



SPECIAL PERSPECTIVES EDITION – HEALTH INEQUALITIES IN WALES





Welcome

What is Public Health Network Cymru?

Public Health Network Cymru was established in 2015 for professionals working on improving the health and wellbeing of the population of Wales and combined four previous topic specific networks which were hosted by Public Health Wales.

The Network covers a broad spectrum of topics including prevention in healthcare, health-related behaviours, mental wellbeing and has a focus on the wider determinants of health – housing, education, employment, income and resources and the environment.

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Getting to know our members: Marika Podda Connor

We are getting to know our members and would like to help our members to get to know each other. This month we're meeting **Marika Podda Connor**, Transcultural Health Practice Nurse.

Please tell us a bit about yourself and your current work

I am a Transcultural Health Practice Nurse. My role is to promote Cultural Competence within Primary Health Care. I also organized health education sessions for the Migrant community in Malta and deliver training to health and social care professionals on Sexual and Gender-Based Violence, Cultural Competence, Human Trafficking and female genital mutilation amongst others.

What motivated you to join this network?

This network encompasses multiple aspects of health, environmental and social care issues which evolve around my work practice.

What are the benefits for you in being a member of this network?

Sharing of ideas, practices and limitations.

What is one thing you would like to share with other members of the network?

Cultural competence-opportunities and challenges

Are you happy for your email address to be shared on the e-bulletin?

Yes – mkapod62@yahoo.co.uk

Getting to know our members

We are getting to know our members and would like to help our members to get to know each other.

If you would like to feature in a future edition, please complete this [form](#).



Practice

Why Modernising B12 Deficiency Care is Wales' Easy Win

Katrina Burchell, [Chief Executive Officer, The Pernicious Anaemia Society](#)

Tackling health inequalities across Wales does not always require grand, multi-million-pound initiatives; sometimes, the biggest impact comes from fixing the routine failures hiding in plain sight.

As highlighted by the B-12Alliance's campaign, thousands of people suffer from delayed diagnosis and undertreatment of Vitamin B12 deficiency. This gap disproportionately hits lower-income communities, older adults, and rural populations with reduced access to primary care. With Pernicious Anaemia being the primary cause—and autoimmune conditions predominantly affecting women—modernising diagnosis and treatment represents an immediate win for both public health and gender equity.

The Single Biggest Opportunity

Fixing the diagnosis and management of B12 deficiency and Pernicious Anaemia

represents an exceptionally high-yield health equity win. B12 is essential for neurological function and red blood cell production. When missed, it causes irreversible nerve damage, severe cognitive impairment, and profound fatigue. It is often misdiagnosed leading to countless unnecessary referrals and prescriptions. Preventing the associated neurological decline preserves working capacity, keeps older adults independent in their homes, and reduces long-term social care burdens.

What We Need to Do Differently

We must rapidly standardise clinical pathways across all seven Welsh Local Health Boards in line with the NICE Guideline (NG239). This Guideline is based on research and lived experience and stakeholder input from The Pernicious Anaemia Society. Wales should adopt active clinical threshold testing (such as Active B12

and MMA secondary testing) when patients present with neurological symptoms, regardless of whether their serum B12 falls within borderline "normal" ranges. By making sure these tests are available in primary care we can cut down referral costs and enhance speed to diagnosis.

What We Should Stop Doing

We must stop re-testing total serum B12 tests when patients are already on replacement therapy. We must stop forcing symptom-bound patients onto rigid 12-week maintenance injection schedules when their clinical symptoms clearly mandate more frequent treatment. Rigid protocols exacerbate health inequalities by penalising those who cannot advocate forcefully for themselves in busy clinical settings.

Capability and Approach Needed

We need joined-up primary

care and community pharmacy pathways. Transferring routine B12 maintenance injections and symptom monitoring to community pharmacies under the Welsh Primary Care Model would free up GP capacity while bringing equitable care into local, socioeconomically deprived communities. Training able and willing patients to self-administer B12 injections where appropriate will save the NHS money and time and give patients back control over their condition. This addresses rural transport barriers and work-time loss, which directly tackles socioeconomic inequality.

What Gives Hope

Wales has the policy agility—through the Well-being of Future Generations Act and

integrated Health Boards—to move faster than larger systems. By listening to lived experience and applying straightforward diagnostic updates, Wales can ensure no patient falls through the cracks due to a preventable, low-cost vitamin deficiency.

For further Information please contact: info@pasoc.org.uk

- 1 [B12 Alliance Parliamentary Reception Westminster | Vitamin B12 Deficiency UK](#)
- 2 [Overview | Vitamin B12 deficiency in over 16s: diagnosis and management | Guidance | NICE](#)
- 3 [Pernicious Anaemia Society | Improving the Diagnosis & Treatment](#)



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University Health Board

Practice

Growing together: How community connections are supporting children's mental health in Blackmill

Claire Turbutt, [Principal Public Health Practitioner, Wider Determinants and Public Mental Health, Cwm Taf Morgannwg University Health Board](#)

Beth Underwood, [Health Housing Innovation Programme Manager, Cwm Taf Morgannwg University Health Board](#)

In Blackmill, the Three Communities Project is showing how community development can support children's mental health by strengthening relationships, social connections and a sense of belonging. Rather than beginning with a predefined intervention, the project listened to residents and built on what mattered to them: strong intergenerational family networks, pride in place and appreciation of the woodland surrounding the village.

Early conversations revealed one of Blackmill's greatest strengths: close ties between generations. Residents described families supporting one another and neighbours who know and look out for

each other. These everyday relationships offer children informal mentoring, emotional support and connection with trusted adults, helping to strengthen identity, resilience, safety and belonging.

The woodland became a practical focus for community-led action. Regeneration, environmental improvement and learning activities created a shared setting where children, parents and older residents could spend time together. Blackmill Flying Start now uses the woodland as an outdoor classroom, taking its usual learning plans into a new space where children ask questions, investigate nature and play freely.

Staff say the experience supports children's holistic development from the short walk to the woodland through to the activities at its outdoor classroom base.

Family engagement sessions have extended these benefits. Parents and carers join children in the woodland and learn simple outdoor activities they can repeat themselves. Their feedback suggests that families return independently and value having an adapted, welcoming space within about a five-minute walk of many homes. Crucially, they describe it as a safe place to meet other families and develop a stronger sense of belonging. This combines the protective mental health benefits of time

in nature with opportunities for social connection across families and generations.

The way the woodland is developing matters too. Flying Start staff report that those leading the project are enthusiastic, informative and keen to involve a wide range of voices. Community suggestions are heard and used, giving residents ownership of the space and confidence in its future. By supporting participation, strengthening community identity and enabling meaningful intergenerational contact, the Three Communities Project demonstrates an important public health principle:

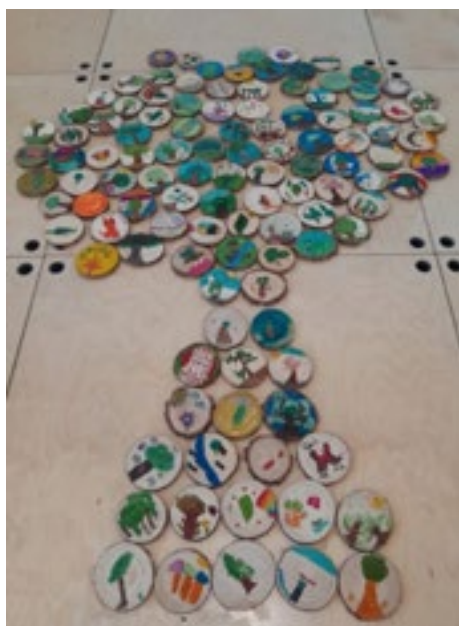
children's wellbeing is shaped not only by individual circumstances or services, but by the quality of the relationships, places and communities around them.

"The community are fully involved with any suggestions; their thoughts and opinions are listened to! We are excited to introduce our new families and children to the area in future and look forward to seeing the growth of the space as it continues to develop!"

By supporting social connection, strengthening community identity and creating opportunities for meaningful intergenerational

interaction, the Three Communities Project shows how community development can contribute to population mental health. For children in Blackmill, living in a connected community where different generations meet may support emotional wellbeing, confidence and resilience. The project reinforces a wider public health message: children's mental health is shaped not only by individual circumstances, but also by the quality of the communities and relationships around them.

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Research

Reducing Inequalities in School food Environments: Reflections from the ‘RISE’ project

Dr Rochelle Embling, Senior Research & Evaluation Officer, Health Improvement, Public Health Wales

Many families continue to struggle with the cost-of-living. In 2026, food prices have increased by up to 20% since 2023, with the average food shop now costing households around £520 each month (1). Alongside rising energy bills, housing, and fuel costs, households with the lowest incomes are those facing the greatest burden, and the effects of inflation are not equally felt across the UK (2).

School food has historically been a way of addressing inequalities, both in terms of health and financial impacts. In the 1940s, school dinners helped ensure that every child had at least one hot nutritious meal per day, as wartime Britain faced widespread food shortages and rationing (3).

Fast forward to today, and Wales has seen the expansion of Universal Free School Meals (UFSM) to all primary school children with the aim of addressing child poverty (4). School food standards have also been updated, with the most recent guidance increasing fruit and vegetable portions; reducing foods high in fat, sugar and salt; and encouraging high fibre, protein and plant-based food sources such as wholegrains, beans and pulses (5).

Accepting the offer of a Free School Meal can then have

clear benefits for children. In the short-term, school meals are often more nutritionally beneficial than packed lunches (6). They repeatedly expose children to a variety of fruits, vegetables and milk, helping to shape children’s dietary patterns from an early age (7). UFSM schemes also have wider-reaching impacts, as they can reduce family living costs, support food security, and improve school attendance, in turn supporting academic performance (8).

However, school food provision remains just one part of the story. In Wales, uptake has reached 69% since the roll-out of UFSM. But where children and families choose not to take-up the offer, or where children do not eat the food provided, benefits remain limited.

As part of the ‘RISE’ project, researchers at Cardiff University and Public Health Wales have been exploring school food provision across the UK (9). Findings so far highlight opportunities for strengthening provision – for example, by upgrading school kitchens and dining halls, supporting small and local food suppliers, investing in staff skills and training, and involving children and their families in co-producing school menus.

Findings also identify gaps in understanding uptake and consumption. Observations in some of Wales’ highest areas of deprivation highlight differences across schools and year groups, with reported issues around portion size, waste, and monitoring. Reasons for choosing a packed lunch included general food liking, but also ‘fussiness’ or food neophobic tendencies, special diets, and the security of parents knowing what their child had eaten that day.

Therefore, while provision may be ‘universal’, this does not automatically mean equal benefits for all children. Over the next five years, reducing health inequalities through school food will require understanding variation in impacts by deprivation; identifying and addressing the reasons some children continue to opt for packed lunches; and supporting schools to build whole-school food cultures where ‘good food’ is everyone’s business.

- (1) <https://ukcostguide.co.uk/cost-of-living-uk-2026/>
- (2) <https://www.tandfonline.com/doi/pdf/10.1080/10875549.2025.2548774>
- (3) <https://www.teachingabroadirect.co.uk/blog/school-dinners-by-decade-how-british-school-lunches-changed-through-time>

- (4) <https://www.gov.wales/universal-primary-free-school-meals-upfsm>
- (5) <https://www.gov.wales/healthy-eating-schools-regulations-2025-statutory-guidance-local-authorities-and-governing-bodies>
- (6) <https://pubmed.ncbi.nlm.nih.gov/35641314/>
- (7) <https://pmc.ncbi.nlm.nih.gov/articles/PMC2678872/>
- (8) <https://www.mdpi.com/2072-6643/13/3/911>
- (9) <https://decipher.uk.net/research/reducing-inequalities-in-school-food-environments-rise-supporting-provision-uptake-and-consumption-of-free-school-meals-in-primary-schools/>

For further Information
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Commentary

Beyond Resilience: Building a Safety Net Around Adolescents Online

Jason Celia, PhD Student, Swansea University

Adults design the internet, build the internet, govern the internet, and sexually groom adolescents on the internet. Yet too often, adults respond by focusing on what adolescents should know, recognise, or do differently. Expecting adolescents to avoid the internet, restrict their interactions, or exercise greater caution cannot substitute for effective safeguarding in digital environments that have become integral to their lives. For adolescents, the internet is not simply recreational. It is embedded in education, peer relationships, and everyday communication, supporting aspects of adolescent development. Over the next five years, we cannot expect adolescents to withdraw from environments that are increasingly central to their lives.

My doctoral research at Swansea University investigated the developmental, psychological, and relational factors associated with being sexually groomed online. Across two studies using two different measures, individual and contextual resilience dimensions and overall resilience were not significantly associated with lower online groomed scores. These findings do not mean that resilience is unimportant, nor do they establish that

resilience cannot influence how adolescents respond to or recover from online grooming attempts. However, they challenge the assumption that greater psychological resilience is universally protective. That said, caregiving support and social support were, however, associated with lower online groomed scores. This raises an important question about health inequalities: do all adolescents have equal access to protection against being sexually groomed online? Consider two adolescents who use the same online platforms. Both may encounter someone attempting to groom them. Yet one may have supportive peers, trusted adults and readily accessible safeguarding services, while the other may have fewer opportunities to discuss concerns or obtain help. Hence, socioeconomic circumstances are relevant, not because adolescents from disadvantaged backgrounds are inherently less resilient or have poorer relationships, but because poverty, service availability, transport, family pressures, and other structural conditions can influence access to resources and support. This highlights the importance of ensuring that protective resources are accessible regardless of individual circumstances and socioeconomic status.

While education and digital literacy remain important, teaching adolescents to recognise online grooming cannot, by itself, prevent adults from attempting to sexually groom them. Effective prevention requires digital platforms designed to reduce opportunities for exploitation, accessible safeguarding services, and trusted adults who can recognise concerns and respond appropriately. These protections must be available to all adolescents, regardless of their socioeconomic circumstances. Therefore, Wales should prioritise accessible safeguarding services, supportive relationships, and digital environments designed to reduce opportunities for exploitation. Schools, youth services, community organisations, families, peers, and healthcare professionals can create environments where adolescents feel able to discuss their online experiences without fear of judgement or blame. However, adolescents must not bear responsibility for recognising or preventing online grooming, whether directed at themselves or their friends. Instead, we must create environments where adolescents feel safe and supported approaching trusted adults to discuss concerning relationships, confident they will be listened

to, taken seriously, and offered appropriate support. We should build a safety net around adolescents and not expect them to navigate adult designed digital environments alone.

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**Mae Brechu yn
achub bywydau
Vaccination
saves lives**

Practice

Beyond Awareness: High Willingness but Low Access to Vaccination in Gay Bisexual Men who have Sex with Men (GBMSM) Communities in Wales

Dr Sonia Khoury, [Service Development and User Engagement Senior Practitioner, Vaccine Preventable Disease Programme VPDP](#), [Public Health Wales](#)

Vaccination plays a vital role in preventing infectious diseases, yet access to information and services is not experienced equally across all communities. The Public Health Wales Vaccine Preventable Disease Programme VPDP Engagement team recently engaged with Gay, Bisexual and Men who have sex with Men (GBMSM) across Wales to understand awareness, access, and attitudes towards mpox, HPV and hepatitis A and B vaccines, and to identify opportunities for service improvement.

The project involved two surveys, one focus group and individual interviews implemented between

January 2025–November 2025. Twenty-four healthcare and third sector professionals participated alongside more than 100 public respondents from across Wales. The work was implemented in partnership with FastTrack Cymru and explored how people access vaccine information, their views on existing Public Health Wales resources, and the barriers that may influence vaccine uptake. Findings were subsequently mapped using the COM-B behaviour change framework to better understand factors affecting vaccination behaviour.

Several important findings emerged. Awareness of mpox vaccination was

moderate, with around half of respondents reporting that they had heard information about the vaccine during the previous year. However, awareness of HPV and hepatitis A and B vaccines was considerably lower. Many respondents relied on sexual health clinics, NHS websites and healthcare professionals for trusted information, informal community networks and peer conversations were also mentioned by participants. Participants consistently highlighted challenges in accessing vaccination services. Common barriers included limited appointment availability, restricted clinic opening hours, travel requirements, difficulty

booking appointments, and concerns about stigma associated with attending sexual health services

Participants also reported uncertainty regarding vaccine eligibility and where to access vaccinations, including fears and misconceptions among patients regarding vaccine safety and eligibility.

Views on existing mpox information resources were generally positive. Respondents described the information as trustworthy, informative and easy to understand. However, both professionals and members of the public identified opportunities for improvement. These included shorter and more visually engaging materials, clearer explanations of eligibility criteria, improved signposting to services, more inclusive imagery, and greater use of infographics and digital communication approaches.

Participants emphasised the importance of co-designing information and campaigns with communities rather than for them. They highlighted the need for accessible, non-stigmatising services and communication approaches that reflect the diversity of people at risk. Many also called for vaccination services to be offered through a wider range of community settings to improve convenience and reduce barriers.

The findings have informed recommendations for Public Health Wales, health boards, Welsh Government and wider NHS partners. Key actions include strengthening community partnerships, improving digital communication, increasing service accessibility, tackling stigma, and ensuring vaccination information is clear, concise and equitable. These insights demonstrated the importance of listening

to communities to create services that are responsive, inclusive and effective for everyone.

For further Information please contact Sonia.Khoury3@wales.nhs.uk



Commentary

Accelerating health equity for women in Wales with coproduction at the wheel

Debbie Shaffer, [Director, Fair Treatment for the Women of Wales \(FTWW\)](#)

As we approach the end of 2026, we mark almost 2 years since the publication of the Women's Health Plan and the first anniversary of the Disabled People's Rights Plan, cumulatively presenting a significant opportunity to reduce health inequities in Wales – if implemented with citizen voice at the forefront.

For Fair Treatment for the Women of Wales (FTWW), the two plans are inextricably linked, not least because women are more likely than men to be living with chronic illness, more likely to be disabled as they age, and more likely to be in poverty as a result. In Wales, around 21% of the population describe themselves as living with at least one health condition that limits their daily lives – limitations that are not always just as a result of symptoms or impairments but because spaces, systems, and attitudes can be 'dis-abling'. This way of thinking, often described as 'the social model of disability' was adopted by the

Welsh Government in 2002, and it describes a shared responsibility to address barriers to participation, services, and support.

Both FTWW's work and the Women's Health Plan describe how women and people assigned female at birth are particularly likely to encounter these barriers, partly because historically we haven't been properly considered in medical research, product design, or service development. For those who remain unconvinced, the book 'Invisible Women' makes the case, describing the world through a female lens, where the pavements we're more likely to use than men aren't prioritised for gritting in the winter, meaning we're more likely to fall and get injured; where the mobile phone we use to call for help doesn't fit our hands; where, when we reach A&E, we're more likely than men to be offered sedatives rather than pain relief, and where the medicines we're given to take

home haven't been tested on us.

Little wonder then that the overwhelming response from the 4000 contributors to NHS Wales's 2022 'Women's Health in Wales Discovery Report' was to be 'listened to' when it comes to healthcare – and that the importance of hearing and working with those with lived experience is similarly echoed in the Welsh Government's Disabled People's Rights Plan.

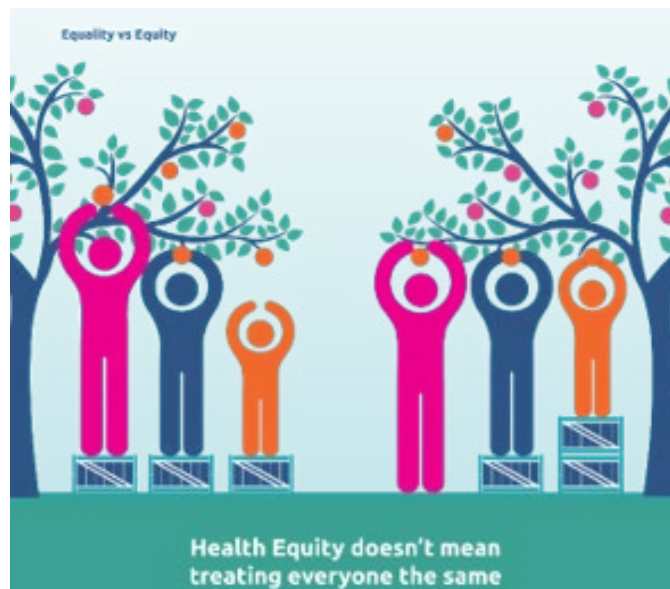
Third sector organisations and grassroots groups are uniquely placed to support our statutory colleagues in their efforts to engage with underserved communities, helping to ensure that policies and practices reduce rather than compound inequities. Indeed, the principles of coproduction feature prominently in both Plans, where there is an expectation that statutory services, the third sector and people with lived experience will work together to design and evaluate services. However,

for delivery partners to turn these principles into practice, they need to move away from the tendency to consult ‘after the fact’. Investment – literally and figuratively – in citizen involvement from the start is the key to improving efficiency, effectiveness, and enabling health equity.

The Women’s Health and Disabled People’s Rights Plans are two vitally important vehicles for driving this change, that is if we make sure the seatbelts are designed with all of us in mind!

For further Information please contact: admin@ftww.org.uk

- 1 [The NHS Wales Women’s Health Plan 2025-2035](#)
- 2 [Disabled People’s Rights Plan 2025 to 2035 \[HTML\] | GOV.WALES](#)
- 3 [DrawingOut Long-Term Health Issues in Wales](#)
- 4 [Social model of disability: discovery phase interim report](#)
- 5 [Invisible Women | Caroline Criado Perez](#)
- 6 [Women's Health in Wales - A Discovery Report - NHS Wales Performance and Improvement](#)



Policy, Practice, Commentary

Oh, What's Occurin'?

Cerys Preece, [Principal Public Health Practitioner, Public Health Wales](#)

Well, Nessa let me tell you this, we already know what's occurring. We have spent decades describing the problems and the health inequalities landscape in Wales. We know that too many people in our communities in Wales are experiencing poor health or living shorter lives because of avoidable and unfair harms to their health.

The data and evidence are overwhelming, the causes are well understood, and yet progress remains painfully slow. There might be increased awareness and understanding of health inequalities and the impact of the wider determinants of health, but the gap in health outcome remains stark.

So, how do we move from describing the problem, to finding systematic and collective action to make a difference?

Health inequalities are not inevitable, they are the result of decisions, systems and conditions that can be changed or positively influenced. By taking action on what we know works, such as reducing poverty, increasing access to good housing and fair work, designing services in a way that reaches those who need them most, we can create a Wales where everyone has the opportunity to live a healthy life.

What we need is collective action and commitment to systematically and consistently embed what we know works into practice. We already have evidence-based approaches that can guide action. The Our Approaches to Health Inequalities Programme in Public Health Wales has actively been working on articulating practical actions that those working in public services can consider to ensure that they

are systematically considering health equity in their work.

The [Health Inequalities Framework](#) serves as a guide for public services to consider these following key actions:

- Developing a leadership and culture committed to tackling health inequalities
- Using public health approaches in your work
- Ensuring a diverse, well trained and sustainable workforce
- Delivering high quality services that are widely accessible
- Collecting and publishing high-quality health equity data and knowledge
- Work closely with groups and communities in Wales through the use of networks and effective engagement and involvement.

So, we have the knowledge, we know what works and what we need now is the collective action. I think that's a good place to start, or, as Nessa might say, tidy.



Research, Practice

Health Equity in Wales: From Evidence to Action

James Allen, [Public Health Scientist, Public Health Wales](#)

Zuwaira Hashim, [International Health Coordinator, Public Health Wales](#)

Lauren Couzens, [Principal Public Health Practitioner, Public Health Wales](#)

Daniela Stewart, [International Evidence Development Office, Public Health Wales](#)

Jo Peden, [Consultant in Public Health, Public Health Wales](#)

What is health equity and why does it matter in Wales?

Health equity means everyone has a fair opportunity to achieve good health, regardless of their background or circumstances. Health inequalities remain a significant challenge in Wales, disproportionately affecting disadvantaged people and communities. Many people experience poorer health and shorter lives because of factors such as income, education, employment, housing and the places where they live, work and play. Creating the conditions that support health and wellbeing for everyone is essential to building a healthier Wales.

Introducing the Welsh Health Equity Status Report initiative

Established in 2020 in partnership with the World

Health Organization, the [Welsh Health Equity Status Report initiative](#) (the initiative) improves understanding of health inequalities and their causes. It provides evidence, analysis and practical tools to support policy, investment and action across sectors.

[Research](#) from the initiative shows that health is shaped largely by the conditions in which people are born, grow, live, work and age. Financial security, education, employment, social connections and strong communities often have a greater influence on health outcomes than healthcare services alone.

Reducing health inequalities therefore requires coordinated action across government, public services and communities. Improving

health outcomes depends not only on healthcare but also on addressing social, economic and environmental factors such as poverty, employment, education and community resilience. The initiative highlights the importance of prevention, long-term investment and action across sectors rather than relying solely on healthcare services to respond once poor health has occurred.

The evidence also shows that the greatest impact is achieved when organisations work together, use population health intelligence effectively and involve communities in shaping solutions. Public bodies, including the National Health Service, can play an important role as [anchor institutions](#), using their influence, spending power and partnerships to support healthier communities.

There are strong foundations for action in Wales, including high-quality data, progressive legislation and a growing evidence base about what works. The initiative has produced resources, including a collection of [health equity frameworks and tools](#), alongside major reports on the [impact of COVID-19 on health equity](#) and the importance of action across the [Five Essential Conditions for Healthy and Prosperous Lives](#):

- **Income security and social protection** e.g. financial support for parents, older people or unemployed.
- **Living conditions** e.g. planning, good quality and secure housing, clean air, green spaces.
- **Employment and working conditions** e.g. availability of work, a living wage, physical and mental demands, ensuring health and safety at work.
- **Social and human capital** e.g. improving training, apprenticeships, building community cohesion and resilience, trust, sense of belonging.
- **Health services** e.g. health protection, health promotion and improvement, primary, secondary and scheduled care.

While understanding health inequalities is essential, evidence alone is not enough. Lasting progress depends on identifying, implementing and scaling effective solutions. The [Welsh Health Equity Solutions Platform](#) supports this by bringing together evidence, tools, good practice and

practical resources to help organisations, communities and policymakers turn knowledge into action and accelerate progress towards a healthier, fairer and more prosperous Wales.

Email: solutionsplatform@wales.nhs.uk





Practice

What will make the biggest difference to reducing health inequalities in Wales over the next five years?

Health Improvement Team, [Betsi Cadwaladr University Health Board \(BCUHB\)](#)

The Betsi Cadwaladr University Health Board (BCUHB) Health Improvement Team are a team of Health Improvement Practitioners who aim to offer residents of Wrexham and Flintshire the opportunity to make healthier and sustainable lifestyle choices, helping to reduce health inequalities and improve health outcomes.

For many years the team have offered free health and wellbeing sessions and programmes to community groups in both Wrexham and Flintshire, during this time we have seen a rising demand for our free service which includes free exercise sessions such as Tai Chi, Chi Me, pre and postnatal Yoga, cooking sessions and wellbeing programmes

such as 'Managing Anxiety; 'From Burnout to Balance' 'Mindfulness' and 'Stress Less'

As a team we feel the biggest opportunity to reduce health inequalities in Wales is to connect with the communities that need the most support, building trust and reaching those facing the biggest barriers and understanding the barriers they are facing daily. Speaking to people who have lived experience to help shape the future of prevention. We see firsthand the struggles people face daily being able to feed their families and keep their homes warm.

Many people we engage with during our sessions feel that making the healthier choice isn't always the easier choice,

with the rising cost of food and fuel, healthy eating, being physically active and behaviour change is not always priority for people and families. Through our sessions we aim to empower people to make small steps towards change, taking into consideration people's life situation and circumstances.

Our service aims to provide support early to help prevent long term health conditions and reduce loneliness enabling people to make new connections and feel supported to make changes knowing that change can be possible for them. We see prevention as key and where more funding should be placed. There needs to be more teams working alongside communities to provide evidence-

based interventions and opportunities for behaviour change. These teams should provide practical support and encouragement through free exercise sessions, practical cooking sessions to help people navigate the ever-rising cost of food and emotional wellbeing support for people to seek support early.

Coproduction of services with the community and partnership working with local agencies can help health and wellbeing at the local level, but more needs to be done nationally through

government legislation to support those in need across Wales.

If you would like to find out more about the BCUHB Health Improvement Team please contact the team on 03000 859 625 or bcu.healthimprovementteam@wales.nhs.uk

Research

Beyond Digital Skills: Rethinking Resilience to Protect Children's Health

Dr. Cristina Izura, [Swansea University](#)
Mr. Jason Celia, [Swansea University](#)

One important, and often overlooked, opportunity to reduce health inequalities is improving children's digital safety through approaches grounded in psychological evidence.

In 2018, the Welsh Government introduced an initiative to enhance digital resilience in education, recognising the need to protect children and young people from online harm (1). But what exactly do we mean by digital resilience, and how closely does this concept reflect what we know about resilience from psychological research?

Decades of psychological research have established that resilience is a complex and dynamic construct. Rather than being a fixed personal characteristic or a reservoir of strength that protects individuals equally against all adversities, resilience emerges through interactions between individual capacities, social relationships and environmental circumstances (2, 3, 4).

Research conducted by Celia (5) into online sexual grooming illustrates why these distinctions matter. Using the Scale of Protective Factors (6), he examined the relationship between resilience-related factors

and experiences of online grooming. Overall protective-factor scores were not significantly associated with grooming experiences. However, when examining individual components, he found that greater social support was associated with fewer reported experiences of online grooming.

Although these findings do not establish causation, they highlight an important distinction. The Welsh Government's digital resilience programme emphasises equipping children with the knowledge and skills to recognise online risks and seek help. Yet knowing how to seek help is not the same as having someone to turn to. Our findings suggest that strengthening social support, rather than focusing predominantly on individual digital skills, may be particularly important in protecting children from online grooming.

The consequences of online sexual abuse can extend well beyond the immediate experience, affecting children's mental health and social relationships (7). Such experiences might also disrupt educational opportunities, and healthy development (8). Without adequate support, these

disadvantages can accumulate over time, affecting health, wellbeing and opportunities throughout life.

Meanwhile, the NSPCC reported an 89% increase in police-recorded online grooming offences across the UK between 2017/18 and 2023/24 (9). Although this cannot be attributed to shortcomings in digital education, it demonstrates why preventive approaches need to improve.

Reducing health inequalities requires recognising that children do not all have equal access to protective relationships, resources or professional support.

Over the next five years, Wales has an opportunity to strengthen digital safeguarding by moving beyond digital skills and investing in the social relationships and support networks that help protect children. This means ensuring that young people have access to trusted adults and supportive communities, while actively creating these networks for those who lack them. Protecting children's health requires not only building individual resilience, but also creating the social conditions in which resilience can develop.

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Commentary

Breastfeeding – “The Great Equalizer”

Rachel Evans – Lead Midwife for Breastfeeding, [Public Health Wales](#)

James P Grant of UNICEF described breastfeeding as “the great equalizer”. In a quote well known to every breastfeeding advocate, he went on to say that “Breastfeeding is a natural safety net against the worst effects of poverty. Exclusive breastfeeding goes a long way toward cancelling out the health difference between being born into poverty and being born into affluence.” Despite this, it is babies in the most deprived areas who are least likely to be breastfed in Wales. 76% of babies in the least deprived quintile were breastfed at birth, but this was the case for only 55% in the most deprived.

Breastfeeding provides well documented health benefits, and also saves a family money. The average price of a tin of first infant formula has recently risen to £13.15 (First Steps Nutrition Trust). Healthy Start vouchers can be used for infant formula but the weekly allowance only stretches to one product on the market suitable for a 10 week old, with many parents choosing to buy more expensive brands in a market that doesn’t provide good value (Competition and Markets Authority).

For the health system, optimal breastfeeding (breastfeeding exclusively for six months, and alongside solid food for two years and beyond) offers great value in

terms of health economics. In the short term costs to the health system are reduced as hospitalisation of infants and GP appointments are avoided. In the longer term, there are positive impacts for both mother and baby on incidence of overweight, obesity and diabetes. The risks of some cancers are also reduced for mothers.

In theory, investment to improve breastfeeding saves money that can be reinvested in other work to reduce inequalities in the early years, when there is most potential for impact. However, the services responsible for clinical lactation services and support have many competing priorities and do not directly benefit from the long term savings. Mapping of services demonstrates inequitable access to clinical lactation care and services reliant on short term funding and not sustainable.

A recent partnership project on breastfeeding improvement had far reaching impacts beyond its aims. Volunteers were recruited from a target community and the support group established is going from strength to strength. Additionally, the mothers trained as volunteers gained a recognised qualification, and five went on to paid employment in the local health board or health professional training. There was no funding available to

continue the project.

It is encouraging that breastfeeding rates are slowly rising in Wales; however rates remain among the lowest worldwide and the gap between the least and most deprived is wide and persistent. Formula feeding remains the cultural norm in Wales.

In the Early Years and Child Health team our work aims to influence this:

- Development of an Infant Feeding Service Specification in partnership with NHS Performance and Improvement, to support progress towards equitable services.
- “Breastfeeding Friendly Wales” partnership initiatives modelled on Scotland, creating enabling environments in local authorities, early years settings and more.

Increasing understanding of the value of breastfeeding and lactation for population health among senior leaders across sectors, and sustained investment in high quality services and initiatives to support culture change could have a significant impact on health inequalities over the next five years and for future generations.

For more information please contact Rachel.Evans43@wales.nhs.uk

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Grapevine



Practice

Everyone in Gwent should live free from the fear of violence and abuse

Gwent Violence Against Women, Domestic Abuse and Sexual Violence Board

Everyone deserves to feel safe at home, in their relationships and in their communities. Yet across Gwent, violence against women, domestic abuse and sexual violence continue to cause profound and lasting harm. The impact reaches far beyond the individual, affecting families and communities for years to come. If we do not act early to prevent violence and support those affected, inequalities deepen and the harm continues across generations.

To help achieve our collective goal, we are publishing the new Gwent Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) Joint Strategic Needs Assessment. You will find links to this below.

What is the Violence Against Women, Domestic Abuse and Sexual Violence Joint Strategic Needs Assessment?

The Violence Against Women, Domestic Abuse and Sexual Violence Joint Strategic Needs Assessment brings together data, evidence, and lived experience to understand how the VAWDASV system in Gwent responds to the needs of those living with VAWDASV.

What does it do?

Shaped by input from professionals and survivors

across Gwent, this Needs Assessment:

- Highlights the national and local prevalence of VAWDASV
- Maps what services are available and how they fit into the wider VAWDASV systems in Gwent
- Creates a vision for the future of VAWDASV systems in Gwent
- Sets out a range of promises that professionals in Gwent will deliver to protect those living with VAWDASV and support their healing

Access the Needs Assessment

You can explore the Needs Assessment on our website:

1. **Technical Report** – a detailed description of the prevalence of VAWDASV, systems mapping and goals for the future of VAWDASV systems in Gwent.
2. **Summary Report** – highlights the core findings from the Technical Report

[Click here to view the reports](#)

How can this support you and your organisations work?

Whether you work in health, education, social care, policing, local government or the third sector, this Needs Assessment is a practical tool to support your work; from planning and service delivery to partnership working and securing funding. It offers a shared understanding of

how we can align priorities across the VAWDASV system in Gwent and collaborate to ensure everyone lives free from the fear of violence.

For any questions, contact Admin_ABGPHT@wales.nhs.uk



EATING DISORDER TRAINING FOR HEALTH AND SOCIAL CARE PROFESSIONALS

Formerly Beyond the Symptoms

Eating disorders can affect every system in the body, but someone might approach a healthcare professional about apparently unrelated symptoms not realising that an eating disorder is the cause. It is crucial that professionals can recognise those symptoms.

Delivered by eating disorder clinicians with extensive experience in the field and including the perspectives of those with lived experience, this is a CPD-accredited training programme that aims to help you identify when a patient has an eating disorder and confidently intervene early.

Format

Virtual, delivered via Zoom with PDF workbook to accompany it.

Date

- Thursday 12 November 2026
9:30am-4:30pm

Book Now

Enter this URL into your browser:

bit.ly/HealthcareTraining2

or scan the QR code opposite.

Questions?

training@beateatingdisorders.org.uk

"Honestly, this has been one of the most insightful, reflective, training sessions I have ever participated in - and I've been in nursing since 1988."

- Community Public Health Nurse,
attended 2025



Beat
Eating disorders

Videos





Building Health into Decision Making: Health Impact Assessment (HIA) and the HIA Regulations for Wales

This informative and practical webinar introduces the Health Impact Assessment (Wales) Regulations 2025, ahead of their implementation in April 2027.

Watch



Developing and Implementing a National Gambling Harms Prevention Programme for Wales

This webinar examined why a population-level public health approach is essential, how evidence and lived experience will continue to inform programme development, and the importance of partnership working in creating sustainable change.

Watch



Health inequalities in Wales: Insights, Evidence and Solutions

This webinar explored the causes and consequences of health inequalities in Wales, examining how factors such as income, housing, education, employment and the places we live influence health outcomes and opportunities for good health.

Watch

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Next Issue: Nature for Health Equity



Nature plays an important role in supporting health and wellbeing, with growing evidence highlighting the benefits of access to green and blue spaces for physical health, mental wellbeing and community resilience. However, access to high-quality natural environments is not experienced equally, and those affected by health inequalities are often the least likely to benefit from the opportunities that nature can provide.

Our upcoming webinar, *Nature for Health Equity: Creating Fairer, Greener, Healthier Communities*, will explore the relationship between health inequalities and nature. We'll examine the evidence linking access to green and blue spaces with health outcomes, discuss how climate change disproportionately impacts disadvantaged and marginalised communities, and consider how nature-based solutions can help create cooler, healthier and more resilient neighbourhoods.

To support this important conversation,

we are inviting colleagues from across all sectors to contribute to a forthcoming themed e-bulletin focused on nature, health equity and climate resilience. We welcome submissions that showcase practical approaches, tools, resources or examples of good practice, including innovative projects, partnership working and initiatives that improve access to nature, support community wellbeing, address health inequalities or help communities adapt to the impacts of climate change.

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

Please send to publichealth.network@wales.nhs.uk by 19 November 2026.

Contribute