may have not fully understood what happens.
- Fears can also develop if negative feelings are picked up from someone else, such as a friend, brother or sister, or parent.

All of these are valid reasons for being nervous, but there are ways to improve the situation for everyone.

The Great Ormond Street Hospital (GOSH) play team have collated some ideas about how to make things easier for children who are nervous about needles.

PSHE education provides an excellent safe space for children and young people to explore their thoughts and feelings about vaccinations. Children have a right to be asked what they think about their healthcare and treatment.

It is vital to understand your cohort and any specific needs of children and young people in your group/class. Some vulnerabilities may mean that children can show extreme reactions to injections and to feeling pain.

Care experienced or children in care may react adversely due to experiences of neglect or trauma.

Certain individuals may need more reassurance than others and some may need specialist support to help them cope.

Some children may be scared because they have been warned needles are dangerous and not to touch them.

Vaccine hesitancy

Cultural & Religious Views

A 2021 report by the NHS, Vaccination: race and religion/belief defines 'vaccine hesitancy' as "a delay in acceptance or refusal of vaccination despite availability of vaccination services."

This can be influenced by culture, religion, media and other factors.

As an example, in some cultures, infection with human papillomavirus (HPV) tends to be associated with promiscuity, not disease.

Religious reasons are often given for vaccine hesitancy. For instance, porcine or non-halal/ non-kosher ingredients content of vaccines has been sighted as the main barrier identified in Muslim and Jewish populations. Whilst there are some Muslims and Jews who would permit pork-based gelatine for vaccination, it is recognised that there is diversity within the Muslim and Jewish communities and they may wish to consider alternatives.

Another reason of refusal among Muslims was related to the Ramadan and fasting period.

Social Media & Misinformation

Vaccine hesitancy poses a significant global health challenge, and can be fuelled by misinformation and anti-vaccination campaigns on social media platforms.

In a piece of research "Relationships between social media usage, attitudes toward information on social media, and COVID-19 vaccine hesitancy" it was found that social media played a negative role and led to vaccine hesitancy among the public, especially young people.

Within a safe learning environment, PSHE education can be used to "myth-bust" however, this must be done sensitively and considerate of the beliefs and values as well as impact of influences of children and young people you are supporting.

Immunisation for outbreak response

“Immunisation during outbreak response" refers to the practice of administering vaccines to a targeted population during an infectious disease outbreak, aiming to rapidly increase immunity levels and limit the spread of the disease by vaccinating susceptible individuals within the affected area, essentially acting as a key intervention to control the outbreak.

Vaccination campaigns during such outbreaks often focus on specific age groups or high-risk populations most vulnerable to the disease. In urgent situations, a "non-selective" vaccination strategy might be used, meaning everyone within the target population is vaccinated regardless of their previous immunisation status.

This approach will be familiar to those who experienced the Covid-19 pandemic.

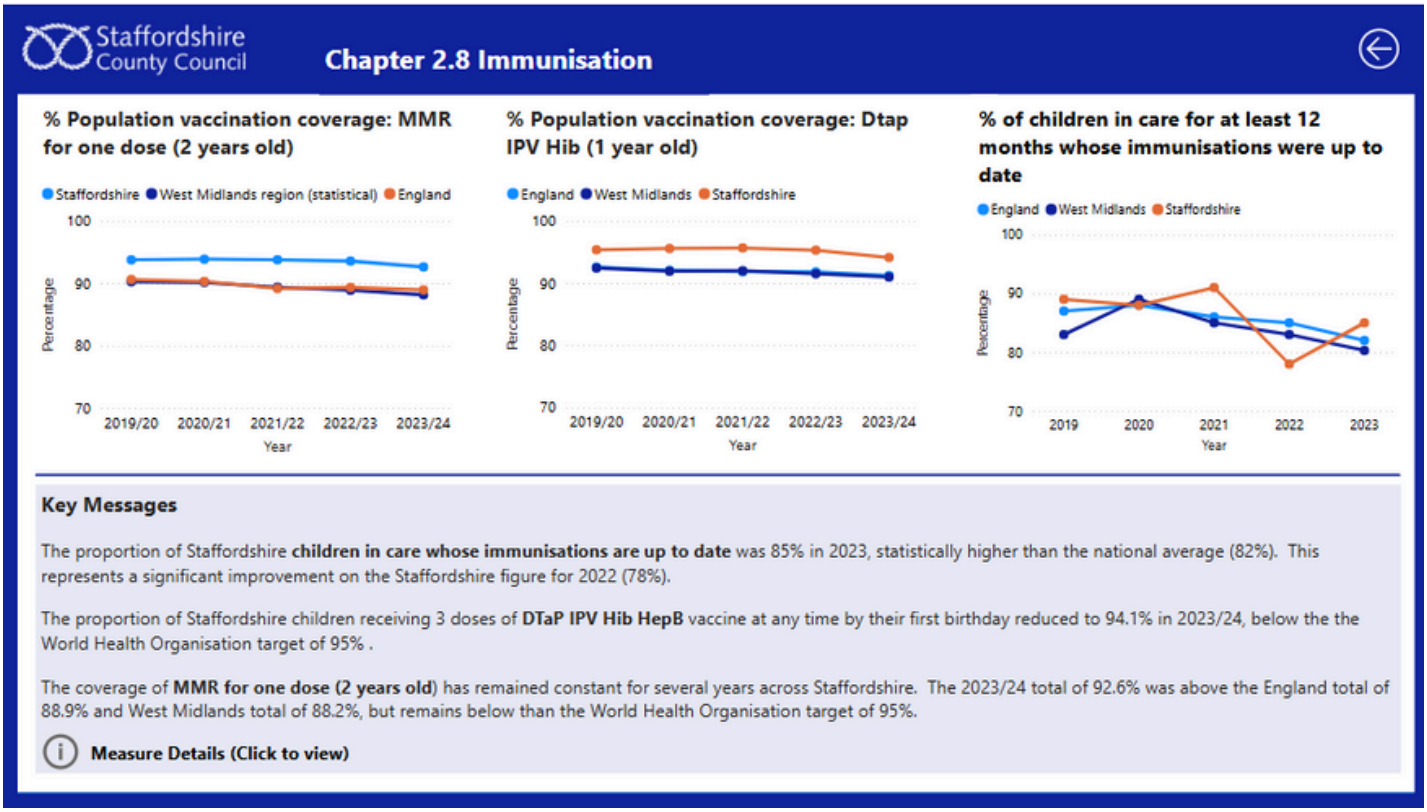
Herd Immunity

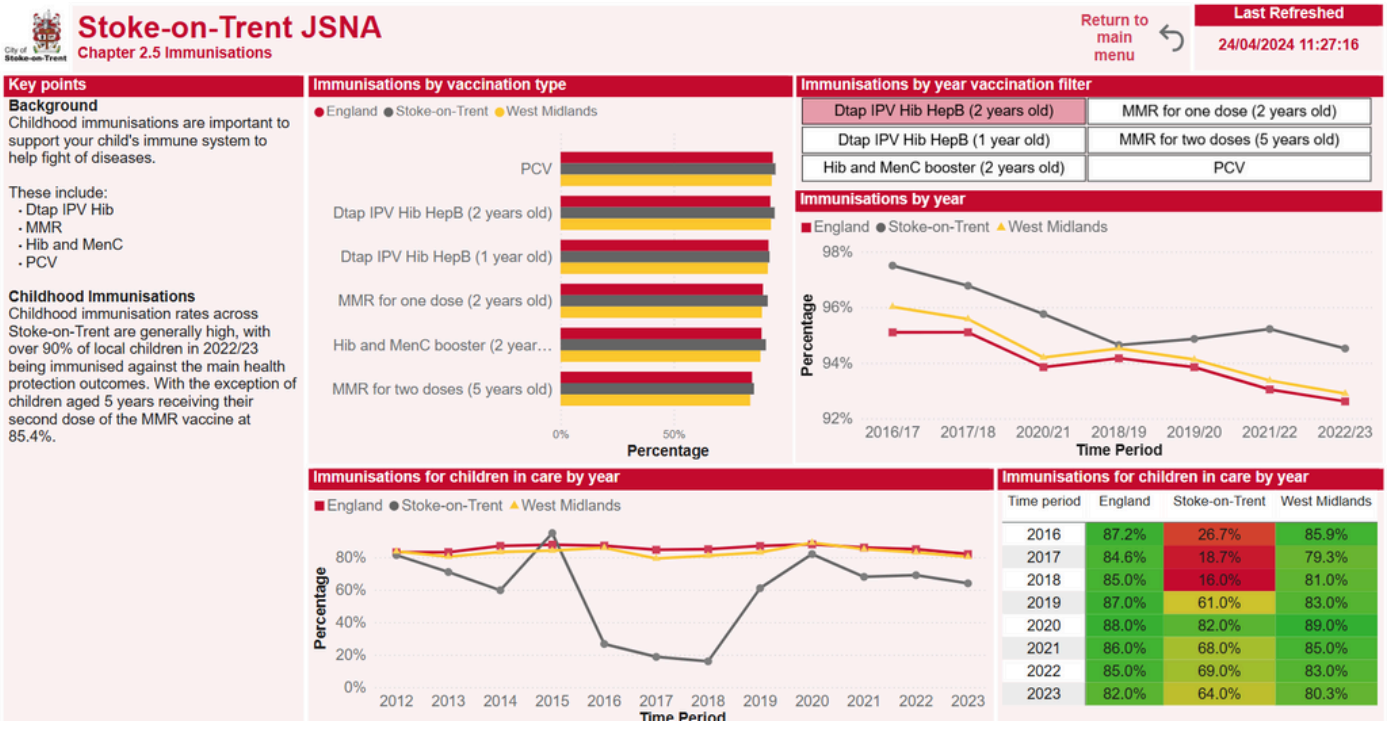
‘Herd immunity’, 'community immunity' or 'herd protection' gives protection to vulnerable people such as newborn babies, elderly people and those who are too sick to be vaccinated.

When a high percentage of the population is vaccinated, it is difficult for infectious diseases to spread because there are not many people who can be infected.
For example, if someone with measles is surrounded by people who are vaccinated against measles, the disease cannot easily be passed on to anyone, and it will quickly disappear again.

Herd immunity does not protect against all vaccine-preventable diseases. The best example of this is tetanus, which is caught from bacteria in the environment, not from other people who have the disease. No matter how many people around you are vaccinated against tetanus, it will not protect you from tetanus.

Data & Statistics





Training

Department for Education

Teacher training: health and prevention

Practical training materials for primary and secondary schools to use to train staff to teach about health and prevention.

This training module supports the physical health and mental wellbeing section of the statutory relationships, sex and health education curriculum. The module contains key knowledge and facts to help teachers understand what they must teach. It includes information on:

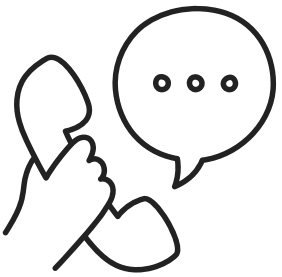
- the signs of physical illness
- sun safety
- sleep
- dental health
- personal hygiene
- allergies
- immunisation and vaccination
- self-examination and screening

These slides should be adapted to suit individual school context. This can include adding your own videos and resources to make your teaching training sessions more visual and interactive.

Linked & PSHE packs

The following ...& PSHE packs have links to this topic and can be found in the Resource Library on the website. Register or sign-in.

Useful Contacts:



If you would like more information or support about Immunisations & Vaccines please contact:

Staffordshire & Stoke-on-Trent School Age Immunisation Service (MPFT)

0300 124 0366

(Phone lines are open from 08:30 to 12:30, Monday to Friday (excluding bank holidays))

school.immunisation@mpft.nhs.uk

If a referral to Children's Social Care is required, please contact:

Staffordshire:

Staffordshire Children's Advice Service - 0300 111 8007

Monday - Thursday 8.30am -5pm and Friday 8.30-4.30pm

Out of Hours - 0345 604 2886 / 07815 492613

Stoke:

CHAD - 01782 235 100

Monday - Thursday 8.30am -5pm and Friday 8.30-4.30pm

Out of Hours - 01782 234 234

Further Reading:

- NHS vaccination schedule
- School Age Immunisation Service
- HPV: What are The Symptoms, Tests & Treatments
- Vaccination: race and religion/belief
- Relationships between social media usage, attitudes toward information on social media, and COVID-19 vaccine hesitancy

VERSION CONTROL

Date	Changes	Made by
		Ellie Chesterton Natalie McGrath

PSHE Education
STOKE-ON-TRENT
STAFFORDSHIRE

www.pshestaffs.com

Ellie Chesterton
PSHE Coordinator
Stoke-on-Trent
ellie@staffscvys.org.uk

Natalie McGrath
PSHE Coordinator
Staffordshire
natalie@staffscvys.org.uk

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