

RHWYDWAITH IECHYD
CYHOEDDUS CYMRU
PUBLIC HEALTH
NETWORK CYMRU



Behaviour
Change

November 2020

Welcome

Welcome to the November edition of the e-bulletin which this month has a focus on COVID-19 and behaviour change.

Public Health Network Cymru held a COVID-19 and Behavioural Science webinar in October which discussed the application of behavioural science to current preventative activity in Wales and, using an example of young people and social distancing, described a process which intervention developers, from policy to communications, could use to increase their impact on the COVID19-safe behaviours of the public. Further information and the live recording from this webinar is available on our [website](#).

We would love to hear about any additional information, case studies or tips to share with the wider public health community in Wales in future e-bulletins and our website so please get in touch with us at: publichealth.network@wales.nhs.uk.

Contact us

You can contact Public Health Network Cymru in a variety of ways

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Latest information on coronavirus disease (COVID-19)

Coronavirus disease (COVID-19) is a new disease that can affect your lungs and airways. It's caused by a virus called severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

Public Health Wales is working closely with the Welsh Government and the other UK public health agencies to carefully monitor the situation and implement our planned response, with measures in place to protect the health of the public.

The guidance on the measures needed in response to Coronavirus changes rapidly. It's worth always checking the [latest information from Public Health Wales](#). The pages include a wide range of comprehensive information for public and professionals.

[Public Health Network Cymru - Coronavirus \(COVID-19\)](#)

You can find links to a wide range of sources on Public Health Network Cymru's Coronavirus (COVID-19) page [here](#).

Public Health Network Cymru welcomes feedback on this selection, and suggestions for additional sources that may be of interest to the public health community in Wales.



COVID-19
INFORMATION
FOR
PROFESSIONALS



Using Behavioural Science Measures to prevent transmission of COVID-19

Lowri Betryst Evans, Senior Behaviour Change Specialist, Public Health Wales

"We control this pandemic with our behaviours" - WHO Policy framework for supporting prevention and management, October 2020.

The impact of human behaviour on the way we live our lives has rarely been so widely debated as it has been this year, with each new day bringing with it a fresh batch of articles about the effect our behaviour is having on the transmission of COVID-19 within our communities. Slowing and stopping the spread of COVID-19 requires each of us to adhere to personal protective behaviours. Some are adhering, and need to continue to (so not change); some are not adhering and do need to change. The pertinent question is why doing so has been such a challenge? The behaviours that people have been asked to adopt, to protect themselves and the people around them, might seem relatively straight-forward to some, yet are found difficult by others; social distancing (reducing the number of contacts we have, and maintaining a physical distance), wearing a face covering, washing our hands regularly and thoroughly, self-isolating (when we're symptomatic, or a contact), getting a COVID-19 test, and engaging with contact tracing.

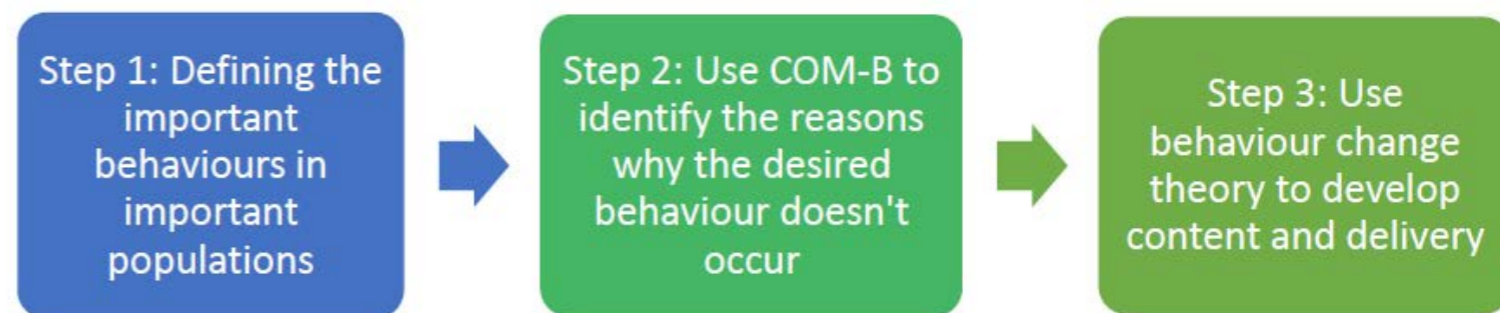
But, if we know these behaviours will help us to stop the spread of COVID-19 then why is it such a challenge for some people to effectively engage with them? Quite simply, many of these behaviours are new to us and are more complex than they initially appear. Those of us not working in clinical settings have likely rarely considered whether our handwashing technique is effective at cleaning our hands, and many of us previously only considered someone else's proximity to us in a public space if we felt that our "personal space" was being infringed upon. As outlined in the best-selling book *Thinking, Fast and Slow* by Daniel Kahneman, most of our day-to-day behaviours are automatic, or driven by impulses, habits and beliefs. These new health protection behaviours are currently in our slower "System 2"; we need to be effortful with them, and plan them in to our day. We don't have the same habitual shortcut built in to picking up our face covering when we leave the house that we do with our wallet, as an example.

Having an understanding of why people do and don't engage with these behaviours is a vital step in controlling the spread of COVID-19. Having a test and trace system, for example, that is able to contact 98% of the contacts of positive cases is critically important, but if those people don't make the behavioural changes required to engage in self-isolation, the impact that that system will have on transmission is limited. Behavioural science approaches help us to focus on the important causes of the behaviour - the root causes of why people are behaving, or not behaving, in this way - and avoids a narrow or biased focus on individual components such as knowledge or awareness raising, which are unlikely to be effective. By exploring these causes using behavioural science approaches, we can identify the active ingredients needed for interventions which seek to change the behaviour.

There are a multitude of causes for a given behaviour, which will vary between populations, scenarios and settings. A framework for thinking about a behaviour systematically helps us to try and cover all bases, and reduces the chances of us missing out on a key component of a behaviour.

At Public Health Wales, we work on a three step process for applying behavioural insights. It provides a framework for thinking about the interventions we're trying to develop, with each step being critical to the process, so whether you have 6 hours or 6 months to work through a behaviour, each step can still be worked through. What can be varied, however, is the amount of depth you can go into at each step, as this is dependent on the resources available to you; it could be as little as a meeting with your colleagues or stakeholders to think through what you know about each step.

COM-B stands for capability, opportunity, motivation and behaviour. It is a commonly used framework for looking at behavioural change interventions.



Many professionals working on the COVID-19 response are becoming increasingly interested in how to apply behavioural science. To support the application of behavioural science to public health in Wales, this three step process has been turned into supplementary guidance, which you can use to change behaviour in your own setting or topic area.

To access, please visit: <https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/educational-and-childcare-settings/sup-015-behavioural-science-in-public-comms-guide/>

Further work by the Behaviour Change Team, Public Health Wales can be viewed [here](#).

A Brief Guide to Behaviour Change in Pandemic Times (and other challenges to our world)

Wales Centre for Behaviour Change have been writing some short pieces for [Professor Peter Halligan, Chief Scientific Adviser for Wales](#), to help [Welsh Government](#) and stakeholders understand human behaviour (why are people panic shopping? why can't people keep 2m social distance?), and how we can harness behaviour science to help people behave in ways that support our communities and reduce the chance of contagion.

They have an irregular blog page focusing on positive psychology, behaviour science and motivation, and will be reproducing pieces about Covid-19 and behaviour change to the site '[The View from Above](#)'

In July 2020 they summarised some of the blog material and have created a [Brief Guide to Behaviour Change PDF](#) which is free to download and use under a [Creative Commons Attribution 4.0 International \(CC BY 4.0\) license](#).

The Behavioural Insights Team

The Behavioural Insights Team apply behavioural insights to inform policy, improve public services and deliver positive results for people and communities.

<https://www.bi.team/our-work/covid-19/>

Understanding Vaccine Hesitancy within NHS Wales Staff



Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board



Centre for Behavioural
Science and Applied
Psychology



Iechyd Cyhoeddus
Cymru
Public Health
Wales

On Monday the 9th November 2020, Pfizer and BioNTech released preliminary data on its vaccine development, showing that it can prevent more than 90% of people from getting COVID-19. Initial data from the vaccine developed by Moderna Inc has demonstrated similar results. In light of these promising findings, plans are now being put in place to roll-out a vaccination programme. Plans are still being made as to which groups will receive a vaccine first; however, it is likely older care home residents and care home staff will be prioritised first, followed by healthcare workers, and then people in the general population ranked by age group.

The success of a vaccination programme for COVID-19 depends not only the efficacy, safety, and durability of the vaccine, but also on its uptake. In June 2020, research conducted by the Centre for Behavioural Science and Applied Psychology (CeBSAP) at Sheffield Hallam University, found that one in five individuals at increased risk of COVID-19 reported being unwilling to receive a COVID-19 vaccine if one was to become available(1). This is perhaps unsurprising given that people will have a variety of thoughts and feelings about the future COVID-19 vaccine. In addition, there are challenges with regards to the anticipated logistical challenges affecting its future availability and distribution among different priority groups that may also impact on uptake.

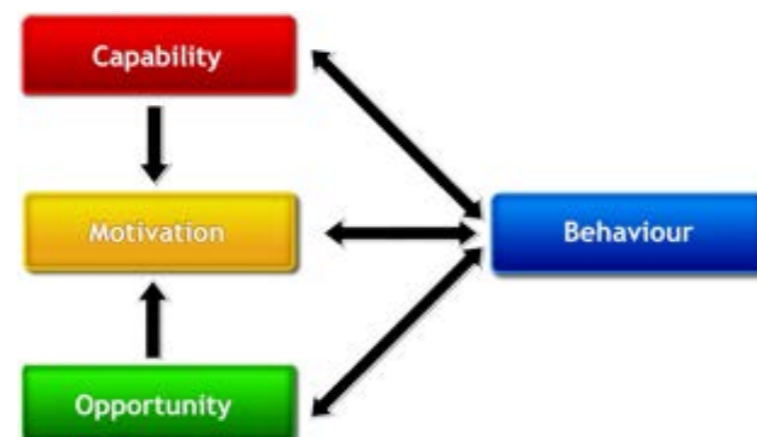
We know that uptake can be low for other vaccination programmes for communicable diseases, including in staff working within healthcare settings(2). All NHS staff are offered the annual influenza vaccination to protect them and their patients. Despite several influenza campaigns, fewer than 55% of NHS Wales staff received their vaccination in 2018/19. Previously, the Welsh Government set a target of 60% uptake; however, only two out of all seven NHS Wales Health Boards in Wales (Aneurin Bevan University Health Board and Powys Teaching Health Board) met this target in 2018/19(3). Promisingly, Cwm Taf Morgannwg University Health Board (CTMUHB) met their target of 60% vaccination uptake for the first time in December 2019(4). This year the target is 75%.

The 2020/2021 influenza vaccination programme has now begun within NHS Wales; however, it is unknown whether people's understanding and experience of COVID-19 has influenced their influenza immunisation uptake (and vice versa). It is crucial that we explore the issues that affect influenza vaccine uptake, as well as the future uptake of the COVID-19 vaccine, among NHS staff in Wales in order to put plans in place to mitigate those issues and encourage increased uptake.

Behavioural science research has demonstrated that people's decision-making about vaccinations is complex, and the availability of a vaccine alone will not be sufficient to support its uptake. In order to encourage and support uptake, we must first understand the factors influencing vaccine decision-making. The COM-B model(5) is a useful framework for understanding these factors. For vaccination uptake to occur, people need the *Capability, Opportunity, and Motivation* to do so. In the context of vaccination uptake:

Capability refers to whether the individual has the psychological and physical ability to obtain their vaccine. For example:

- Do they have knowledge about the importance of vaccinations, for themselves and others?
- Do they have the skills necessary to receive their vaccination?



Opportunity refers to whether the physical and social environment makes the uptake of vaccines possible or prompts it. For example:

- Do they have the time to receive their vaccination and is it easily accessible?
- Are colleagues, family, and friends willing to receive a vaccine?

Motivation refers to all the reflective and automatic brain processes that direct vaccine uptake, including habits as well as conscious decision-making. For example:

- Do they view themselves and others as being at risk of the virus?
- Do they view vaccines as effective and necessary?
- Do they have concerns about safety or effectiveness?

By working out what needs to change via this COM-B diagnosis, we can then design interventions to encourage vaccination uptake. The COM-B model sits within the Behaviour Change Wheel (BCW)(6); a practical guide to designing and evaluating behaviour change interventions. The BCW approach matches the type of broad intervention strategy, its implementation, and its content (called behaviour change techniques) to those identified behavioural influences. For example, in the case of vaccinations we may find that NHS staff are not motivated to receive their vaccine, therefore we might look to increase their motivation by increasing their understanding of the benefits of the vaccination (persuasion), or using words and images to show other NHS employees receiving the vaccine (modelling).

Researchers at CeBSAP are working alongside colleagues at CTMUHB and Public Health Wales to encourage influenza and COVID-19 vaccine uptake in patient-facing NHS employees of CTMUHB, including clinical and non-clinical staff. This programme of work includes two stages:

- Semi-structured interviews with NHS employees of CTMUHB to identify the barriers and facilitators influencing influenza vaccine uptake and intentions to receive an influenza and COVID-19 vaccine, informed by the COM-B model.
- Co-design workshops with NHS employees of CTMUHB to design interventions using the BCW that target those identified behavioural influences, in order to encourage vaccination uptake.

The findings will lead to the development of a range of interventions, including new public health communications and policies, to encourage and support vaccination uptake in NHS employees in CTMUHB, and potentially across Wales.

This project is currently ongoing. If you would like to find out more, please get in touch: cebsap@shu.ac.uk

References: (1) Thorneloe, R., Wilcockson, H., Lamb, M., Jordan, C. H., & Arden, M. (2020). Willingness to receive a COVID-19 vaccine among adults at high-risk of COVID-19: a UK-wide survey; (2) Jorgensen, P., Mereckiene, J., Cotter, S., Johansen, K., Tsovala, S., & Brown, C. (2018). How close are countries of the WHO European Region to achieving the goal of vaccinating 75% of key risk groups against influenza? Results from national surveys on seasonal influenza vaccination programmes, 2008/2009 to 2014/2015. *Vaccine*, 36(4), 442-452; (3) Beynon, C. A Strategic Review of Vaccinations and Immunisations for Cwm Taf Morgannwg University Health Board. 2019. [Internal document]. (4) Cwm Taf Morgannwg University Health Board. 2020. CTM Board Update. [Internal Document]. (5) Michie, S., Van Stralen, M. M., & West, R. (2011). The behaviour change wheel: a new method for characterising and designing behaviour change interventions. *Implementation science*, 6(1), 42; (6) Michie, S., Atkins, L., & West, R. (2014). *The behaviour change wheel: A guide to designing interventions*. London, UK: Silverback.

Tell us what we CAN do, not what we CAN'T

Ms Ceri Williams and Professor John Parkinson, Wales Centre for Behaviour Change, Bangor University.

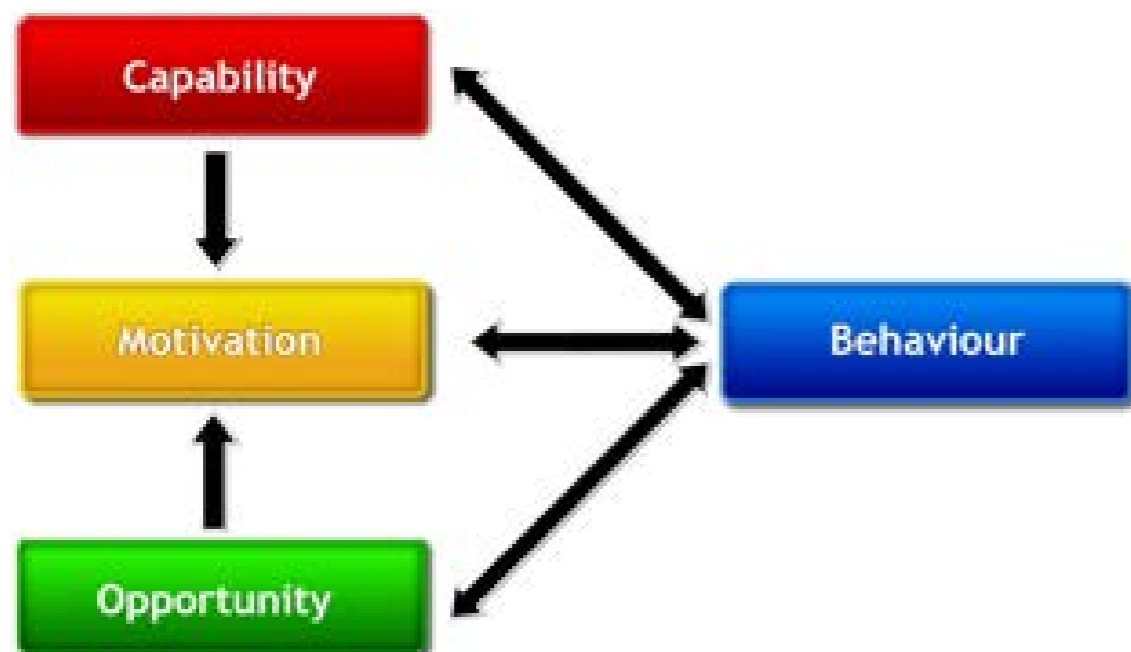
Taking a 'behavioural insights' approach means applying evidence and theory about human behaviour to practical problems. We were approached recently to see what this approach might have to offer to a particular problem faced in Bangor, North Wales – a rise in cases of COVID-19 among the student population.

Bangor is an interesting case study, as the university is embedded within the city and the population of the city centre ostensibly doubles during term time. An outbreak among students, therefore, has the potential to spread rapidly throughout the community as well as increasing pressure on local NHS capacity.

One initial assumption was that students were at fault – house parties in some parts of the country had made headlines in recent weeks. It would be understandable if students, away from home for the first time, wanted to try and have the normal 'Student experience'. What we need to do, you might feel, is to take a punitive approach and really hammer home the risks to Students, so that they'll cease and desist.

But, if behavioural science has one lesson for us to learn, it's the importance of challenging our assumptions. We went into this brief with an open mind and a set of behavioural science tools to see what we could learn.

We ran a series of focus groups with students across different year-groups. Rather than ask students directly about their adherence to the rules, we focused on understanding their behaviour and what was driving it. We ran a "day in the life" activity to explore routines and habits, and a card sorting exercise based on the COM-B model (see figure) to identify behavioural blockers. In addition, we sought to understand the physical environment, the social context, and what emotions students are experiencing – as these are all factors that have an influence on behaviour.



Through this process, we discovered that, across year groups and locations, all students were highly anxious about the virus. Motivation to reduce the risk of spreading the virus was high, but there were ways in which the physical environment made this challenging. Furthermore, students reflected that most messages directed at them were about what they couldn't do, and very few were about what they could do.

Two other themes that came through strongly were keeping up with studies, and trying to protect mental health. Socialising with other students was primarily occurring in the context of mitigating anxiety in these areas – meeting up with course-mates to tackle homework together, as online learning poses challenges for some to ask questions and maintain focus during lectures. The "household" rule presented issues, particularly for first years, who didn't get a say in who they live with. In some cases, having any contact with other humans at all would require breaking rules. In others, the same was true for the ability to have clean laundry.

From these insights, we recommended an approach to focus communications on positive behaviours that individuals can do, and to show greater empathy for challenging situations. In a recent follow-up focus group, 'anxious' was still the word that came up most, but some new words had appeared, too: hopeful, better, semi-confident.

For more information, contact Wales Centre for Behaviour Change, Bangor University <http://behaviourchange.bangor.ac.uk>

References:

1. Behavioural Insights (2020), Michael Hallsworth & Elspeth Kirkman.
2. Michie, S., van Stralen, M.M. & West, R. The behaviour change wheel: A new method for characterising and designing behaviour change interventions. *Implementation Sci* 6, 42 (2011).

Being AdventureSmart to make your good day better!



Paul Donovan and Emma Edwards-Jones

Covid-19 has prompted many people to think hard about how, where and when they exercise. Available data reveals a complex picture but there is little doubt that patterns of physical activity changed during the pandemic.

Some people found they had more time to exercise, some were denied access to their usual organised exercise (gyms/sports clubs) and there was considerable media focus on exercise.

For those organisations who have responsibility for managing outdoor recreation and access to coast and countryside, the shifting patterns were evident with people flocking to beaches, hills, mountains and lakes in unprecedented numbers. The result was that, at a time when their capacity to respond was significantly reduced, our emergency services were placed under increased pressure. - already seeing a year on year increase in call-outs, this summer was especially busy.

On Saturday 8th August HM Coastguard dealt with 340 individual incidents across the whole of the UK which represents a 145% increase when compared to the average amount of call-outs they recorded throughout August 2019. RNLI callouts around the UK and Ireland are also up with a 64% increase in the number of recreational water users aided by the RNLI. Additionally, many lifeguards reported seeing an increase in the number of visitors to beaches around the coast and lifeboat launches to people who got into trouble whilst walking or running at the coast over the summer increased by 46%, with 175 more people aided in comparison to last year.

In 2018, AdventureSmart.uk was launched (having initially begun as AdventureSmartWales in 2016 with the support of Welsh Government). AdventureSmart UK is a campaign supported by a growing (currently 70+) partnership of outdoor and tourism organisations. Our ask is that our partners work with us to re-think how we talk about safety in the outdoors and adopt the AdventureSmart ethos in their safety comms. Our ambition is that AdventureSmart achieves awareness at a level similar to the Countryside Code, owned by no-one but used by all!

Some organisations use number of call-outs/fatalities/injuries to encourage people to plan for their trip but there is little evidence that this works - their teams are busier than ever. The truth is that many people are unaware of the potential hazards, unable to assess the risks associated with their chosen adventure and therefore clueless when it comes to knowing what action to take to stay safe. The 'fear of death' approach to safety comms can also have the unintended consequence of scaring those who might benefit from it most, into not heading out at all.

AdventureSmart UK has taken a social marketing approach to encouraging people to adopt behaviours which will keep them safe and help them have a more enjoyable experience. The communication strategy is built around the basic premise of whatever your adventure ask yourself 3 questions before you set off...

- Do I know what the weather will be like?
- Do I have the right gear?
- Do I have the knowledge and skills for the day?

As the challenges of lockdown continue, the Forget-me-not Chorus (FMNC) continues to create innovative ways to reach and support even more families affected by dementia through the joy of song.

There are some basic principles underpinning AdventureSmart.

- Consistency and repetition of messaging from many sources. People need to hear the same messaging from social media, websites, in print and from the people they meet such as wardens, accommodation providers and cafe staff
- Positivity: we don't dwell on the negatives such as danger and hazards, instead we focus on what we want people to do
- Tone: we aim to keep comms clear, friendly, without jargon and appropriate for the identified target audience.

We use a broad combination of activities in order to promote 'safe' behaviours. In particular we want to see a move away from hiding information behind a 'safety information' tab - the people who need that information are unlikely to click. Instead they have to come across the information without effort. For example in August this year AdventureSmart posters were displayed in washrooms at selected Service areas on the M6. The aim was to reach people heading to Cumbria/Lake District. This resulted in a significant peak in traffic to AdventureSmart.uk. Social marketing enables us to target audiences for specific messages linked to the behaviours which will address specific hazards, such as checking the tide times before setting off on a coastal walk.

It is still too early to assess whether this approach to outdoor recreation safety will reduce the ongoing rate of increase in emergency callouts - behaviour change on this scale takes time!

For more information contact Paul Donovan escape.routes@btopenworld.com or Emma Edwards-Jones emma@snowdonia-active.com

Public Health Network Cymru Podcast

Latest Podcast

Welcome to our new PHNC Podcast Page of the Ebulletin. Here you can listen to the the previously released Podcasts.

The Latest Podcast in the series is on Learning Disabilities.

If you are interested in recording a podcast with us in the future, please contact us via email:

publichealth.network@wales.nhs.uk

Click to view the Sound
and Vision Pages



Learning Disabilities: Multi-Sport ▶

Arts and Health: Roadshow ▶

Health Impact Assessment: WHIASU ▶

Heart Health: BHF ▶

Nutrition: Early Years with Andrea Basu ▶

International Health: Migrant Health ▶

Community Care: OP who are Neurodiverse ▶

Dementia: World Toilet Day ▶

Sustainability: Sue Toner and Bronia Bendall ▶

Love Activity, Hate Exercise ▶

Sexual Health ▶

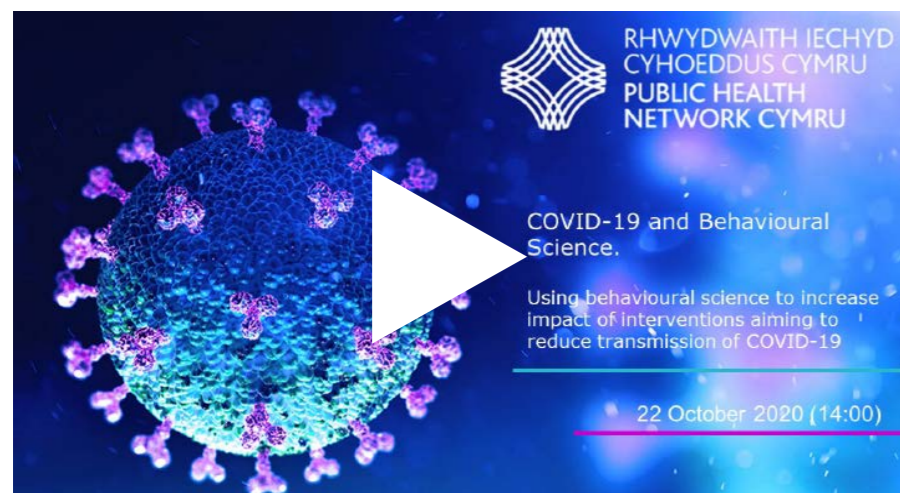
Alcohol: Drinkwise Age Well ▶

Sun Safety: Skin Cancer ▶

Gambling: The living room ▶

Public Health Network Cymru Press Play

Latest Video



Welcome to Press Play, here you can get the latest PHNC videos from youtube!

Our latest COVID-19 webinar featured a session from team members of the Health Improvement Division, Public Health Wales.

The webinar discussed the application of behavioural science to current preventative activity in Wales and, using an example of young people and social distancing, described a process which intervention developers, from policy to communications, can use to increase their impact on the COVID-19 safe behaviours.

We would be grateful for your feedback via a [short survey](#) once you have watched the above webinar

Click to view the Sound
and Vision Pages



COVID-19 and BAME Communities - The Welsh Government Response



COVID-19 HIA 'Staying at Home and Social Distancing Policy' in Wales



COVID-19 In a Nutshell



Beth Jones - Homelessness



Dr Peter Mackie - Homelessness



Emma Williams - Homelessness



LD Seminar: Simon Rose and Karen Warner



LD Seminar: Sam Dredge



LD Seminar: Ruth Northway



LD Seminar: Karen Everleigh and Hazel Powell



Public Health Network Cymru in Numbers



Shaping our Future: Cat Tully



Shaping our Future: Sophie Howe



Shaping our Future: Highlights



The Grapevine

Fishing community's health and wellbeing needs to be at the centre of Brexit response – new report

Activ8: Active Inclusion Programme

VOLUNTEERING MATTERS



Activ8 are offering webinars on interview techniques with Barclays in November and long term 1-2-1 mentoring with professionals from Aviva and National Grid for young people aged 18-24 who are looking to take their next steps into work, education or training.

Activ8 is an Active Inclusion Programme funded by European Social Fund, managed by the WCVA and distributed by the Welsh Government.

Activ8 offers:

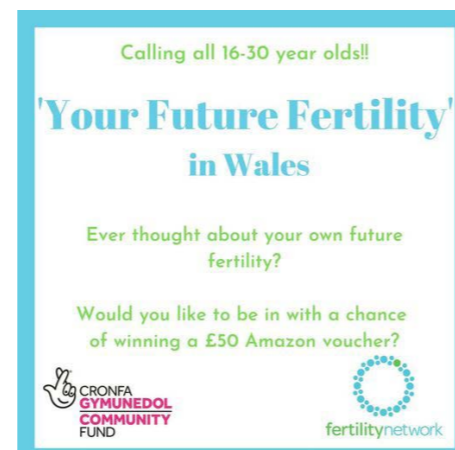
- Help to create a C.V. and Interview preparation.
- Skills2confidence sessions in small group sessions and 1-2-1 working.
- Autism awareness certification and other bespoke training sessions to suit the individual.
- Reasonable transport costs – we can help with travel to interviews.
- References for future opportunities.

To be eligible for Activ8, participants can't be engaged in any other training, education or employment and must be aged 16-24 and living in Gwent. *16-17 yrs need additional barriers to employment, e.g. being a carer.

If you need any further information, contact us. Activ8@volunteeringmatters.org.uk Tel: 01495 750 333

Future Fertility Survey - Wales

Are you aged between 16 and 30?
Ever thought about your own future fertility?
Would you like to be in with a chance of winning a £50 Amazon voucher?
To enter our FREE PRIZE DRAW, please take part in the 'Your Future Fertility' survey.
It's quick and simple.
Just click on the link to take part:
<https://www.surveymonkey.co.uk/r/KFFL8CP>
When you're done, hit submit. Good luck!
Survey Closes 31 December 2020



A [new report](#) highlights the importance of protecting the wellbeing of Welsh fishing communities as they face up to the uncertainty and potential detrimental economic impact of Brexit.

The publication, co-authored by Public Health Wales and the Mental Health Foundation, identifies the health and wellbeing impacts of the many challenges and uncertainties facing fishing communities in Wales. These longstanding issues are likely to be further exacerbated by Brexit, bringing an extra source of stress to over 800 workers and their families.

The report calls for more action to prevent uncertainty occurring in the first place, to protect against the negative impact on mental wellbeing, and to promote health and wellbeing in Wales' fishing communities. Good health, the report argues, is critical to those working in the sector to maintain viable livelihoods for their families.

Dr Alisha Davies, Head of Research and Evaluation at Public Health Wales, said: "For generations our fishing and coastal communities have responded to hardship by drawing on their own considerable strengths. However, the focus on their health and wellbeing is often not prioritised.

"Our new report highlights that – while Brexit is a concern – there are many other challenges in fishing today, and it is this accumulation of adversity which puts undue pressure on the fishing community. "We need to work with fishing communities to better coordinate support, integrate health, and encourage early access to help when needed."

The report considers the cumulative impact of uncertainty and economic factors on the wellbeing needs of the fishing and coastal communities. Dominated by small vessels with a limited coastal range, the Welsh fishing fleet is export-dependent and relies on seamless trade routes with over 90 per cent of its sales of fresh and live produce going to the European Union.



These dependencies leave the sector extremely vulnerable to economic fluctuations, which is a cause of increasing anxiety to individuals that work in the sea fish and shellfish sector in Wales.

Dr Antonis Kousoulis, Director of Mental Health Foundation for Wales and England said: "Our research comes at an important point in time, when financial uncertainty and family pressures are at a peak for fishing communities in Wales.

"It is a stark reminder that national plans sometimes neglect the impact on mental health for professionals and communities who face vulnerabilities.

"But it also provides a new contribution of evidence on how we can prevent important health problems for fishermen and their families, and how we can implement plans to improve wellbeing which will have wider positive impacts on business and resilience."

In the report those working in the fishing industry and support organisations talk openly about their key concerns regarding the viability of fishing as a business. These include financial pressures, regulatory and administrative burdens, limited control over fisheries management and national policy decisions, sustainability of the industry, and the importance of maintaining good health.

The report outlines a series of recommendations informed by the fishing community in Wales. These include: simplifying administrative processes; co-producing policies and a viable vision for the future of Welsh fishing; championing the Welsh fishing sector; promoting Welsh produce; visible enforcement of health & safety regulations; and ensuring fishermen have better access to health and wellbeing services.

Welcoming the report, Chrissy King, Port Officer, Fishermen's Mission said: "As a fishing community we have a strong tradition of giving our neighbours practical physical help like lending a hand, when we see they need that help. "Increasing awareness and support for fishermen's mental health and well-being is important, timely and relevant."

The report concludes that public health approach informed by the best available evidence, and co-produced with the fishing community, is the only sustainable way to help build resilience in the sector and address the key issues of mental health and wellbeing.



PLATFORM

For mental health and social change
Dros iechyd meddwl a newid cymdeithasol



Llywodraeth Cymru
Welsh Government



Gwasanaeth
Di-Waith

Out of
Work Service



The Welsh Government funded Short Term Unemployed—Out of Work Service is here to support anyone who has become unemployed due to the current Covid—19 pandemic.

- Anyone that has become unemployed since March 2020;
- Live in Cardiff or The Vale of Glamorgan
- Is suffering from or has a history of substance misuse or facing challenges with mental health ; and
- Is looking to get back into work.

Platform Peer Mentors can help support people with job searching, applications and CV's, interview preparation; or accessing training, qualifications, volunteering; to regain employment.

Contact the Short Term Unemployed OoWS at:

stuoows@platform.org or call 01443 845975

Public Health Network Cymru Headlines

Latest News

Public Health Wales selected to take part in a programme on understanding the impact of [COVID-19 on service change and health inequalities](#).

Public Health Wales has been selected by the Health Foundation, an independent charity committed to bringing about better health and health care for people in the UK, to be part of its new COVID-19 research programme. The programme is seeking to understand the impact of the pandemic in two distinct areas:

- How health and social care service delivery has changed in light of COVID-19
- The impact of COVID-19 on health inequalities and the wider determinants of health.

The research programme is supporting 10 teams from across the UK with grants of between £100,000 and £200,000. Each project will run for up to 12 months.

Click to view the News Pages



Home working can enhance mental well-being – but also increases risk of stress



Training resources available in preparation for the COVID -19 Vaccination



Survey reveals exercise habits during lockdown



Merthyr Tydfil County Borough to be first whole area testing pilot in Wales



Temporary visitor 'pods' for care homes to be rolled-out



First report published by working group on Black, Asian and Minority Ethnic education resources



Public Health Network Cymru Calendar

1	2 Working with the whole person: Alcohol, mental health and complex needs	3 Tackling Loneliness and Social Isolation in Older People Digital Conference	4	5
7	8	9 The Unequal Pandemic: COVID-19 and Health Inequalities	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30	31	

Visit www.publichealthnetwork.cymru for more info on events

Topics

- Accident and Injury Prevention ▶
- Alcohol ▶
- Arts and Health ▶
- Brexit Health Hub ▶
- Gambling ▶
- Health and Social Care ▶
- Human Rights ▶
- International Health ▶
- Mental Health ▶
- Noncommunicable Diseases ▶
- Nutrition ▶
- Obesity ▶
- Oral Health ▶
- Physical Activity ▶
- Policy ▶
- Sexual Health ▶
- Sleeping and Health ▶
- Smoking ▶
- Substance Misuse ▶
- Sun Awareness ▶
- Violence and Abuse ▶

- Communities ▶
- Education ▶
- Environment ▶
- Families and Social Care ▶
- Health Inequalities ▶
- Lifestyle ▶
- Poverty ▶
- Unemployment ▶
- Work ▶

- Early Years ▶
- Maternal and New Born ▶
- Working age adult ▶
- Older People ▶
- Children and Young People ▶

- Asylum Seekers ▶
- Carers ▶
- Ethnic Groups ▶
- Faith Groups ▶
- Gender ▶
- Gypsies ▶
- Homelessness ▶
- LGBT ▶
- Migrants ▶
- Parents ▶
- Learning Disabilities ▶
- Prisoners ▶
- Veterans ▶

Next Issue...



COVID-19 and Black, Asian and
Minority Ethnic Communities