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Transcript

March 7, 2024, 1:01PM

Jo Peden (Public Health Wales) 0:07

Welcome to building blocks for gender equity. We've got such an exciting line up and because it's International Women's Day, so let's celebrate International Women's Day, well it's tomorrow, but let's celebrate it early and hope to have a really good discussion. And so just a few housekeeping things before we start. If you have any questions during the webinar, if you could just put it in the chat and we can have those in Welsh or English and the webinar will be recorded. And if you have any technical difficulties, just put that in the chat and someone will come and help you.

So the topic today is about building blocks for gender equity, and often when we talk about and health and gender, we focus in on maybe particular diseases that affect women. So we're trying to broaden the discussion today because what we need for health is the building blocks which is housing, education, safe environment, good schooling and really importantly, Fair Work. So unfortunately, women often have a sort of a burden of the gender pay gap and the burden of caring, and also often many people unfortunately, experience violence against women and then there's also intersectionality. So some women have the double burden of these things and inequalities that are made worse.

So today we're exploring what we can do about that, how we can have policies that support gender equity, whether it's gender mainstreaming or gender budgeting. And we're exploring some of the themes around that, around how we can widen the discussion to think more broadly about those determinants of health that affect women in particularly. So we've got a very exciting line up of speakers, we've got Rae Cornish who's the Head of Gender and Disability Policy for Welsh Government, and Rae has had a social justice theme to her career so far, she's worked with prisoner education, supported non employed adults and worked with violence against women, domestic abuse and sexual violence.
We have Lynn Beachey, who is the Senior Women's Health Policy Manager, Welsh Government, and Lynn has a sort of a career history in citizens voice body and also mental health advocacy.
We have a Melanie Hyde who's a Technical Officer for Human Rights and Gender, from WHO Venice office and she's drawn on her decade of expertise in human rights law, and particularly within the health sector and she has a background of working on transformative health responses to gender based violence.
We also have Marie Derstroff, who's a Researcher in Knowledge Translation at the Centre for Health Service Research in Germany, and she's also doing a Medical PhD in a Medical University, Brandenburg.

And we have Lara Snowden, who works in Violence Prevention Programme Lead and Development Officer at WHO CC Public Health Wales, and she's done a lot of work around violence prevention, strategic leadership, research, evaluation and advocacy for public health approach to violence, and I forgot to say who I am.
I'm professor Jo Peden, I'm really glad to help chair this event today and just to say that I feel very passionately about this area because I have worked in violence against women and girls and also was women in prison who as you know, are really affected by violence in their lives? And also I have four children. I struggle with the work life balance and I feel it's really important to have supportive policies in place in work for women, but also for men to take their equal share in that caring responsibility, and I just feel passionately that we are in a fortunate position maybe to help other women and to pull other women up behind to support them and help them to develop a career where they're, you know, they are well paid, they enjoy it and have fun along the way.
We're going to start off with Marie. So if Marie would like to put her camera on and and then we can hear her presentation. Thanks.

Marie Derstroff 4:57

Thank you so much for inviting me to this event and to provide me with the opportunity to speak on one of the topics that matters most to me, which is women's health and gender equity and I want to start with this presentation I was assigned on the task to talk about women's health. And I was wondering what is that and what is the way of how we perceive women's health? So I went on and I asked a couple of people in my environment on what they thought. When I asked the question what's women's health? Pregnancy and mental maternal healthcare for sure. Or, I think women tend to struggle more with mental health issues, where some of the responses give them. And while there were all correct, they all focused on health conditions or health services given to women in a medical or psychological way.
But health at the same time is way more complex than this, so therefore I would like to offer you a different perspective of looking at women's health. Thinking of unemployment or working conditions, for example, can we live a healthy life when working in an environment where we are exposed to toxic gases without being given protective equipment? Can we maintain a healthy diet without being paid a living wage? Looking at the environment, can we be healthy without clean air to breathe?
The answer to all these is no.

Because health is comprised of many factors, and while it is a key part of health that we do have access to health services and clear from diseases, health is made up of a complex interplay of many factors. What I outlined already in the last slide is one of the key frameworks of breaking this complexity of health down into the building blocks of health, which were defined as surroundings, housing, transport, family, friends and communities, food, work, education and other skills. The building blocks for health are non-medical factors that influence health outcomes.

They are conditions in which people are born, grow, work, live, age and set out a wider forces and systems which shape the conditions of our daily life.
And this complexity forms one of the reasons of why promoting healthy choices alone and access to healthcare does not eliminate the health disparities.
Instead, public health organizations and partners in different sectors such as education, transportation, housing only to take action together to improve the conditions in people's environments.

One of the key goals to achieve women's health is named health equity.
Women's health equity refers to the state in which all women have fair and just opportunities to attain their highest levels of health. But equity isn't about sameness.
It's all about fairness and I think the most simple example for this is imagine riding a bicycle with everyone using the same bicycle. It doesn't work because our circumstances differ, some of us might be taller, or some of us might have mobility issues, and equity acknowledges these differences and makes adjustments to create fairness.
So therefore, women's health equity ensures that all women, including women by sex or gender, have a fair chance to achieve their highest levels of health.

Investing in women's health means working on the Sustainable Development Goals as defined by the United Nations. They were created with the aim of providing peace and prosperity for people and the planet now and in the future, the relevance of achieving women's health equity, therefore goes far beyond just health.
It's a matter of economic stability and growth of global cooperation, of political stability and, above all, of essential human rights. Because looking at the building blocks of health makes it easier to understand that achieving the 5th or the 10th sustainable development goal might also assist in achieving a more sustainable development goals such as goal 1 of tackling poverty or goal 11 of creating sustainable cities and communities. But as you can perhaps imagine from previous slides, the world is not on track of achieving this goal set for 2030.

You may look at this and be inclined to think the issue is relevant to all United Nations Member States. It could be attributed to countries far away, such as Pakistan, where financial inclusion of women ends as a mirror of 7%, coupled with less than four years of schooling for girls. This statistics could stem from Somalia, where only 2% of women have access to birth control resources, or Syria, in which 75 out of every 100,000 women are killed in organized violence and under 70% of women feel safe in their own communities. And well, partly it is, but this isn't the entire story of why we aren't on track. Let's take a look at the United Kingdom.

Looking at parts of the global Gender gap index, the UK only ranks 105th on health and survival for women and 116th for healthy life expectancy internationally. It is just one of the examples where women's health is affected worse in the United Kingdom.
Looking at Wales, women in Wales have, for example, higher rates of disability are more likely to

suffer from mental illnesses. Women in Wales take on more unpaid caring responsibilities but while also being paid less and nearly twice as many women aged 16 to 59 in Wales were victims of domestic violence compared to men and these are just some examples of where we are currently failing to achieving Women's Health equity and thereby the sustainable development goals.

In my preparation, I took the initiative to look at two different health strategies set out for Wales, and indeed they did talk about different live cost approaches.
A whole system approaches to health and social care, referring back to the building blocks I presented in the beginning, which indicated to me holistic approach of looking at health and health equity, the other one looking more closely into the strategies, the strategies outline focus largely on health conditions and health services. The first plan, for example, was limited to the role of the NHS and improving women's health. And while mentioning education and workplaces as key settings, a large focus light on chronic conditions, sexual and mental health. So what I was wondering was if the approach of understanding the complexity and why they're influences on health is really at the heart of what is being done, or whether we have an untapped potential of improving women's health and therefore gender equity as a whole.

When I wrote my masters dissertation together with Public Health Wales, I had a similar starting point. I wrote about the cost-of-living crisis, which once again may not seem to really fit the topic of women's health, if we look at it from a narrow perspective, but indeed it turned out to be highly health relevant. If we look back at the building blocks for health, the cost of living crisis was found to have similar health impacts to the COVID-19 pandemic and left people in critical situations where trade-offs between key foundations of health, such as eating or heating, needed to be made, and similarly was relevant for women because it had various gender implications and not only low income groups were affected, but women specifically entered the crisis with lower financial resilience, all of which leave women at a higher risk for the immediate but also long term health consequences and mental and physical well-being. It is similar to what I previously described of the strategy, because there was also a lot of work on women's health done across various plans and the Welsh Government had become a focus government. However, witnessing these disproportionate effects on women indicated that there was an untapped potential in integrating gender equity considerations into the actions we took.

Upon conducting a policy analysis of all cost-of-living policies, I've found several lacks of gender equity, gender equity considerations, which might have led to the higher impacts on women's health. Firstly, none of the policies addressed the underlying factors contributing to gender equity. And while some policies attempted, for example, to provide a monetary compensation to balance the issue, pre-existing inequities maintained throughout the policies. Similarly, I've found no database upon which the policies were constructed or evaluated, which left open questions on whether challenges faced by women were considered or being evaluated. Eligibility criteria of many policies appeared narrow, focusing solely on factors such as income or savings, while neglecting considerations such as household size, number of children or unpaid caring responsibilities and

potentially leaving women without coverage.
But overall the solution of providing lump sum payments seemed inadequate as it failed to consider the specific needs of certain groups such as single mothers.
And lastly, household level payments left agenda sensitivity and could accelerate economic abuse particularly because women make up nearly 3/4 of the affected individuals. So overall, while there were attempts being done on investing in women's health, the cost-of-living crisis appears to be one of the examples where we had failed to make gender equity relevant considerations in policymaking.

Where can we go from here?
I have already presented parts of my work all pertinent to the cost of living crisis, and instead of repeating what we could have, we can learn from the cost of living crisis or improving this crisis I would like to offer a wider perspective on how the ideas behind my solutions might assist in future policymaking and in achieving women's health and gender equity. In total I developed different solutions based on the key approach called gender mainstreaming. Gender mainstreaming is a strategy to improve the quality of public policies, programs or projects to ensure a more efficient allocation of resources. I decided on gender mainstreaming as it follows the idea of gender equity and is it best practice internationally with numerous guidelines and handbooks existing ready for implementation, but also gender mainstreaming, considers addressing all building blocks for health comprehensively and equitably.
A devolved integrating gender perspectives into all parts of policymaking and thereby ensures that the diverse needs, priorities and experiences of all are considered. One key aspect of gender mainstreaming is a gender transformative approach to policymaking, which also constitutes the solution I proposed and addressing underlying factors of gender inequities.
Once we tackle the root causes, we can also assure that issues are being solved right where they come from.
It doesn't require a lot of maths to realize that this not only more efficient, but also cheaper on the long run as we will need to invest less resources in the future.
Going on about this, it might require a few more tweaks and the way of how we construct our policies.

Jo Peden (Public Health Wales) 17:48

Just one more minute, Marie. Thanks, sorry.

Marie Derstroff 17:50

Yes.
A key part of gender mainstreaming is to conduct impact assessments, which means that we do need to establish high quality data systems whereby we can estimate and measure policies that are being proposed and how they impact women and how they're being evaluated? Implementing

gender mainstreaming means rethinking the way we allocate resources and budgets, and one example for this is gender budgeting, which means that we do need to consider the distinct financial needs and challenges faced by all genders when allocating budgets and therefore making it more fair, but also more effective. Gender budgeting, as an example, allows to maximize the impact of spending by targeting resources to areas where they are needed most and therefore improving economic productivity and all the prosperity.

If you want to take a few things out of this presentation, health is a complex interplay of factors and being healthy doesn't just mean free of disease. Health is built on many building blocks of health, and therefore whatever decision we make, even if it's in a context we might not intuitively associate with health, it might be relevant to health. Therefore, with whatever we do, we will need to consider which implications our decisions have or had already. It might start complex, but on a good note, whichever decision you make has the potential of paving the way for a more resilient and inclusive future. A second good note, some of the health plans in place already appear to account for these building blocks, however, could be improved when it comes to continuously implementing gender equity considerations. And on our third good note, gender mainstreaming practices offer a step by step guide tested and successfully implemented in various settings, allowing for an efficient transfer to the Welsh setting. Investing in women's health equity means understanding that health is a core foundation of healthy workers, a strong economy, resilient society, and upholding essential human rights. Investing in women's health means investing in a resilient, inclusive and prosperous future. And it offers Wales the opportunity to become a forerunner in achieving the Sustainable Development Goals and as achieving gender equality is long overdue, the time to achieve this is now.
Thank you.

Jo Peden (Public Health Wales) 20:37
A h, thank you, Marie.
That was a really, really interesting presentation and I think we're really lucky actually in Wales that we do have a government that really do care about this and we're very lucky that we've got Rae and Lynn here to talk about what the Welsh Government are doing and we can hopefully explore some of the issues a bit further in the question and answer session afterwards, so thanks for your presentation and I now would like to introduce Rae and Lynn who are going to give us an update about women's health and Wales and the work they've been doing within Welsh Government.
Thank you.

Marie, do you want to stop presenting your presentation and then I think they'll be able to put theirs up.

Beachey, Lynn (HSS - Quality & Nursing Directorate) 22:01
The screens isn’t sharing, it worked earlier when we tested it let's just try again, sorry.

Jo Peden (Public Health Wales) 22:23
But while you're doing that, we're getting lots of questions in the chat.

Beachey, Lynn (HSS - Quality & Nursing Directorate) 22:35
Right, it's not letting me share it for some reason.

Jo Peden (Public Health Wales) 22:38
I wonder whether Catherine can help behind the scenes at all.

Catherine Evans (Public Health Wales) 22:50
I've got your presentation, I can share it if all else fails, but if you want to have another try.

Beachey, Lynn (HSS - Quality & Nursing Directorate) 22:56
Is it on now?

Jo Peden (Public Health Wales) 23:11
Oh yeah, we've got it now. Brilliant.

Beachey, Lynn (HSS - Quality & Nursing Directorate) 23:23
Is it in a slide show? It's looking strange on my screen.

Cornish, Rae (ESJWL - Communities & Tackling Poverty - Equality) 23:40
OK, Lynn do you want to start?

Beachey, Lynn (HSS - Quality & Nursing Directorate) 24:01

And yeah, there we are. OK. So thank you for having us here today to talk about the work we're doing in Welsh Government around the health needs of women and girls, The Women's Health team has been in place since June 2023, led by Janine Howe, Head of Women's Health, with myself and Louise Williams forming the rest of the team. Our ongoing work covers areas that affect women and those assigned female at birth, such as endometriosis, menopause, menstrual health, abortion, fertility, pelvic health, and incontinence. We are also working with the NHS Executive in the development of a 10 year Women's Health plan, which I will come on to in more detail.

Women and girls make up just over 50% of the population but medicine and health care services have not necessarily met their needs, resulting in disparities in care between men and women. In July 2022, the Minister for Health and Social Services published the quality statement for women and girls health. It recognized that approaches to healthcare need to be modified to ensure women

and girls can access care in a timely way and is responsive to their choices. It's outlined that diagnostic criteria and treatment for conditions that affect both sexes are often based on typical male experience and that women would often be overlooked or dismissed because their lived experience or symptoms for the same condition could differ.
Data produced by the Office of National Statistics shows that women live a lower proportion of their life disability free than men, so health inequalities can disproportionately affect women. It detailed how women wait longer than men for pain relief and their symptoms with their symptoms dismissed or normalized impacting on their wellbeing through delayed diagnosis, worsening prognosis or failure to offer effective treatment.
It recognizes that services must respond to the different needs of individuals with protected characteristics under the Equality Act 2010, including the Anti Racism Plan for Wales and services across all gender identities. It's outlined that the quality attributes for health services for women and girls in Wales should be equitable, safe, effective, efficient person centered and timely, and that a woman's health plan is developed by the NHS Executive to deliver the ambitions of the quality statement. The minister's vision is that this is the first step in transforming the care received by women in Wales.

NHS Wales have been tasked to develop this 10 year Women's Health plan and must look to deliver the ambitions set out in the quality statement. This work will be delivered in a phased approach with three key stages. Discover, design and deliver. During 2022, the first stage of discover commenced. In order to understand the needs of women in Wales, over 4000 women and girls aged 16 to 85 were asked through surveys and focus groups. This enabled the opportunity for participants to identify inequalities and gaps in service provision, as well as identifying opportunities for improvements. This resulted in the publication of the Discovery Report, Foundations for a Women's Health plan in November that year, giving valuable insight regarding the experience of women and girls in accessing healthcare.
We are currently in the design phase, with the NHS Executive in the process of establishing a Women's Health Network. The network will build on the foundations in the Discovery report. The Minister has given a clear commitment that the plan will be co-produced.

The deliver phase will then implement and monitor the plan via the Women's Health Network and outcomes measured and reported via the NHS Executive. The Welsh Government Women's Health team will be supporting this work.

The10 year Women's Health Plan will clearly be an important piece of long term work to improve services for women and girls, but is not the only vehicle for improvements. There will be a number of other activities that are or will be completed to work towards that goal. The Women's Health plan will be a NHS plan, outlining how the NHS will meet the requirements of the quality statement.
We recognize there are wider social determinants of health, which must also be addressed. The Women's Health Team will therefore be working closely with colleagues from a range of policy areas

to provide a coordinated approach to delivering the ambition set out in a Healthier Wales.
Sorry, I've just lost my mouse.

Cornish, Rae (ESJWL - Communities & Tackling Poverty - Equality) 29:17

Thanks Lynn. Prynhawn da pawb. Good afternoon everybody. I'm Rae Cornish, I'm the Head of Disability and Gender Policy at Welsh Government. My team is Mel Matthews and I have a job share, Sian and Geraldine, who also work on gender. We do also have a post leading on period dignity, which is currently vacant, so we're hoping to fill that soon because it's a real priority for us.
So we are responsible for delivery of the gender equality review recommendations, gender policy more generally, period dignity policy and we manage grants for a range of organisations and local authorities.
We also run the Gender Equality Forum and the Period Dignity Roundtable meetings, both of which are chaired by the Deputy Minister for Social Partnerships.
I also have broader responsibility for disability policy, which means working closely with colleagues working on the Disability Rights Task Force and running the Disability Equality Forum, which is chaired by the Minister for Social Justice and Chief Whip. So the Advancing Gender Equality in Wales Plan, can you go back a slide, Lynn? Thank you, that's great. The Advancing Gender Equality in Wales plan was launched in March 2020 by the Minister for Social Justice and Chief Whip, and it came to an end in 2023.
It was published on the Welsh Government website and is still available to view.
It was the very first phase implementation plan for the recommendations which were resulting from the Gender Equality Review led by Chwarae Teg and that Gender Equality Review resulted in 2 reports, deeds not words and the road map which set out 81 short, medium and long term recommendations to achieve a gender equal Wales over a 20 year period. There were specifically 5 actions in the road map report which were related to health and in the next implementation plan that we're developing, women's health will be a key theme and we will ensure that any outstanding actions are reflected in our on going plans.

The road map also helpfully focuses on other areas of policy that impact on this area, including employment, transport, education, housing, and other key areas that contribute to women's health and well being overall. We work with colleagues in women's health very closely to understand the links between our work and ensure that we have a collaborative way of working across Welsh Government and also ensuring that Welsh ministers responsible for these areas have the right information across their portfolios to make decisions.
We've recently evaluated the 81 recommendations that resulted from the reports and we've determined that there are still 30 actions that have yet to be progressed or achieved. Our equality evidence units, which have been set up in the last year and a half, have helped us to prioritize these and they've confirmed that they're still relevant, even given recent huge events since publication, like Brexit, COVID 19, and the cost-of-living crisis. We are currently working to refine those into meaningful action and embed them into other relevant plans where they can be implemented fully

and mainstreamed into activity. Key features of the gender review were introducing gender budgeting and a mainstreaming approach, so it's really helpful that our first speaker focused on those.

We've run gender budgeting pilots in Welsh Government and are in the process of developing guidance for gender budgeting consideration in our policy cycle.
We're also embedding the mainstreaming approach into our impact assessment, so we have an integrated impact assessment tool. My area's responsible for the equality impact assessment and I agree with some of the comments that we don't need more impact assessments we need more effective ways of impact assessing and mainstreaming is an approach which lends itself to coproduction, which is something that's being tested by the Disability Rights Task Force at the moment successfully.
So I think that this is all very positive from a Welsh government perspective.
We are learning as we go and you know embedding mainstream approach into government is not an easy thing but we are aiming to do it as quickly as we can.
Thank you very much.

Jo Peden (Public Health Wales) 33:47

Thanks, Rae, that's really, really great. And I think we are so lucky that we are quite advanced compared to some countries, but obviously there's more things that we can do and especially I think around that working together to try you know if we all aiming for the same thing we need to support each other to make sure that we can work together. So the next presentation we have is from Lara Snowdon and it's Wales without violence, and she's going to tell us about making Wales a safer place for women and girls. Thanks.

Lara Snowdon (Public Health Wales) 34:24
Hi everybody. Thanks, Joe.
OK, bear with me whilst I just get my slides.

Jo Peden (Public Health Wales) 34:43
And I think, yes, you have about 10 minutes. Sorry to shorten you.

Lara Snowdon (Public Health Wales) 34:47
Oh, thanks, Joe, OK, that's fine thank you. Can you see my slides?

Jo Peden (Public Health Wales) 34:51
Yes, we can see them.

Lara Snowdon (Public Health Wales - No. 2 Capital Quarter) 34:53

OK, thank you. Fab so thanks for having me today. My name is Lara Snowdon.
I'm the Violence Prevention Programme Lead at Public Health Wales. I work in a multi-agency partnership called the Wales Violence Prevention Unit. The mission of the unit is to prevent violence across Wales through a public health approach to violence prevention. As other speakers have done, I just wanted to reflect quickly how this topic is really close to my heart. I think if women don't feel safe, then they simply can't achieve their potential. So as Joe said at the start, really violence prevention is a building block for health. So I just wanted to kind of really make that the foundation, I guess for my talk today.

OK, so I've only got 10 minutes. I don't think I've got time to kind of cover everything I wanted to. So I think what I will do is focus particularly on what a public health approach to violence prevention looks like and talk a little bit more about how we can conceptualize the prevention of violence against women and girls within that, and how gender equity can really support the prevention of violence against women and girls. I believe the slides will be circulated as well, so I've got some other information in the slide set about research that we've done and work with Welsh Government that we've done so you can kind of look at that at your own leisure after the webinar.

So I wanted to mention this really significant project that we launched last year and called Wales without violence. It was published in April 2023. It's a shared framework for the prevention of violence among children and young people in Wales.
The framework was coproduced by the Violence Prevention Unit and a group of young people called the Peer Action Collective, who are funded by the Youth Endowment Fund. It was based on evidence, so based on in particular, two systematic reviews that we did around the evidence of what works for the prevention of violence, but also it was informed by the views of over 1000 professionals and children and young people in Wales and we worked very closely to kind of think about using multi method, very sort of participatory approach to gaining people's views on the framework. So it was a really fantastic experience and I think we've produced a framework which is very kind of widely representative and engaging.
So please do have a look, it's the QR code is there or you can just go to waleswithoutviolence.com and you can download the framework from there.

So there was a few reasons why we focused on children and young people, aware that this webinar is particularly focusing on women and girls, but I will come to that.
So from kind of a public health perspective, looking at the rationale of why we would focus on this, the first is that children and young people are the cohort who are most at risk of experiencing violence in our population. Second, it is at this young age, you know, in childhood, early childhood through to adolescence, even preconception, actually, that the impact of structural inequality is kind of begin to have an impact on our future life course. So this could be through childhood adversity,

poverty or gender and racial inequality. So it's really, really important from a primary prevention perspective to kind of start this work at a young age where we can. The framework really focuses on primary prevention, which is something that we felt was a real gap at the moment in the Welsh landscape.
So it's looking at how do we prevent violence before it occurs rather than kind of responding to victims, either in terms of secondary or tertiary prevention. And then the final rationale is really around when we're looking at primary prevention and the evidence base for that it's programs with children and young people that have the best evidence around what works.

So this is a bit of a whistle stop tour, but I just wanted to give you a bit of a picture of the kind of epidemiology of violence in Wales, but in particular, with a focus on, I've tried to draw out some stats around women and girls. So we know that there is a relationship between gender and an increased risk of particular forms of violence, namely, domestic abuse and sexual violence for women and girls and then issues around kind of knife crime and violence, particularly in schools or in public spaces, that men and sorry that men and boys are more likely to experience.
We also know that people who are non-binary or transgender tend to be at risk of multiple different forms of violence and at a much higher risk than the general population. So there's lots of issues around gender that can be drawn out when we think about violence prevention.
But really kind of one of the main messages I want to get across here is that violence is endemic in our society, unfortunately, it's really sad to say, but it is the norm.
So for example, some research done by UN women found that 18 sorry, found that nine in 10, 18 to 24 year old girls in the UK and had experienced some form of sexual harassment, for example, and likewise some research, particularly in Welsh schools, found that six in ten female secondary school pupils had experienced some form of peer on peer harassment. So this is something which is really endemic to our society but and we know that it affects people. We know that it affects women and girls disproportionately, but we also know that that there are other intersecting risk factors which may increase or decrease the likelihood of it happening to particular groups of women and girls. So we know that poverty, ethnicity, migrant status and housing conditions really intersect with gender as well, which presents us with a bit of a complicated model.
But as public health likes to do, here's a bit of a kind of overview of what we call the socioecological model and it's helpful to try and conceptualize some of this really complicated stuff. But this really highlights that gender and racial inequality and poverty and socioeconomic inequality. How that forms the kind of the wider determinants of health really and can increase or decrease the likelihood of violence occurring.

So kind of final point about this epidemiology stuff is that in this vain, gender based violence is often described as a cause and a consequence of inequality.
So what this means is that there is this bidirectional relationship through which gender inequality can increase the risk of violence but violence, also in turn reproduces gender inequality. So we know that kind of having experienced violence having experiencing trauma and having kind of the negative impacts of violence can in turn affect women and girls's ability to achieve their full potential. So a

cause and a consequence of inequality is a really nice way, I think, of trying to conceptualize this.
OK, so probably not much time to go into this in detail, but really a public health approach to violence prevention, it brings some of the tools and the kind of the skills that we use in Public Health and brings that Public Health lens to bear on violence prevention, which is quite traditionally been seen as a criminal justice issue.
So typically we'll use this four step model where we really look at the epidemiology, of violence first and then seek to use evidence based solutions, implementing and evaluating those and scale them up at where they work through this iterative cycle.
That really kind of public health approach to violence prevention is this kind of system wide multi agency approach which is focused on prevention.
So through the development of the Wales without violence framework, we've again worked with all of the people, all of the large number of stakeholders that we work with on that on that piece of work to draw together nine principles for the prevention of violence in a Wales based on a public health approach, again conscious of time, so I'm not going to go into those in detail, but critically, we also produced a whole system approach to violence prevention.
So this is based on this idea of we have to take kind of multi sectoral multi agency action which engages children and young people and communities in that proactive action against violence.
The model is mapped against the socioecological model, which I showed you earlier, so it's based on those levels of risk factors that we know about and the principles in the previous slide run through this model. So it looks kind of across the life course, spanning from interventions we can do with families, parenting and in the early years through to kind of schools and education, and then those sort of structural risk factors around reducing poverty and inequality and working to provide supportive policy and legislation.
So in Wales without violence, we've got a lot more detail around some of the strategies which we can work on to try to prevent violence against women and girls in particular.

So some of the interventions which have been discussed already, such as gender, transformative approaches, gender mainstreaming, gender budgeting and of course, that kind of cross governmental multi agency working, that is really, really important to do in this area as well. But certainly this framework is just a start really and it outlines how we can conceptualize the prevention of violence through this quite broad ranging approach to try to prevent it before it happens.
So please do kind of have a look on the Wales without violence website and we'd love to hear from anybody if there's something in there that kind of sparks interest and you'd like to further discuss.
We're really now thinking about kind of implementation and how we can embed it across Wales and I think particularly thinking about those societal level risk factors is really important because that's obviously sometimes the work that is almost shied away from because it's big picture stuff and it's complicated.
So I will end there, but please do look kind of at the slides. There's a bit more information about the work that we've been doing over the past few years, particularly on violence against women and girls and a few reflections as well around kind of what was next in taking forward and the work that

we do. But yes, so I'll finish there, but happy to kind of answer any questions and take part in a discussion as well.

Jo Peden (Public Health Wales) 45:33
Thanks, Laura. That's really a great overview of what you've been doing and I always think that the determinants of crime are also the determinants of health. So if you can work on sort of violence prevention, you'll also addressing health and equalities. It's all interlinked and again relating to, you know, gender equity, if we can work across those wider determinants of health, we can try and address gender equity and improve it for women and girls. So thanks very much for that link. I think it's really, really important and I think any discussion on gender equity needs to have violence prevention in it. So thanks for joining us today and I think we have got some questions in the chat, but we'll hold the questions because we've just got one more presentation and this is from Melanie Hyde who is, I think she's dialling in from Venice.

HYDE, Melanie 46:28
Not yet, will be soon and actually.

Jo Peden (Public Health Wales) 46:29
Ohh so I tried to make it more glamorous

HYDE, Melanie 46:33
No, I'm sorry, Amsterdam. It's not quite as glamorous.

Jo Peden (Public Health Wales) 46:36
Oh, quite glamorous, yes. Well, thank you for joining us today.
And I think Melanie's going to talk about that link between gender equity and economy, and especially around work and how we can sort of take the wellbeing economy approach to address gender equity and health.
So thanks for joining us today Melanie.

HYDE, Melanie 47:00

OK, thanks very much, Jo. I'm really happy to be here today and the day before International Women's Day and speaking on this topic and so as Jo mentioned, I'm the Technical Officer, incoming actually, for gender and human rights for the WHO European Office for Investment, for Health and Development, which is the WHO Europe Center of Excellence. So I've been asked to talk a little bit about gender equity and how that relates to the wellbeing economy. And I just like first to, and I know other speakers have mentioned this and I think it's really important to look at, and this is the mission of the Office to promote health and prioritise a reduction in gender and health inequities, to create a fairer and healthier societies. So that actually means leaving no one behind in line with the Sustainable Development Goals, which map out a way forward to achieve a sustainable world for

everyone by 2030.
But of course, in reality, a substantial number of people are actually left behind and WHO estimates that around 50% of the world's population do not have adequate access to essential health services and this is often caused by barriers related to gender inequalities, discrimination and other social and economic factors. So we know that unequal power translates to unequal health.
And then we also know that health systems can reinforce these inequalities, or they can help to overcome them. So I think we need to look a little bit about what the incentive for the health sector is to do this. And one of the key incentives is, of course, what does gender equality bring? And we have a growing body of evidence and research that indicates that gender equality also leads to improved health outcomes, and not only for women, but also for men, women and children. So, is the presentation not showing somebody just.

Jo Peden (Public Health Wales) 49:00
I can see it.

HYDE, Melanie 49:02
OK, right, perhaps it's a glitch. So I mean, I think it's interesting to look at these statistics and these were born out in the woman's reports of 2016 and then the progress reports that WHO published and living in a gender equal country means two times the chance of reporting high wellbeing, half the chance of reporting being depressed and interestingly, a 40% less risk of violent deaths for adult men.
So how do we achieve gender equality, well, taking concrete measures to eliminate gender inequities and health specifically, along with broader initiatives to tackle gender inequality and governance and systems themselves, and so, Marie and other speakers have spoken about the links between gender equity and gender equality.
So I'm not going to go into any detail there, but I think it's interesting to look at the Gender Equality Index of 2022, that was developed by the European Institute for Gender Equality shows that at the rate we are going, it will take us more than three generations to achieve gender equality in the EU.

So there is a lot of work to do and when we look at reducing gender inequities, we need to look then mainly these manifest in three areas. So other speakers have spoken about this in terms of health outcomes, rates of maternal mortality, prevalence of GBV and importantly, how gender intersects with other determinants to produce inequities. Also in health services, so the way that they are provided so discrimination, bias and stereotypes in the delivery of health services and a good example there is also retraumatised survivors of GBV within the healthcare system refusing care, blaming survivors, violating confidentiality.
Unfortunately, it does happen and then something I'm going to dig in a little bit deeper into, which is incredibly important, is looking at the health workforce.
So looking at paid and unpaid care and health work, this is very heavily influenced by gender in relation to the type of work, whether that work is paid or unpaid.
The conditions of that work over the life course, and importantly, the relative value that that work is

given in any society.
So when we talk about value, we need to recognize that in Europe, most unpaid, informal carers, as is the case in the formal health and long term care workforce, are women.
Now, this unpaid, informal care subsidizes health and long term care systems, so an example which demonstrates just the volume of work that is being done is that an unpaid work is the fact that if 10% of older people currently receiving informal support, were to be provided with formal care, public expenditure on long term care in the European Union countries would need to double.
When we look also at paid Care, it's also predominantly carried out by women and often those from socially disadvantaged groups, including migrants with significant wage penalties and often poor working conditions.
So you see there, there's significant inequalities in our workforce, which equates to a loss of talent, expertise and morale.
We also know that the European region is the most feminised health and care workforce of all WHO regions, and when we look also at gender inequalities in relation to family responsibilities, on top of this, so we look here at a combination of paid, with unpaid work, which can also be an indicator of higher stress, leading to lower quality of life and pourer health outcomes for women.
And so knowing that health and care services depend on women contributing as unpaid, informal educators, carers for children's, carers for sick family members and elderly people, and then due to the gender pension gap, they're more likely to end their lives in poverty.

So what can a wellbeing economy approach offer us, well the World Health Organization views gender equity as a fundamental component of building a wellbeing economy, and gender equality is a key component of the equity priority which is at the heart, of course, of a wellbeing economy and recent dialogues show how gender equality is a key shared priority across health, economy and finance sectors.
The second point is that the wellbeing economy approach links gender to wellbeing capitals, which if invested in can have important co-benefits. For example, investing in gender equality could lead to increases in GDP of between 6.1 and 9.6% by 2050 for EU countries.
So by promoting gender equity, addressing gender disparities and integrating gender perspectives into policies and programs, societies can create more inclusive, prosperous and resilient economies that prioritise health and wellbeing of individuals.
So we see these links very clearly with gender equity and this approach and here you have wellbeing petal which shows the key wellbeing capitals which are part of this economy.
And do you see some examples of how gender is integrated into this approach?
So the first and it's been mentioned by many of the speakers here today, is data disaggregation and analysis. It's incredibly important. It's integrated and should be integrated into health equity impact assessments, and I saw a lot of discussion in the chat around this. So it would be great to dig into this, but the starting point is actually collecting the data and there are issues in relation to the data that we have and data gaps.
Secondly, gender budgeting, this was also mentioned and this is making sure that the allocation of public resources supports gender equality and empowerment, and there's two examples that we

tend to look at, and it's Austria and Iceland. They've been doing really very interesting work on gender budgeting and in Austria, the gender budgeting component is actually constitutionally enshrined, which is really fantastic and is leading to really positive outcomes in those two countries. And the third one is economic wellbeing. So again, going back to the care economy and paid and unpaid work, the gender pay gap, harassment and discrimination within unpaid and paid work spheres, really looking at those issues and bringing them in, but we need to do the gender analysis in relation to all of these factors and it's incredibly important.

In terms of looking at how we assess this, the WHO uses agenda responsive assessment scale and again as everybody has mentioned, gender transformative is what we're aiming for, absolutely. But we do have a scale to be able to see if a policy is actually gender responsive and it needs to be at least gender specific for us to say that it's gender responsive, and when we look at the scale we're looking at how gender norms, roles and relations being considered, and then the second step, which is the more difficult part, is have measures been taken to actively reduce those harmful effects and gender transformative approaches to health and to improve health outcomes across the life course by redefining those harmful gender norms, challenging gender stereotypes and developing more equitable gender roles in relationships.
So those approaches that send to gender equality and aim to change underlying power dynamics can be gender transformative. And I encourage you to have a look at that. I know there's a lot of different models, but we find this one quite helpful.

Other tools for data and analysis on the point around sex disaggregated data, the gaps, are still a significant problem and a lack of routinely collected sex disaggregated data on health needs, health seeking behaviour and use of services is a real challenge to try to design our services and policies that are gender transformative.
An example of that is that the World Health Statistics 2019 report found that globally we have less than half of the 28 gender relevant SDG indicators at the global level.
So there is a huge data gap, so we really need to focus on disaggregation and consider equity by dimensions of sex, gender, age, ethnicity, income group, education level, and by highlighting findings across these different dimensions.
The second thing is really looking at asking these questions and all of these tools really reinforce those three key questions. When we have the data then we need to understand why is there a difference if there is and how do those policies actually perpetuate or close gender and equity gaps. So the Saga guidelines are really great in terms of research and WHO has just endorsed those officially. And we also have a number of other tools that you can look at in terms of conducting inequality monitoring and impact assessments.

In terms of the tools around the wellbeing economy and as I mentioned, gender is really integrated significantly into that model, we have some great tools and the European Institute for Gender Equality has a really great step by step toolkit for gender budgeting, and we also have some really great case studies on Iceland and how different countries are really trying to tackle this and bring all

these frameworks together to actually achieve better outcomes for women.
So I know that that’s not a lot of time to go in detail, but I'm happy to share anything more with you and look forward to the discussions on the panel. Thank you.

Jo Peden (Public Health Wales) 59:41

Thank you, that's really very, I'd say, quite detailed presentation and I'm sure people might want to go back and look at it afterwards again, because it's maybe introducing newer concepts and ones we definitely need to get our head around if we want to do something about gender equity and I know that we work very closely with WHO on this, on the economy of wellbeing and I think maybe strengthening the gender part of what we do will help, you know, develop the economies of wellbeing which we want Wales to be. So thanks very much for your presentation.
So there are a lot of questions to get through. So we're going to have a good discussion I think. It's just a shame that we can't just turn everyone's microphone on and have a really good discussion, but because it's a webinar, we've got to limit it to questions and answers. So the first question we've got for our speakers is about what actions do we need to? So if you had one key action that you needed to do to ensure gender equity is at the heart of decision making, what would you do?
And should we start with Marie? Maybe go in order of speakers, might be easiest.

Marie Derstroff 1:00:59
Can we go in reverse order? Because I think I need a second to think about it.

Jo Peden (Public Health Wales) 1:01:04
That's OK, sorry Melanie is that OK to do that? It would be great if the speakers would just put their cameras back on.

HYDE, Melanie 1:01:22
So reverse order that's me then.
OK. Yes, I think, at the risk of asking for two, I mean I think it's looking at the data gaps and making sure that we're collecting the right data, but also then looking at that gender transformative approach. And there are a lot of tools to be able to assess that, that are really helpful, but we need to go beyond just looking at differences and say, OK, how do we transform those underlying conditions?
So the quality of the analysis is critical. So if we don't have the data, then we aren't able to understand what the problem is and the source of the differences.
But I think the most difficult thing is that transformative piece. But just knowing that there are such great tools and step by step processes, we can use to actually look at different policies and say, OK, how could we make this transformative?
So I think for me it's using those tools and then having them systematically used across governments

and you see that with this constitutional enshrining of this in Austria and the results that that's shown. So for me that would be the most critical over.

Jo Peden (Public Health Wales) 1:02:35
Thank you. I think it would be really interesting to, I did listen to a talk from somebody from Austria who was the European sort of forum and I did ask for her slides but of course they are all in Austrian, and so it didn't really help me, but she had, you know, her presentation was really, really good.
And so it might be useful for us to think about how we can tap into what they're doing and learn from them. And again, you know through the WHO links and I think that would be a good thing to do. Thank you and Lara, do you want to go next?

Lara Snowdon (Public Health Wales) 1:03:07
Thanks, yes, it's such a big question.
So just trying to think of something in particular, but just as Melanie was talking actually, it really just struck me how I think sometimes we as advocates for gender equality can actually learn some lessons I think from the gender transformative approach that we're, you know, sometimes advocating for and what I mean by that is I think often we're trying to really promote and almost level up the experience of women and girls, whereas actually looking at the experience of men and boys and looking at what they kind of seek to gain from gender equity and bringing men and boys on board, kind of as allies, I think is really important. It's something that increasingly in the kind of violence prevention world, we're kind of looking at how we can better engage with work to prevent violence with men and boys and particularly kind of doing that through a trauma informed lens and trying to understand actually, how the impact of kind of past trauma can actually kind of perpetuate violence, really. So that was it, that was a slight ramble, I guess, but just trying to kind of bring to bear some of those lessons really around a gender transformative approach to this discussion so that we can think about it broadly rather than so we're trying to kind of improve equity rather than trying to just kind of almost bring up women and girls, if that makes sense.

Jo Peden (Public Health Wales) 1:04:38
Yes, I think there’s work as well around social media. I think there's de-masculinization of men, and we almost need to not, you know, so it's almost like this might scare some men, but actually we've got to put the argument that actually you know they will benefit as well and how they can support this.
So I think it, yes, I think that the actual discussion having that is really important.
Thanks Laura, Marie, have you had a minute to think?

Marie Derstroff 1:05:14
Yes, well I feel like because my initial thought was just to go like the root of gender mainstreaming, but it kind of felt like a cheat code because it encompasses so many different things and I feel like what I would propose is to have gender impact assessments at this stage of planning different policies of seeing which actions we want to take, because I think a lot of activities involve later steps

on specific activities that we could do but I think really understanding that things that might not intuitively seem to relate to gender, but then it might have an effect on gender and to understand how wide and complex issues are is I think what I would propose because once we understand, once we understand the effect, it will become a lot easier than with whatever we want to do. We can think of gender as one factor.

Jo Peden (Public Health Wales) 1:06:20
Yeah and I think we did have a questions in around impact assessments in the chat and the comment around you know we don't need another separate gender impact assessment, actually we need the combined impact assessment unless we've got new regulations coming in there where we, you know have a duty then to do these health impact assessments which I think actually having a combined one is totally sensible thing to do.
I'm sorry Liz I can't turn your speaker on for this, because I'm sure you've got something to say, but I just wondered whether you wanted to comment on that on the health impact assessment, maybe Melanie and Laura and it's importance.

Lara Snowdon (Public Health Wales) 1:07:08
Oh, sorry I was waiting for Melanie to come in. I think there are people who are much better qualified to talk about this than i.e. Liz. So I won't say anything in particular.

HYDE, Melanie 1:07:23
Yes, I mean I can just jump in and say I think the most important thing, I mean whether it's combined or separate, I mean there are lots of different ways that people are go about it in different models. The most important thing is the quality of the analysis and this is what we see sometimes. We're not going far enough.
We don't have the data or we have the data, but we don't analyze it properly or the analysis doesn't feed into the policy. So it's also what Marie was talking about before, right? It's from the beginning, from the project design all the way through, and then also looking I think too about the life course, are we taking that into account and then are we also bringing those different determinants together to look at how this impacts different groups over the life course.
So I would be less concerned about how you're doing in the framework and actually the quality that comes out with particular emphasis on the gender. And this is, I think, why sometimes they'll do it separately, because then there's that focus and we know that that analysis has done has been done really well.
So I think, yes, I'm not sure if there's a perfect way to do it, but again, that's just some thoughts from my side.

Jo Peden (Public Health Wales) 1:08:30
Yes and I think also just making sure it's not a tick box exercise because it's so often is a tick box exercise that you know, it's like an afterthought that gets put on. And as you say, it doesn't feed into those, then shaping of that policy. So I think getting it really embedded and into, so it’s almost like a

cultural shift that actually we're doing this. And the reason we're doing it is to make a difference rather than just to tick a box. Thank you.

Now I've got quite a challenging question now so how would you suggest that policy and the decision makers are convinced to gender mainstream when they've got so many competing priorities. So I think it's about that question is probably around in Wales, have got lots of you know, we've got a very long waiting list, there's a real focus on clearing the waiting list and so how do we put this on the table with this decision makers when there's so much going on? Shall I ask, I don't know who, maybe Melanie, you might want to answer that one.

HYDE, Melanie 1:09:37
Yes, sure. I know that it's a huge challenge I think. Yes, I constantly against this, you know, too little time, too little scope and that's why I think we need to show the benefits, right? How is this going to make your life easier in the long run and be able to demonstrate that? I think you know every and this is the wonderful thing about working with the health sector, everybody wants people to be healthy and happy and, well yes, so you're working with people that do want this intrinsically, which is a good point. You know, is a really helpful point, but the second thing is also translating. I mean, look at all the different documents and tools that everybody has even shown just with these four speakers. There is so much different information I think it can be almost overwhelming, so taking it, translating it, making it simple and practical and usable for your, you know, your average person, that's not agenda specialist is really important and that's the work that we have to do and it can be really hard because we have these super complex concepts and just trying to make it into something that's concrete and digestible and I think that can be helpful.

Jo Peden (Public Health Wales) 1:10:51
Thank you and Lara do you want to answer that one.

Lara Snowdon (Public Health Wales) 1:10:56
Yes I think just to say that it's, I think this is an issue that we come across so often in Public Health that we're often split into topics you know and actually we're all competing often to influence the same policymakers or commissioners or whoever it is. So actually I think what you've done today, Jo, in terms of setting out gender equity is really a building block for health is a really, really good way of framing it.
So you know, and just to kind of really spell out to policymakers that actually this is something that is really, really fundamental. Yes, that's just what I wanted to add.

Jo Peden (Public Health Wales) 1:11:33
Thank you and Marie?

Marie Derstroff 1:11:36
So I already wrote something about this in the chat, so I entirely agree with what has been said

before about just highlighting the benefits and I think also highlighting the benefits in this wider sense of health and all the different advancements there could be for other sectors.
And I think on the other side, what I learned in my current work, because I am currently largely focusing on knowledge translation, so to get different evidence to policymakers is I think that often these transformations, we would love them to be quicker and sometimes we do know things that we don't see the change.
But what I learned is just to have continuous efforts and to continue to collaborate, to continue to talk about the topics, explore different formats such as policy briefs.
Also, to see if we can provide handouts, are there different ways of breaking this evidence down so it's easier to understand.
It's very feasible and we make it clear that it is effective and I think by combining different approaches by constantly trying to have better ways of communicating it while highlighting benefits is, for me at least one of the most promising ways of going on about this.

Jo Peden (Public Health Wales) 1:13:00
Yes and I came across something yesterday where it was a sort of exercise that was being done around putting yourself in other people's shoes and you literally have the three people in the room. You, in your mind, you put before, obviously, before you go into the meeting, you put yourself into their shoes and you think, OK, what are their priorities? Where are they coming from and how can you frame your argument so that it lands well and I think just thinking about that, you know, if we think about gender equity, if we if we put it into an economic argument that often lands better than just, you know, this sort of moral argument.
So I think just being a little bit one step ahead before we go into meetings to say actually you know, how can I get the right approach so that the penny drops for the people you know and they do something about it. So I think that's quite a good technique to use.
So we've talked about health impact assessments. So we've got one which says how do we get gender mainstreaming into LDP's? Is that local development plans I'm presuming?.
I think so, so again it's how do we, you know, how do we get this embedded into lots of areas whether that's local authority, whether that's health boards, you know how do we get this thinking distributed and embedded. I think maybe I was just thinking, you know, is that through health impact assessments?
So I don't know if any of you want to comment or give an answer to that question.

I think maybe we might want to think a little bit harder about that, but I think it sort of goes back to what was said previously about you know what, what are those actions that we need to do around health impact assessment getting those embedded so and also the data and ensuring the data is good quality.
So I think that probably the starting point is the data, the health impact assessments and just you know the arguments we've had in this meeting today.
I think just vocalising those and doing presentations similar and having the discussion and using

International Women's Day as a way of having those discussions would be really good.

I've sort of lost track of the questions, there was a question also around whether they could have links to the reports. I think that was the reports from the Welsh Government, but also Melanie, some of those tools. I don't know whether we can hopefully circulate the presentations afterwards to people as well.
I'm just going to have a very quick look at the chat to see if there's any more questions that we haven't covered.

Lara Snowdon (Public Health Wales) 1:16:05
Whilst you're doing that, Joe, I can just come in, sorry on that last question in terms of if anybody is doing a local development plan or is looking to integrate particularly issues around violence prevention into any local planning please do get in touch with us at the Wales Violence Prevention Unit. We have a lot of data on levels of violence in Wales as well as knowledge about kind of what's happening across Wales both locally and nationally, so please do kind of get in touch if there's anything that we can help with.

Jo Peden (Public Health Wales) 1:16:40
Thank you I think I've just got two more questions. There was one around, Laura your presentation and I think it was relating to the risk and protective factors slide that disability wasn't listed there. I just wondered if you had a comment on that, you know someone was surprised that the disability wasn't mentioned as a risk factor.

Lara Snowdon (Public Health Wales) 1:17:01
Yes sorry, I apologize for not mentioning that and that diagram is not exhaustive by any means. I was just trying to kind of illustrate about the risk and protective factors that we need to consider. So I should really mention disability because it is a really considerable risk factor and we know that people with disabilities are at an increased risk of experiencing violence. So it's something that we'd really like to kind of explore and do more work on. It is mentioned in the Wales without violence framework in the violence and inequalities section. So yes, so apologies for not mentioning that specifically.

Jo Peden (Public Health Wales) 1:17:42
So there was also another question around participation and coproduction and I think the question was aimed at Welsh Government and unfortunately they've had to leave. So I wonder whether we can attempt to answer it ourselves around I mean, it was specifically about how the reports that they did, you know, how they involved women and girls and I think they did mention that in their presentation, but I suppose it's interesting to reflect on why we need to do that.
Why is it so important to ask women themselves about what the issues are and how is the best way

to do that? I don't know if Melanie, with your work at WHO, whether you've done much of that engagement. Thanks.

HYDE, Melanie 1:18:29
Yes, I mean we do a lot of work around social listening, but also community participation and it's incredibly important not only from a framework and rights based perspective, but also when we, you know have information and feedback from the population as close as we can get to the people we're serving, the interventions tend to be much better, right.
So it really reinforces that aspect in terms of how to do that ethically and safely.
There's a lot of different guidelines and methodologies you can employ, of course, for violence, it's a very particular area that that you need to engage with those frontline community organizations in order to do that research.
So I think there's also a part, there is a component of elevating feminist women led organizations who were supporting marginalized, underrepresented groups and giving them, effectively, a platform and valuing their expertise and bringing that into the fold, whether that's in a qualitative way through the way that you're doing assessments but really bringing that into the fog, because without that information, you really don't understand how the system is working.
So it's critical in many places, because usually it's those organizations who identify that there is a problem first and then they advocate. So we often see that happening.
So I think if we can engage with them at the beginning and then often you can avoid a problem where you don't see the problem and then it comes up and it becomes a real issue later on.

Jo Peden (Public Health Wales) 1:20:07
I was also at an event yesterday around equality, and I mean, it was reflecting back around equality within a work organization and there was a lady there was saying that you can have all your policies in place and you can look like the perfect organization, but unless you ask those people within that organization, how do you feel? Do you feel included? Then you know you're not the perfect organization, so going back to ask those questions about, you know, how do you feel? Is this an inclusive place to work? Is really, really important.

So I think we have sort of come to the end of our sort of question and answers session and I want to thank you our speakers for such interesting and varied presentations. I think I could go on all day discussing this.
Maybe we should meet up and carry on the discussion and I feel really bad also that I can't bring in more people because I think the discussion would be richer.
But you know, this is a theme that we're working on around the health equity solutions platform and we're doing, you know, webinars and research around this.
So we will be ,Public Health Wales will be working on this agenda and obviously linking with WHO and gaining all your tools and insights and hopefully we will be able to give you some insights back, so thanks very much for joining us today and you know, if this is an area that you're interested in,

just please, you know, drop me an email, I would be happy to talk.
So thanks very much and happy International Women's Day for tomorrow.