The limited research on home visits suggests that other factors need to be considered when introducing or evaluating the effectiveness of this service.

An international systematic review evaluating the effectiveness of home visiting programmes on the uptake of childhood immunisations identified several papers detailing various home visiting programmes by health visitors, community mothers (that is, non-professionals), public health nurses and other professionals (Kendrick et al, 2000). The combined results found that these programmes had no effect on the uptake of immunisation.

However, the programmes were likely to have been conducted in the wake of the MMR controversy, when concern about vaccination was high and parental confidence in healthcare professionals’ intervention may have been low. Furthermore, offering targeted home visiting conflicts with some healthcare professionals’ beliefs so may not always have been delivered with conviction.

A recent UK qualitative study among 22 health visitors explored their perceptions of their role regarding immunisation (Redsell et al, 2010). The results revealed that, while some administered vaccines to children on their caseloads and supported the view that they were helping families to access services by immunising at home, others felt that parents failed to attend immunisation appointments because of other priorities. In this case, immunising at home took the responsibility of attendance away from parents, thereby giving them permission to miss appointments.

A few health visitors felt that if families did not attend repeated immunisation appointments, this indicated they did not want their child to have them, a view which should be respected. Some parents who are uncertain about immunisation do not accept the risks posed by either accepting or explicitly refusing; rather they decide to opt for a kind of indeterminate state where they are fully committed to neither vaccination nor non-vaccination.

Serpell and Green (2006) suggested that, in making this compromise, parents aim to reduce the risks involved in either decision. However, they also pointed out that, in reality, these parents are making a decision not to have immunisations by omission.

Non-attendance for appointments may be a way in which these parents covertly refuse immunisation without entering into the debate. Home visiting to discuss the issue may be effective for such parents who feel more comfortable on home territory.

### Improving healthcare professionals’ knowledge and skills

A paper by Andrew Wakefield and colleagues, published in 1998 and interpreted as suggesting a causative link between the MMR vaccine and autism, sparked concern over vaccine safety and escalated into a major public controversy.

Uptake of the vaccine fell to a record low, demonstrating the negative impact that media reporting can have on parental decision making. Parents of both unvaccinated children (Sporton and Francis, 2001) and vaccinated children expressed concerns about vaccine safety (Salmon et al, 2005; Raithatha et al, 2003; Evans et al, 2001). They criticised the information they received about the vaccination from healthcare staff, suggesting it was of poor quality and biased in favour of immunisation (Smailbegovic et al, 2003; Evans et al, 2001, Sporton and Francis, 2001).

In a more recent investigation, health visitors thought the MMR situation was recovering (Redsell et al, 2010). Smith et al (2007) also reported an increase in the proportion of parents who considered MMR to be completely safe or to carry only a slight risk. However, the current MMR immunisation rate of 85% remains lower than the peak coverage of 92% achieved in 1995-96 (The NHS Information Centre for Health and Social Care, 2008; 2005).

Much of the research on healthcare professionals’ knowledge and skills around immunisation information delivery emerged in the years after the MMR crisis. Petrovic et al (2001) conducted a survey on the second dose of the MMR vaccine among healthcare staff (health visitors n=148, practice nurses n=239 and GPs n=206) working in North Wales. The results showed that 48% (220/460) had reservations and 3% (15/460) disagreed with the policy of giving the second dose. Although health visitors were nominated as the best source of advice on the vaccine, only 61% of this group reported feeling very confident about explaining the two dose schedule to a parent. The authors concluded that although healthcare professionals’ knowledge and practice about MMR vaccine varied considerably.

Henderson et al (2004) undertook a survey to ascertain the views of GPs working in Scotland about immunisation. The survey had a good response rate (73%), of whom 28% had concerns about the MMR vaccination.

A Department of Health (2004) survey reported at that time 20% of GPs, 12% of health visitors and 11% of practice nurses were concerned about some aspect of the immunisation programme. The main concerns were related to MMR, including high levels of parental anxiety, the introduction of the new five in one vaccine and parents’ lack of choice. Although nine out of 10 of those interviewed claimed they were confident about explaining immunisation issues to parents, inconsistencies in knowledge were apparent both within and between all groups of healthcare professionals (DH, 2004).

Clearly, the findings of these papers need to be set in the context of the MMR crisis, which is now subsiding. However, they...