Creating impact using storytelling in health visiting. A successful outcome for Cumbria and the north east.

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In 2015 commissioning responsibility for the 0-5 healthy child programme will transfer to local government enabling integrated commissioning of services. Health visitor development has focused on workforce integration to achieve improved outcomes. Based on proven approach with families in challenging situations we used a strengths-based learning space to explore perspectives and generate impact.

Workshops were held in each of the four provider areas which: provided a prominent platform for the voice of families; identified examples of integrated best practice; created space for targeted conversations with strategic leaders across health and local authorities; supported reflexivity within the health visiting workforce and enabled discussion about the implications of the change ahead. Practitioners developed their understanding of the causal mechanisms of the day to day and its impacts on families and communities and its significance to the universal aspect of services.

Responses showed that health visitors found it relatively difficult to 'step into the shoes' of the family or the other practitioners. External perception of health visiting new strengthened and expanded practice base has not yet reached the consciousness of others; "it is not about weighing babies". The strengths-based approach supported those involved to become active in their own response to the data at every level. "passion is not enough I need to empower staff to promote the unique contribution that their training and modus operandi equips them to do."

The data captured in this project suggests that health visiting faces the same challenge as articulated by Hunt in the seventies, "there seems to be a common feeling among health visitors that their role is difficult to interpret to others, and that it is not well understood or agreed upon by those with whom they work" (cited by Baldwin, 2012). In this presentation we will explore how and why the relational work with families, that is so highly valued inside health visiting, can and should be described and re-described to safeguard the unique skill set they bring to the site of public health practice.

Youth Count in Decisions on Environment and Health

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The call for an effective dialogue among civil society, scientific community and decision makers in public health is a priority since only the public uptake and involvement can determine the impact of any research and public policy.

We address this issue through the GIOCONDA project (I GIOvani CONtano nelle Decisioni su Ambiente e salute – the Youth Count in Decisions on Environment and Health, LIFE13 ENV/IT/000225). GIOCONDA's core is to build and foster a dialogue among young citizens and local policy makers in the field of environmental health *using the scientific evidence*. The objective is to provide a tool for public consultation of young citizens on environment and health issues, to reinforce evidence informed policy making.

In its multidisciplinary challenge, GIOCONDA combines two monitoring systems: one based on environmental data collection on air and noise pollution, measuring the "real" risk; the other based on the risk perception of teenagers, referred to environmental problems and health. Starting from a network of municipalities, schools and other local authorities in four locations in Italy, characterized by different environmental pressures and local cultures, the project's staff applied the two monitoring systems and developed a series of engagement and research activities in the classrooms. The result is the GIOCONDA's governance tool: an online platform, used to share data, to provide information of public policies, and to collect students' recommendations.

We will show how GIOCONDA allows to co-create useful and useable evidence through an innovative process that focuses on a peculiar public as the youngsters and connects local schools, public administrators and the scientific community. GIOCONDA bases the dialogue on research results and, conversely, includes scientific evidence in an institutionalized participation process of youth in local decision-making.

Acceptability of financial incentives for breastfeeding: thematic analysis of comments to UK online news reports

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Background

The World Health Organization recommends babies are breastfed for at least six months. Financial incentives have been used to encourage breastfeeding, but limited research has explored the acceptability of these. We examined UK public attitudes towards financial incentives for breastfeeding using online data.

Methods

Thematic analysis was undertaken on 3,373 reader comments posted in response to 13 articles reporting a pilot study exploring the effectiveness of incentives for breastfeeding. All articles were published in November 2013 on one of six popular UK news websites.

Findings

Nine themes were identified: children are a lifestyle choice; financial incentives are discriminatory and divisive; incentives create a culture of entitlement; incentives are personally insulting; they have an emotional impact on recipients; they need to be effective and cost-effective; they need to generate initial motivation; the design, delivery and impact of incentives are questioned; and they have an inequitable impact on personal choice.

Discussion

Those commenting on the on-line UK news articles amongst the general public viewed financial incentives for breastfeeding as unacceptable and that alternative, structural, interventions were likely to be more effective.