



GENDER EQUALITY IN WALES





Welcome

Addressing challenges in gender equality requires a comprehensive approach that aims to reduce inequality, strengthen economies, and build stable, resilient societies that give everyone a chance to thrive.

Regardless of where you live, gender equality is a fundamental human right. Men and women should be able to contribute fully across various spheres of life, whether at home, in the workforce, or in other areas of life. However, persistent gender inequalities exist which profoundly impact overall life experiences.

Evidence has shown that women in Wales face challenges which directly and indirectly influence their health, and that black and minority ethnic groups and disabled and lone parent women face especially worse health inequalities linked to social and economic status. Women are also disproportionately affected by violence, domestic abuse and sexual violence.

By aligning efforts to promote gender equity with broader socio-economic objectives, Wales can forge a path towards a healthier, more prosperous future for all its residents.

In this e-bulletin we have included a range of articles which showcase initiatives and best practices in promoting health equity and gender equality in Wales.

Let us know what you think of our e-bulletin by answering two questions. Click [here](#) for the survey.

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Commentary

Social and Economic determinants of gender equity: Strategies for a prosperous future for women in Wales

Welsh Health Equity Solutions Platform

Public Health Wales

In the pursuit of health and well-being for the people of Wales, various foundational elements must be firmly in place. These elements, often referred to as the building blocks of health, encompass essentials such as secure housing, meaningful employment, financial stability, safe childhoods, and robust community connections.

Gender equality stands as a fundamental pillar in the efforts for a prosperous and modern economy capable of sustainable, inclusive growth. Its significance lies in enabling men and women to contribute fully across various

spheres of life, whether at home, in the workforce, or in public engagements, thereby enriching societies and economies on a broader scale. However, persistent gender inequalities exist across social and economic spheres, amplifying existing inequalities and profoundly impacting overall life experiences.

Background and context of gender inequalities in Wales

Women, girls, and those assigned female at birth (AFAB) constitute 50% of the population in Wales. However, evidence has shown

that women in Wales face challenges which directly and indirectly influence their health. When discussing gender inequalities, the concept of intersectionality becomes relevant as it highlights how various identities intersect to shape social relations and individual experiences. Race, class, age, ethnicity, sexual or other identities can intersect to exacerbate health inequalities. Evidence has shown that black and minority ethnic group and disabled and lone parent women face especially worse health inequalities linked to social and economic status.

Wales faces health inequalities related to gender, including poverty, maternal health inequalities, violence, domestic abuse and sexual violence, unequal access to healthcare services, and the impact of the gender wage gap. While men also face violence, domestic abuse and sexual violence, it disproportionately affects women and girls. Estimates show that 1.4 million women aged 16-59 experienced incidents of domestic abuse in England and Wales. On average 1 in 5 women aged 16 – 59 experienced some form of sexual violence.

While the labour force participation rates of women have moved closer to those of men over the past few decades, women are still less likely to be in the workforce and often experience lower job quality. Women with jobs are more likely to work part-time, for lower pay, and in less lucrative sectors. Women are also less likely to advance to management positions, and more likely to face discrimination in the workplace. Also, according to a report on poverty in Wales, Wales' gender pay gap remains 11.3% as a trend analysis has also shown that there has been no reduction in the extent of low pay in Wales for a decade, with the proportion of jobs that are low paid remaining at around 25%. We know that fair work is a key determinant

of health.

On average, women spend roughly triple the amount of time that men do each day in unpaid care and domestic work, according to the latest available data from around 90 countries. That work includes a variety of unpaid activities, such as taking care of children and the elderly, and domestic chores. This double burden of managing work and home life can impact women's health and wellbeing.

The cost-of-living crisis and the Covid-19 pandemic further worsen the issues mentioned and disproportionately affected women in Wales and the UK. It is worth noting that poverty and income then has impact on the individual, families and society in general. The effects are seen through decreased life expectancy, cost of health services, access to healthy meals, poorer mental health and negative health behaviours.

How can we promote gender equality?

Addressing these challenges requires a comprehensive approach that integrates gender-inclusive policies and gender-responsive budgeting. Gender-responsive policies are a useful tool for bringing the concerns of women and girls into mainstream policy and public administration. Such policies are aimed at linking

policy and legal requirements for gender equality with resource allocation. They encompass not only initiatives focusing directly on family and care, but also broader measures related to income maintenance, poverty reduction, and labour market regulation.

Policies that reconcile work and family life, notably through early education and care services, can help level the playing field by compensating for disadvantages at home, allowing women to progress in their careers and avoiding the transmission of disadvantages to children. They can also support parents' participation in the labour market and mitigate the detrimental impacts of financial hardship on the future outcomes of children. Evidence from research of 80 countries has showed that gender-responsive budgeting has the potential to promote equality for all if the following factors for success are put in place: acknowledgement of gender inequities, commitment and support from decision-makers, incorporating gender-responsive budgeting into a country's legal framework, the availability of gender-disaggregated data and lastly the support of organisations outside of government.

Moreover, adopting an Economy of Well-being framework can provide

policymakers with valuable insights into leveraging policies to promote positive outcomes, encompassing both well-being and economic growth. By aligning efforts to promote gender equity with broader socio-economic objectives, Wales can forge a path towards a healthier, more prosperous future for all its residents.

In recognition of Goal 5 of the Sustainable Development Goals to achieving gender equality and empowering all women and girls' the World Health Organisation Collaborating Centre develops, collects and shares information and tools on how best to invest in better health, reduce inequalities, and build stronger and more resilient communities in Wales, Europe and Worldwide.

The recent [webinar](#) on this topic and a policy brief on Gender Inclusive Policies and the Cost-of-living Crisis is evidence of this.

Health Equity Frameworks and Tools

Report - <https://phwwhocc.co.uk/resources/health-equity-frameworks-and-tools/>

Spotlight Feature - <https://solutionsplatform.co.uk/working-towards-health-equity-frameworks-and-tools-to-help-develop-a-strategic-approach/>

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Research

Suffragettes to Swifties, women's pay in Wales

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'The wages of women are very much less than the wages of men. We feel that very keenly in our Trades Union, because many of our women do exactly the same work as the men and we claim we ought to have exactly the same pay.' Alice Hawkins, Suffragette, 1913 (1)

Women have long been campaigning for equal pay for over a century and the 1970 Equal Pay Act was a significant moment in the history of women's rights in the UK as it sought to *'to prevent discrimination, as regards terms and conditions of employment, between men and women'*.⁽¹⁾ The Act was a catalyst to encourage women to enter and stay in the workforce. This, along with increased access to higher education and professional

training, saw more women entering into professional and managerial roles during the 1980s and 1990s. Societal attitudes and cultural acceptance of women working has evolved with dual income households becoming the norm in the UK.

Figure 1 (2): Employment participation rate of men and women (aged 16-64), seasonally adjusted, 1971 to 2018. Source: Bank of England A Millennium of Macroeconomic data

What is the picture like today?

Work is a key influence on health, a local area's employment rate correlates to how many years people can expect to live in good health (2). However, a recent review of international evidence concluded it is not safe to assume that, in the UK, any job will lead to better health and well-being outcomes than unemployment (3).

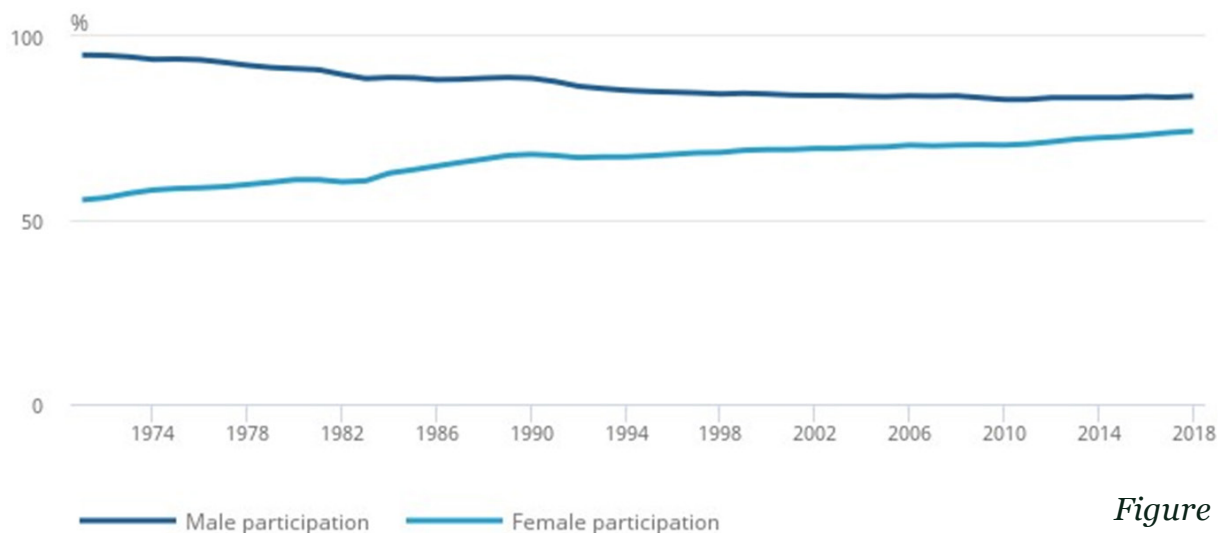


Figure 1

The gender pay gap is one of the most widely discussed indicators of gender equality across Wales. While it has been declining over the last decade to its current rate of 5.6% in Wales (4), there are still differences amongst employees. There is no single explanation for the gender pay gap, but some of the UK’s gender pay gap can be explained by factors such as type of occupation, hours worked, sector and location. The data is complex and a range of other factors such as family structures, education and career breaks need to be modelled to fully understand the impact of discrimination on the gender pay gap (5).

The COVID-19 pandemic exacerbated pre-existing gender inequalities in terms of women taking on more work at home such as childcare, working reduced hours and a higher proportion being furloughed (6). The economic inactivity rates among women in Wales (7) have been

decreasing prior to and since the pandemic, suggesting that more women are participating in work, however women are more likely to be working part-time, in lower paid roles (8). Research suggests that even those in full-time employment tend to earn less on average than men in the same occupation. Women are also more likely to be participating in precarious or non-routine employment (9).

“And I’m so sick of them coming at me again, ‘cause if I was a man, then I’d be the man.” – Taylor Swift, The Man, 2019 (10)

Whilst women’s rights in the workplace have undoubtedly progressed, there are still cultural difference, pay inequities and women’s experiences in the workplace left to address (11). The Wider Determinants of Health Unit in Public Health Wales [developed materials and recommendations](#) on how to

increase participation in fair work through an expert panel process. Fair work is where workers are fairly rewarded, heard and represented, secure and able to progress in a healthy, inclusive environment where rights are respected. It provides a sense of purpose and resources for a healthy life. This in turn can reduce stress and help children in the family have the best start in life, something I’m sure both Alice and Taylor would agree with.

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Research

Health Impact Assessment: The impact of the COVID-19 pandemic on women, employment and health inequalities.

Public Health Wales

The [infographic](#) summarises the findings, looking at the Population Groups and Determinants of Health impacted, along with the key statistics, mitigating actions and potential areas of future research. The [Explanatory Note](#) goes into further detail on the above, giving a breakdown of the evidence that informed our positive and negative findings on women, employment and health inequalities. It also offers readers the chance to see the HIA methodology that was used by the team.



Practice

‘Gynae Voices’ – how a Co-productive Approach to Healthcare can Reap Rewards

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THE WOMEN OF WALES



Women, girls, and people registered female at birth make up 51% of the population in Wales. Despite this, medicine and healthcare services have not necessarily met their needs, resulting in significant disparities in care.

The Welsh Government’s Quality Statement for Women and Girls’ Health(1) sets out what health boards are expected to deliver to support women and girls, ensuring they are able to ‘access the care they need in a timely way (and) that the health service is responsive to their choices’. However, as the NHS Wales Executive’s ‘Discovery

Report’(2) makes clear, one of the biggest challenges to this being a reality is women’s voices ‘not being heard’. It recommends the NHS ‘identify and embed techniques and behaviours that ensure women’s and girls’ voices are heard in every interaction’.

At a deeper level, this requires attitudinal and societal change, so that female health concerns are no longer trivialised, normalised, or stigmatised. However, there is much that can be done to facilitate improvement in healthcare settings right now, including embedding a co-productive approach to service design and delivery.

The Royal College of Obstetricians and Gynaecologists (RCOG’s) 2022 Workforce Report(3) explains, ‘co-production involves working (in equal partnership) with women...It involves recognising women as ‘experts by experience’ and valuing and respecting their views and contributions...It offers a different perspective to that of healthcare professionals alone, driving innovation and finding solutions to complex problems’.

In North Wales, we have sought to take a co-productive approach to gynaecology services, a specialty many women might be expected to

access over the course of their lifetimes. In partnership with Fair Treatment for the Women of Wales (FTWW) (4), Betsi Cadwaladr University Health Board (BCUHB) Women's Directorate has established a 'Gynae Voices' forum where patients can regularly feed into the development of gynaecology services in the region.

The forum is multi-professional, bringing together those who use and those who provide gynaecology services within the Health Board. The forum meets formally on a quarterly basis and ensures that patients, clinicians, and management work together to develop and evaluate gynaecological care in the locality so that it is efficient and effective for all parties.

Benefits include:
Offering a vital and regular opportunity for women to engage with local service

providers as equal partners in the design, delivery, and evaluation of the healthcare services they use.

BCUHB staff can bring questions to patient members, including around content and style of written communications, guidance for clinicians, and possible new service models.

Patient members can bring issues of concern to the Health Board.

Providing public assurance that gynaecology services are person-centred.

Ensuring efficiency and better outcomes by embedding person-centred care, needs, and preferences right from the start of the design process, rather than consulting on services afterwards.

Gynae Voices members have actively participated in the development of new initiatives and services including: a successful business case for a specialist

menopause clinic in North Wales; a review of fertility and endometriosis service pathways; an audit of patient-reported outcome measures in outpatient hysteroscopy, and the development of a post-operative 'findings and next steps' information leaflet for patients undergoing day-case gynaecology surgery.

As BCUHB's Director of Midwifery and Women's Services says, 'Our established way of working in partnership is paramount to real engagement with users in service planning, development, improvement and learning'.

For more information about BCUHB's Gynae Voices Forum, including key learning and top tips to embed a similar approach in your own service, please see the full case study in RCOG's Workforce Report(5), or contact [FTWW](#).

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Research

Blood lead testing in Wales – A sex-based analysis study

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Lead is a naturally occurring toxic metal. Due to its historic use, lead is still present in the environment posing a risk to the population of Wales; in particular children as they absorb four to five times as much lead when ingested compared to adults (1). Public Health Wales has a process in place for following up elevated blood lead results and conducts surveillance activities that seek to further understand the burden on health. However, as the symptoms of lead exposure are not specific, it is often misdiagnosed in clinical

settings and therefore, is underreported.

Given the growing body of evidence around sex inequalities in health outcomes, it is important to consider sex disaggregated data when looking at elevated blood lead test and case data. In doing so, this will allow for appropriate assessment on the burden on health and subsequently inform opportunities for interventions and actions, ultimately reducing health inequalities.

We, as the Environmental Public Health Team at Public

Health Wales have conducted retrospective analysis of the last ten years of blood lead testing data, disaggregating the tests and cases by sex to examine any trends and sex differences.

Our analysis has highlighted that since 2014 there has been a yearly increase in the number of children tested for elevated blood lead, peaking at 561 blood tests in 2023. With the increase in testing, there has been an increase in the number of children being found to have blood lead levels equal to and above our public health action level of

0.24µmol/L. When looking at these tests by sex, it is evident that far more boys are tested each year than girls. For the 10 year time period looked yet, 1,056 girls were tested, whereas 2,234 boys were tested in the same time period. Of these tests, 17 girls had a blood lead level of 0.24µmol/L or higher, whereas there were 48 boys with a blood lead level of 0.24µmol/L or higher.

Lead exposure primarily occurs via ingestion as opposed to inhalation. Pica is an eating disorder where a person compulsively eats items that have no nutritional value (2). Pica can occur in anyone at any age, however it often occurs in young children, and in particular those who are diagnosed with autism spectrum disorder (3). Three to four times as many boys are diagnosed with autism spectrum disorder than girls (4). Therefore, this is a plausible explanation as to why more boys are tested than girls, although further work is required to confirm this.

In conclusion, the data has highlighted a sex difference in the number of tests conducted for, and cases of elevated blood lead. This work has provided new insights for areas of exploration into sex inequalities and opportunities for intervention.

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Research

Air pollution exposure inequalities in Wales, UK; a sex-based analysis

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GIG
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WALES

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Cymru
Public Health
Wales

Outdoor air pollution (AP) is the largest environmental risk to health (1). Research from the last few decades has contributed to the understanding of the different factors of susceptibilities, vulnerabilities and inequalities to AP exposure (2, 3). Populations at risk and therefore potentially less able to cope with the effects of air pollution exposure are often described as those who are; young, old, have pre-existing medical conditions and/or of low-socioeconomic status (4, 5). However, sex as a susceptibility factor has

been relatively less examined in environmental justice (EJ) research literature. The few studies that have examined sex show that there is a growing consensus that the associations between AP exposure and the subsequent health effects differ between females and males (6, 7, 8, 9).

To explore this further, we conducted a study that examined the differences in ambient AP exposure concentrations between females and males, in Wales, UK. The study explored potential confounding factors such as age and deprivation.

This study is an extension of the work and methods used by Horton et al (2).

AP (NO₂ and PM_{2.5}), population and deprivation data were obtained at a geographical administration level known as Lower Super Output Area (LSOA), for 2012-2019. LSOA level population (age and sex) and deprivation data were linked with LSOA level AP data (with reference to WHO guideline values (10)) to describe population vulnerabilities, susceptibilities and inequalities. Simple statistical analyses were performed using a difference

in proportions (DiP) method with 95% confidence intervals (95% CI; method number 10) (11).

By the end of the study period, air quality in Wales was seen to be improving but inequalities in exposure were observed between sexes. The following conclusions could be drawn:

Significant gains in population exposure to AP were observed by the end of the study period compared to the beginning; more people were living in areas with improved air quality compared to 2012. However, for NO₂ in 2019, more males than females were living in areas that experienced higher concentrations of air pollution. Age-based susceptibility (those aged 0-15 and 65+) highlighted an inequality where females were disproportionately exposed to higher concentrations of PM_{2.5}, compared to males. Most deprived males were disproportionately exposed to higher concentrations of NO₂ compared to females.

Whilst the study is not definitive and cannot simply conclude that one sex is consistently disproportionately exposed to worse AP, there is evidence to suggest that the inequalities in exposure exist between and within populations. It should

be noted that gendered behaviours may also confound the effects of exposure and therefore should not be overlooked within wider policy and practice. This study highlights the inequalities in exposure and the need for continued improvements to air quality, at both local and national level. System-wide action must ensure that air quality improvement-related benefits are equitable.

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Research

Working together to address inequalities in endometriosis care in Wales

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Endometriosis and gender inequalities in Wales

Endometriosis is a condition where tissue, similar to tissue found inside the womb, is found elsewhere in the body. It affects approximately 1 in 10 women and people assigned female at birth, causing severe symptoms (pain, infertility) with a profound life-long

impact [1]. It takes 8 to 10 years on average to diagnose endometriosis in Wales, longer than in other parts of the UK [1-2]. This means individuals may spend many years coping with painful symptoms that significantly interfere with their life, contributing to gender inequalities due to frequent work and school absences. Endometriosis is estimated to cost £8.2 billion annually in the UK [3].

The co-produced Endometriosis.Cymru website and symptom reporting tool

Members of our collaborative team of academics, patient advocates, and designers originally came together as part of the 2018 Endometriosis Task and Finish Group. [1]. A key aim is to realize the ambitions of that Group's final report, including developing

evidence-based resources for patients and clinicians. This led us to create the bilingual Endometriosis.Cymru website. Supported by NHS Wales and Welsh Government, Endometriosis.Cymru is co-produced with patients, partners, parents, carers, clinicians, employers, and educators. To support accessibility, we worked with Learning Disability Wales to develop Easy Read content, integrated into the website.

Endometriosis.Cymru aims to empower those with endometriosis by providing evidence-based information about treatment options and pathways, tools to live better with the condition, lived experience stories, and practical advice. It aims to address gender disparities by reducing healthcare barriers, delays, and by sharing helpful resources (for example, information about workplace reasonable adjustments for employees and employers).

When engaging with healthcare for endometriosis, many individuals report not having their voice heard [2]. A new feature of the website is the Medical Research Council (MRC) funded Endometriosis.Cymru Symptom Reporting Tool (EC-SRT), which assists users to track key symptoms over time, preparing them to communicate this important information to their doctor.

This tool aims to reduce diagnostic delays, which in turn, may help connect people to effective treatments sooner and reduce the condition's impact on individuals and society.

What difference has this made?

Endometriosis.Cymru has already been visited over 44,000 times in the past year. An updated version of the website and the new EC-SRT 'went live' in March 2024 (endometriosis awareness month), with an event co-hosted by FTWW and Endometriosis UK (see link below). We are now working with NHS Wales 111, Health Pathways (a tool for primary care clinicians across Wales), and Healthcare Education and Improvement Wales (HEIW) to disseminate the EC-SRT further. We also have projects underway to further update and evaluate the EC-SRT, including Rachel Joseph's PhD project (funded by Health and Care Research Wales).

Key messages

Endometriosis is a common condition with significant impact on the lives of women and people assigned female at birth, yet diagnostic delays in Wales remain long. To help address these delays and improve the quality of life of individuals with endometriosis

in Wales, accessible, evidence-based resources are needed.

We invite you to share the Endometriosis.Cymru website and symptom reporting tool, to help improve care for individuals with endometriosis in Wales. We welcome your feedback on the website and tool, and ideas for further dissemination!

Contact details and links

Email: JackowichR@cardiff.ac.uk

Endometriosis Cymru website: <https://endometriosis.cymru>

Endometriosis Cymru Symptom Reporting Tool: <https://endometriosis.cymru/srt/>

FTWW and Endometriosis UK Launch Event: <https://www.ftww.org.uk/watch-now-endometriosis-action-month-virtual-panel-in-partnership-with-ftww/>

References

- [1] Endometriosis Task and Finish Group, 2018. Endometriosis care in Wales: Provision, care pathway, workforce planning, and quality and outcome measures. <https://www.gov.wales/sites/default/files/publications/2019-03/endometriosis-care-in-wales-provision-care-pathway-workforce-planning-and-quality-and-outcome-measures.pdf>
- [2] Endometriosis UK, 2024. 'Dismissed, ignored, and belittled' The long road to endometriosis diagnosis in the UK. <https://www.endometriosis-uk.org/sites/default/files/2024-03/Endometriosis%20UK%20diagnosis%20survey%202023%20report%20March.pdf>
- [3] Simoens, S. et al. (2012). The burden of endometriosis: costs and quality of life of women with endometriosis and treated in referral centres. *Human Reproduction*, 27(5), 1292-1299.

Grapevine





Deafblind UK, Reconnecting South Wales and Fostering Community

Nikita Caldeira,

Sensory Support Officer, Deafblind UK



Deafblind UK's "Reconnections" service supports those with combined sight and hearing loss in reconnecting with their communities and reducing isolation. Operating in Swansea, Neath Port Talbot, Bridgend, Cardiff, Vale of Glamorgan, and Newport, this service is free and open to adults with any degree of dual sensory loss. Reflecting on the impacts of the COVID-19 epidemic, Deafblind UK recognised a need for increased support in the deafblind community for those driven into their homes and disconnected from the outside world.

Our reconnections experts work with members to improve aspects associated with increased isolation, including reduced confidence, social mobility, and access to social opportunities. Members are assessed to determine the best course of action for their Reconnections journey and are encouraged to set their own goals. The goals set range from simple to more complex ones, such as building the confidence to visit a local café, independently use public transport, or discover and join a community group activity. We ensure social opportunities are not restricted by offering

training and upskilling to any organisation open to making their venue or service more accessible. Furthermore, one greatly received aspect of this service is access to Deafblind UK social groups. Our social groups serve as a place for members to connect with each other and access a range of service talks. Attending these groups is completely optional but is a treasured resource utilised across South Wales.

The difference this service has made to the lives of members and their loved ones motivates our work. Our officers have received praise from service users and public

health professionals for the life changing effects experienced since working with us;

“*Officer’s* intervention has been nothing short of life changing for this gentleman, she has approached the task in a warm and friendly, but consummately professional manor, *Officer* is working towards reinstating social activities, and establishing new links with local support.”
- Vision Rehabilitation Specialist, Sensory Support Team, Bridgend.

Greatly increasing the speed and effectiveness with which people with combined sight and hearing loss have been able to re-integrate into their communities, and the positive effect this has had on their overall health, has reduced the interventions required by social, health and other statutory services. Communities across South Wales have become more “deafblind friendly” and accessible to all sensory loss individuals, generating a more inclusive and caring society.

Deafblind UK relies on external referrals to connect to potential service users. No clinical diagnosis is needed to access our support. Deafblind UK membership and receipt of the Reconnections service are both charitable services offered free of charge to anyone who’s lives are being

affected by dual sensory loss, including carers and professionals. If there are members of your institution who you believe may benefit from this service, please refer them to us. The easiest way to make a referral is through registering the person in need of support as a member on our website (<https://deafblind.org.uk/>). For more information, please contact us at info@deafblind.org.uk, or access our helpline on [0800 132320](tel:0800132320).



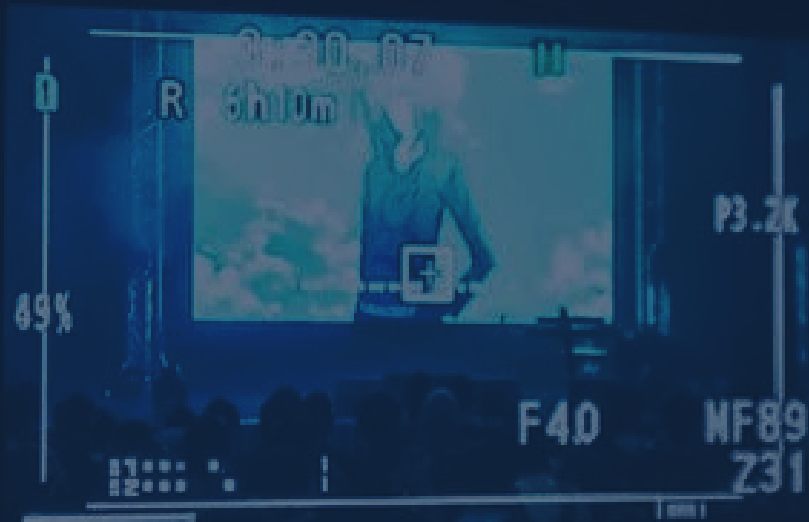
Inclusion Health Resources for Health Professionals

[Nursing in Justice and Forensic Health](#)

[Nursing in Justice and Forensic Health Care Forum](#)

[Nursing roles in forensic and justice services](#)

Videos



BARS

EVF DTL ZEBRA

LCD WFM

COUNTER-RESET/TC SE

FUNCTION SHTR/F



Wellness in Work: Supporting Health and Wellbeing at Work

Chaired by Mary-Ann McKibben, Consultant-lead for Healthy Working Wales (Public Health Wales), this webinar heard from academics who have undertaken research and evaluation to understand what works in relation to workplace health approaches.

[Watch](#)



Health Inclusion: Why it matters?

This webinar highlighted how inclusive practices and health inclusion services can significantly improve health and care professionals' outcomes, enhance communication, and reduce inequalities.

[Watch](#)



Beyond the present: How to apply long-term thinking to reduce health inequalities in the future

We are facing challenging times in Wales, with our healthcare services, wider public sector, and third sector under unprecedented strain. This makes it more important than ever, but also harder than ever, to balance managing the crises of today with preventing the crises of the future. There are tools and resources that can help us do this. If you want to learn about them, please join us on this webinar.

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News & Resources





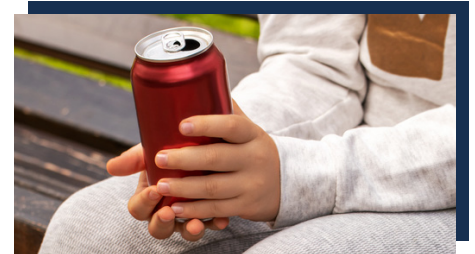
[Health Equity Frameworks and Tools](#)

23-07-2024



[National conversation opened to help people in Wales prioritise their mental wellbeing](#)

17-07-2024



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[Welsh Ambulance Service Mental Health Helplines leaflet](#)

Welsh Ambulance Services University NHS Trust

[Charter for International Health Partnerships in Wales: An Implementation Toolkit](#)

Public Health Wales

All Resources

Next Issue

WELLNESS IN WORK: SUPPORTING HEALTH AND WELLBEING AT WORK



Wales has the highest sickness absence rate of any UK region. Being in poor quality or unsafe work undermines good health and can cause or exacerbate poor mental and/or physical health. Access to high quality, fair work has a positive impact on employee health and wellbeing. With almost 80% of the working age population in work, employers play a key role in the health and wellbeing of their workforce and therefore of the population as a whole.

As well as their legal and ethical responsibilities for their workforce, a focus on health and wellbeing can help to achieve a range of positive business and organisational outcomes. For our upcoming e-bulletin, we invite articles that highlight successful initiatives and best practices in promoting health and wellbeing at work. These can be national, regional or local initiatives, policies or programmes.

Our article submission form will provide you with further information on word count, layout of your article and guidance for images.

Please send articles to publichealth.network@wales.nhs.uk by 18th August 2024.

[Contribute](#)