NIHR | Health Determinants Research Collaboration

Executive Summary Report

Evaluation of the Coventry Family Hub Vaccination Pilot:

Phase 2 Findings (January-June 2026)

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Introduction

The Coventry Family Hub Vaccination Pilot was established in May 2025 to help address longstanding inequalities in vaccination uptake across Coventry, particularly in areas experiencing higher levels of deprivation and lower childhood immunisation coverage. The pilot was relaunched in January 2026 for Phase 2 and the offer extended and evolved into an engagement-focused model centred on trusted conversations through the "Ask, Talk, Decide" approach and offering a broader range of vaccination where needed.

This evaluation demonstrates that community engagement initiatives based at non-clinical, accessible and familiar locations like Family Hubs can play an important role in improving vaccine confidence, reaching communities that may not engage readily with traditional healthcare settings, and creating opportunities for early intervention around misinformation and vaccine hesitancy.

While the direct delivery of vaccinations was limited during Phase 2, the pilot successfully engaged hundreds of residents and provided valuable insight into how future vaccination programmes could be designed to reduce inequalities and improve access.

Key Findings at a glance

Reach and engagement

Between January and June 2026:

- 446 residents engaged in vaccination conversations with an Immunisation Nurse
- 31 vaccinations were delivered
- 288 evaluation surveys were completed, with 284 included in analysis
- Engagement increased steadily throughout the pilot, peaking in April and June
- A diverse population was successfully engaged, including residents from ethnic minority communities and people experiencing wider social vulnerabilities.

Public support for the model

One of the strongest findings from the evaluation was support for vaccination discussions within Family Hubs:

- 92.6% agreed Family Hubs are useful places to discuss vaccination
- Only 0.8% disagreed
- Participants consistently described Family Hubs as accessible, welcoming and trusted environments.

Confidence in vaccination

Participants were generally positive about vaccination:

- 93.4% believed vaccination helps prevent illness
- 88.0% felt people important to them supported vaccination
- 84.6% felt able to access vaccinations

- 81.3% felt they had enough vaccination information
- 82.1% felt supported by healthcare professionals.

These findings suggest that, among those reached by the pilot, vaccine confidence was generally high.

What the evaluation tells us

Family Hubs are trusted community assets

The clearest message from the evaluation is that Family Hubs are trusted spaces where conversations about vaccination can happen naturally and without judgement.

Participants frequently reported that they valued:

- Informal conversations with healthcare professionals
- Opportunities to ask questions
- Access to advice during existing Family Hub visits
- The non-clinical environment
- Time to explore concerns without feeling pressured.

For many families, particularly those facing language barriers, social isolation, competing priorities or concerns about vaccination, these conversations represent an important first step towards informed decision-making.

Practical implication
Future vaccination programmes should use community-based venues like Family Hubs as part of initiatives to engage under-served groups.

Trusted conversations matter

The evaluation found numerous examples where discussions with healthcare professionals increased confidence and reduced uncertainty. Participants reported greater reassurance after speaking to nurses and, in some cases, reconsidered previous decisions to delay or avoid vaccination.

The findings suggest that trusted conversations are particularly important because concerns rarely stem from a single issue. Hesitancy was often linked to a combination of:

- Social media exposure
- Family influence
- Previous experiences
- Concerns about side effects
- Uncertainty about vaccine safety
- Misinformation circulating within social networks.

Practical implication
Investment in skilled, relationship-based engagement may be just as important as investment in vaccination delivery itself. Future programmes should protect time for conversations and questions rather than focusing exclusively on vaccine administration.

Misinformation remains a significant challenge

Despite generally positive attitudes toward vaccination, concerns about MMR/MMRV vaccines remained highly visible throughout the evaluation.

Parents frequently referenced:

- Autism-related narratives
- Stories shared by friends and family
- Information from social media
- Online content questioning vaccine safety.

Importantly, these concerns often persisted even among otherwise pro-vaccination families.

The evaluation also found that:

- 58.8% reported obtaining at least some vaccination information from media sources
- Family and community influence played a major role in shaping decisions.

Practical implication
Develop information and resources to address the recurring misinformation themes, particularly around:

- MMR/MMRV and autism
- Vaccine side effects
- Fertility concerns
- Pregnancy vaccination
- Natural immunity narratives.

Understanding the gap between engagement and uptake

The evaluation from Phase 2 has shown that engagement does not automatically translate into immediate vaccination.

A total of 446 people engaged with the service:

- 92.6% supported vaccination discussions in Family Hubs.
- 31 vaccinations were administered.

The revised model was intentionally designed to improve confidence, trust and understanding rather than function solely as a vaccination clinic. The evaluation suggests the programme is effective as an engagement mechanism but there is potential to strengthen the pathway from conversation to actual vaccination.

Practical implication
Future delivery should focus on creating stronger opportunities for follow-up vaccines, including:

- Direct booking into vaccination appointments
- Follow-up contact where appropriate
- Better links with GP practices
- Mechanisms to confirm whether vaccinations occur after referral.

Groups who may benefit most from future support

The evaluation identified several opportunities for targeted intervention.

Families with incomplete vaccination histories

Among participants who reported they were not fully vaccinated themselves:

- 71.4% also reported having under-vaccinated children.

This suggests parental vaccination status could act as an early indicator for families who may benefit from additional support.

Ethnically Diverse Communities

The programme engaged substantial numbers of residents from:

- Asian communities (35.8%)
- Black communities (32.6%)
- Other minority ethnic groups (8.4%).

This demonstrates that initiatives in Family Hubs are able to reach communities that may be underserved by traditional approaches.

Operational learning for future delivery

What worked well

The evaluation highlighted several operational strengths. Stakeholders consistently valued:

- Strong partnership working
- Alignment with Family Hub priorities
- Co-location with existing services
- Support from health visitors and midwives
- Reception staff actively directing families to sessions
- Informal and approachable engagement methods.

Reception staff were identified as particularly important in generating conversations and increasing visibility of the service. Practitioners highlighted their contribution as a major success factor.

Challenges identified

The evaluation also highlighted areas for improvement:

- Limited clinic days and times
- Inconsistent outcome tracking
- Difficulty confirming vaccinations following referral
- Challenges recording overseas vaccination histories
- Lack of flexible systems for updating immunisation records
- Variation between Family Hub sites.

Practical implication

Future phases would benefit from:

- Expanded operating hours
- More locations across Coventry
- Stronger data-sharing arrangements
- Clearer partner responsibilities
- Improved recording systems for overseas vaccinations
- Consistent monitoring and reporting processes.

Strategic recommendations

Based on the evidence collected and analysed during Phase 2, the following priorities should inform future delivery.

Priority 1: Retain and expand the Family Hub Model

- This model is highly valued by residents and partners and provides a trusted route into vaccination conversations.

Priority 2: Strengthen conversation pathways

- Make it easier for families to progress from discussion to vaccination through direct booking, referral and follow-up arrangements.

Priority 3: Develop a systematic response to misinformation

- Equip practitioners with resources and materials to address recurring concerns confidently and consistently.

Priority 4: Improve monitoring and outcomes tracking

- Measure not only engagement numbers but also referrals, completed vaccinations, and longer-term outcomes.

Priority 5: Use community insight to shape delivery

- Continue adapting delivery based on population needs, community feedback and vaccination coverage data.

Conclusion

Phase 2 demonstrates that Family Hubs can provide an effective community space for engaging, underserved communities to build vaccine confidence and create trusted opportunities for dialogue about vaccination. The evidence suggests the programme's greatest value lies not simply in delivering vaccinations, but in addressing the social, cultural and practical factors that influence vaccination decisions.

For Coventry City Council and partners, the key lesson is clear: trusted community settings, skilled conversations and strong local partnerships can help address vaccination inequalities in ways that traditional healthcare services alone may struggle to achieve. Future phases should retain these strengths while improving pathways into vaccination, strengthening responses to misinformation, and developing better systems to demonstrate impact over time.