# Increasing childhood immunisation uptake in East Marsh Ward

## Summary of a Pilot Project
## Dec 2010-June 2011

**Background**

From the East Marsh Children's Centre it was noted that there was an issue with low uptake of childhood immunisation. Public health considered various options such as

1. Immunisation in children centres
   This was considered not viable due to the additional cost for a GP practice or practices to provide this service. GP practices through their contracts provide a childhood immunisation service for their registered population. Therefore for one GP practice to immunise children registered with another practice would have caused problems with administration of payments related to targets.

2. A community based approach through an existing social enterprise – Asgard
   This approach would employ a community worker from the Asgard team to target families whose children were missing immunisations in East Marsh to support attending their own GP practice for immunisation.
   This was felt to be a cost effective approach and was used in the pilot study.

The childhood immunisation data was supplied by North East Lincolnshire Council Child services via North East Lincolnshire Public Health Directorate.

**Objectives**

In additional to increasing immunisation uptake; Additional objectives were; putting families into contact with primary care services to improve the wellbeing of the family. During this process gathering information on reasons why parents are not engaging with services, dispelling some myths, encouraging families to engage with health services and to show cost effectiveness of the method of intervention.

**Findings**

85 children aged one or under were identified as not having a complete immunisation schedule and therefore were at risk of a vaccine preventable disease.

**Approach**

The ASGARD worker employed a one to one empathetic approach when dealing with the targeted families encouraging engagement with primary care services in order to complete vaccination schedules for children. She worked in and with the East Marsh Children's Centre staff.

**Results**

Of the 85 children identified, 3 left the area during the time (so couldn't be followed up) bringing the number eligible for follow up to 82. Of these 76 children had immunisations, 4 children couldn't be contacted and 2 'though contacted' refused immunisations for their child/ren therefore representing a 93% success rate.
Case studies demonstrated the chaotic lives of some families, and that by simply facilitating and assisting with transport to GP practices had real impacts on children's vaccination uptake. The cost for the Asgard service was £1614.96 for the six months (under £20 pounds per child/family).

**Conclusions**

This community engagement approach, undertaken as a pilot project in East Marsh, was shown to be an effective one to reach families where their children had not started or continued with their childhood immunisations.
As well as the numbers of children not being up to date with their immunisation being immunised during this pilot phase there were a number of other additional benefits. These include the Asgard worker , previously an Asgard volunteer, being in paid employment for 6 months, increasing her skill knowledge and confidence along with the number of families engaging with primary care services for other health benefits (e.g. screening).

**Recommendations**

1. Continue to use Children's Centres as the point of dissemination of information about childhood immunisation
2. Continue to use the one-to-one empathetic approach when engaging with families around immunisations
3. Provide the opportunity for families to easily contact a healthcare professional or community worker who can give advice on immunisation
4. Continue to gather information on reasons why parents don't engage with services providing childhood immunisations
5. To encourage families in East Marsh to engage more with health services
6. Continue to offer cost-effective community-based interventions that engage with vulnerable families
7. Offer a community based approach through the use of an engagement worker in those communities where uptake is poor. (Estimated costs for an Asgard worker working 5 hrs per week per annum would be £3229.87).
8. Continue to support registration, organisation and transport to primary care facilities for vulnerable families
9. Continue to disseminate information and support about the ability to move between GP practices
10. GP Practices assess how they engage with families who do not routinely engage with traditional methods of call and recall for childhood immunisations
11. GP practices consider offering immunisations services in other places than the traditional GP practice setting.

**The way forward**

Though this pilot project has finished, the approach is being used to engage with other families were children have missed their immunisations. From July to December 2011 the Asgard worker is being funded for 5 hours per week (by public health) to engage with families where their children were missed being recalled for childhood immunisations. This support has been offered across all GP practices in NEL. Further information and a full report is available from public health NEL.CT-PublicHealth@nhs.net

North East Lincolnshire NHS
Care Trust Plus