Cordis Pulse

August 2026

Welcome to August's edition of the Cordis Pulse – a monthly digest of key research and policy developments across the sectors in which Cordis Bright provides research and consultancy services, i.e. adult social care and health, children and young people's services, and criminal justice.

This month, we're pleased to share our Tackling Cuckooing webinar presentation, delivered with FitzRoy and KeyRing. Drawing on our joint white paper, the session explored several aspects of cuckooing, including its impact on people with learning disabilities, autistic people and those with mental health needs. This connects with NHS England's guidance in this Pulse on supporting autistic people and people with a learning disability to live well in their communities.

The domestic abuse publications in this month's Pulse also connect closely with our work. MHCLG's research on measuring outcomes in safe accommodation resonates with our Emotion Coaching feasibility study in Solace refuges, which explored outcomes for mothers and children and highlighted the importance of robust outcome measurement. The Sanctuary Schemes evaluation also has parallels with our feasibility study of Restart. Both approaches seek to prevent victim-survivors and children from being displaced, although sanctuary schemes strengthen security around their home while Restart's housing pathway supports the person using abuse to leave it.

Together, these publications reflect a central theme in Cordis Bright's work: effective support depends on listening to people, measuring the outcomes that matter to them and coordinated responses across organisations.

If you would like to discuss any of the issues raised in this month's Pulse, please do contact us on 020 7330 9170 or email stephenboxford@cordisbright.co.uk.

Best wishes

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1 Cordis Bright news

1.1 Cordis Bright webinar: Tackling Cuckooing Together

Cuckooing is an increasingly recognised form of exploitation, yet many organisations continue to face challenges in identifying risks and coordinating effective responses.

FitzRoy, KeyRing and Cordis Bright were delighted to be joined by 100 attendees for a Lunch & Learn webinar, exploring how organisations can work together to prevent and respond to cuckooing and related forms of exploitation affecting people with learning disabilities, autism and mental health needs. We drew on learning from a white paper developed by FitzRoy and KeyRing in partnership with Cordis Bright.

The session examined:

- How cuckooing presents in practice.
- The factors that increase vulnerability to exploitation.
- The barriers that can limit effective intervention.
- Practical actions and proposed solutions to strengthen prevention and multi-agency working.

FitzRoy and KeyRing are continuing the conversation and taking action by facilitating a Cuckooing Prevention Group. This is a shared learning network to support ongoing learning, resource development and collaboration across organisations. All organisations with an interest in tackling cuckooing together are welcome to join.

Join the Cuckooing Prevention Group by contacting diane.mee@fitzroy.org or tracy.hammond@keyring.org.

Both the webinar slides and the white paper are available to download.

For more information or to discuss how Cordis Bright can support your own work on cuckooing, please contact Hannah Nickson.

2 Adult social care and health

2.1 Social Care Institute for Excellence. How care inequities shape social care experiences

This report by the Social Care Institute for Excellence (SCIE) explores how inequities affect access to and experiences of adult social care in England. Research commissioned by SCIE and undertaken by Thinks Insight & Strategy engaged 50 people receiving care and unpaid carers across four areas.

Participants described a complex, fragmented system characterised by unclear information, long waits, repeated assessments and burdensome self-advocacy. Financial means, geography, digital confidence and family support affected people's ability to navigate services and exercise choice. Language and cultural barriers, age-based assumptions, and fluctuating, invisible, cognitive or mental health conditions created further difficulties. These factors intersected and accumulated, leaving some people exhausted, mistrustful or withdrawing from support. Informal carers frequently filled gaps but experienced responsibility, affection, guilt and resentment.

Good care was associated with listening, dignity, continuity and trusted relationships. The report recommends proactive information, named contacts, accessible non-digital routes, culturally appropriate support, better coordination, consistent provision and workforce investment. It argues that equity should be assessed not only through availability and eligibility, but through whether people can find, understand, shape and sustain appropriate support.

2.2 Disability Unit and Office for Equality and Opportunity. Disability foresight research: future trends for disabled people

Commissioned by the Cabinet Office Disability Unit and conducted by NatCen, this report explores how social, technological, economic, environmental, political and cultural trends could affect disabled people over 5, 10 and 20 years. It combines a scoping review and policymaker workshop with interviews and three online world-building workshops involving 12 disabled people's organisations.

The evidence review identified persistent barriers to services, employment and political participation, financial insecurity, inaccessible environments and disproportionate climate risks. Technology and AI could either increase inclusion or deepen exclusion. In contrast, participants developed largely optimistic scenarios: a climate-resilient society with high living standards; an equitable society despite high costs; and an AI-assisted future with full employment for disabled people.

Across the scenarios, change depended on government funding, enforced rights, accessible services and infrastructure, private-sector innovation and employment, greater disabled representation, and meaningful involvement in policymaking. The report concludes that foresight can move debate beyond current constraints and recommends further engagement and testing of specific policies, including net zero measures and government uses of AI.

2.3 Local Government Association. Care Where We Live

This report presents findings from the Local Government Association's Care Where We Live engagement, which explored councils' role in reforming adult social care. More than 600 people contributed, including people receiving care, unpaid carers, councillors, social workers, providers and voluntary organisations.

Participants supported person-centred, preventative and community-based care organised around people, not institutional boundaries. They viewed social care as connected to housing, public health, employment and community support. Councils should retain responsibility for stewardship, safeguarding, commissioning and delivery, while national government provides sustainable funding, workforce policy, standards, rights and infrastructure. Any National Care Service should improve consistency without weakening local democratic accountability.

The report calls for funding reform, investment in prevention and housing, workforce pay and development, transitions from children's services, support for unpaid carers and an outcomes-focused care market. Its message is that reform requires partnership between government, councils and citizens, with lived experience shaping a system centered on dignity, independence and connection.

2.4 The Health Foundation. Health as an economic asset

This report argues that population health should be treated as an economic asset, not only as a cost to public services. It examines how worsening work-age health affects employment, productivity, public finances and quality of life.

Healthy life expectancy fell by two years during the decade to 2022–24 (i.e., from 2012-2014), while working-age adults reporting a long-term condition increased from 11.7 million in 2014 to 15.7 million in 2024. Poor health is concentrated in lower-income households and deprived areas, reinforcing inequalities.

The report models a scenario in which working-age health returns to 2014 levels. It estimates this could generate £57 billion in economic output, raise tax revenue by £40 billion, reduce welfare spending by £18 billion and lower NHS spending by £15 billion. These are scenario estimates, not forecasts. The report calls for prevention and health improvement to become central to economic strategy, alongside action on housing, education, employment conditions and local growth. It argues that improving health could raise living standards, strengthen fiscal sustainability and produce gains for lower-income households.

2.5 Shelter. More than bricks: stories of home

This report presents emerging findings from Shelter's IKEA-funded longitudinal research on the effects of moving into a social-rent home. The Housing Associations' Charitable Trust (HACT) is conducting the research, which has involved surveys with more than 1,000 new social tenants and repeat qualitative interviews with 44 people, many previously privately renting or experiencing homelessness.

Interviewees reported immediate and sustained improvements in mental health, sleep, privacy and their ability to manage health conditions. Having adequate

space and cooking facilities also improved family routines and eating habits. Lower rents and bills increased financial security, saving and future planning, although moving costs and buying furniture often delayed these benefits. Connections with neighbours and feelings of belonging generally developed more gradually as tenants became settled and involved in their communities.

The findings are preliminary and the final longitudinal survey results are expected in spring 2027. Shelter argues that social housing provides a stable foundation for health, independence and participation. It calls for 90,000 social-rent homes annually for ten years, increased investment and measures enabling councils to build more homes.

2.6 The Joseph Rowntree Foundation. Insecure shift: why millions of workers don't have protections they need

This briefing examines gaps in UK income protection during illness or caring. Statutory sick and parental pay have fallen behind wages, while 4.6 million dependent contractors and self-employed workers lack core protections.

Full-time self-employed workers face a 22% poverty rate, compared with 8% among full-time employees. Many have low savings and limited pension provision. Tax and employment rules incentivise contractor or self-employed arrangements, transferring risk to workers, households and the welfare system. Complex rules and weak enforcement make misclassification difficult to challenge.

The briefing proposes a system of in-work social insurance. Sick and parental pay should provide meaningful support to every worker, regardless of employment status. Tax and contribution arrangements should be aligned across forms of work, while employment-status rules should be simplified and enforced. Polling found broad public support, while 65% of self-employed respondents would pay more for stronger protections. Its central argument is that economic security should not depend on contractual status, and that employment-rights reforms could be undermined unless protections extend beyond employees.

2.7 The Health Foundation. Equal waiting for elective care?

This Health Foundation analysis examines inequalities in the NHS elective-care waiting times in England, using demographic data covering June 2025 to April 2026. It considers whether recent improvements in waiting times have been shared equally across socioeconomic and ethnic groups.

The proportion of patients treated within 18 weeks increased across all deprivation groups. However, people living in the most deprived areas generally continued to wait longer than those in the least deprived areas, although the gap showed signs of narrowing. Inequalities in waits exceeding 52 weeks reduced more substantially, demonstrating that overall improvement and greater fairness can occur together. Progress varied considerably between integrated care boards.

Differences remained within most regions and treatment specialties, meaning geography alone does not explain them. Bangladeshi, Pakistani and Indian patients experienced longer waits in several specialties, particularly dermatology, plastic surgery and some surgical services. The analysis recommends sharing learning from areas that have reduced

inequalities and publishing more detailed demographic data to support targeted improvements.

2.8 The Health Foundation. How efficiency varies across NHS acute trusts

This Health Foundation analysis examines efficiency across 110 NHS acute hospital trusts in England between 2018/19 and 2024/25. It measures how effectively trusts convert resources, including staff, equipment and operating expenditure, into care such as admissions, appointments and procedures.

Efficiency fell sharply during the COVID-19 pandemic and remains below pre-pandemic levels. Across the period, measured inputs increased by 30%, while outputs rose by only 12%, leaving efficiency around 14% lower than in 2018/19. The most efficient trusts were approximately 1.6 times as efficient as the least efficient, but this gap has remained broadly stable. Declining efficiency affected most trusts, including high performers, suggesting system-wide constraints rather than failures concentrated in a few organisations.

Teaching and research-intensive trusts often appeared less efficient, partly because standard measures may not capture all their activities. The analysis concludes that reducing variation between trusts could help but will not be sufficient. Wider action is needed to improve efficiency across the NHS, supported by measures that better reflect hospitals' different roles.

2.9 The King's Fund. How and why is life expectancy in London different to other regions?

This King's Fund briefing examines why life expectancy in London has followed a different pattern from other English regions. London experienced the greatest decline during the COVID-19 pandemic but subsequently recorded the strongest recovery. In 2023–25, female life expectancy was the highest nationally, while male life expectancy was second only to the South East. The gap between London and the North East has grown to approximately three years.

Possible explanations include London's younger and more mobile population, economic strength, employment opportunities, gentrification, extensive specialist hospital provision and the "healthy migrant effect", whereby migrants may initially have better health than the population of their host country. London also has lower obesity, chronic disease, suicide, alcohol-related mortality and drug-related deaths than the North East.

However, London still has substantial inequalities, severe pressure on general practice and comparatively low vaccination and cancer-screening rates. The briefing argues that reducing regional differences requires stronger prevention, public health investment and economic regeneration, alongside further research into London's distinctive trends.

2.10 Local Government Association. Must Know: Supporting men's health

This guide aims to support councillors to assess and improve men's health locally. It highlights inequalities: men live 4.2 years fewer than women, three-quarters of suicides involve men, and men experience high levels of alcohol- and drug-related deaths, rough sleeping and economic inactivity. They are also less likely to use preventive health services.

The guide provides questions for scrutinising local data, services and accountability across life expectancy, premature mortality, mental health, behavioural risks, long-term conditions, sexual health, employment, homelessness, ethnicity and deprivation. It encourages councils to identify which groups face the poorest outcomes, involve men in designing responses and appoint system leadership. Its message is that accessible, culturally competent and prevention-focused services, shaped around local needs, can reduce inequalities and improve men's health.

2.11 NHS England. Supporting autistic people and people with a learning disability to live well in their communities

This NHS England guidance sets out how local systems should support autistic people and people with a learning disability to live well in their communities. It draws on research and engagement with around 300 people with lived experience, families and professionals.

Integrated care boards should assess local needs and coordinate health, social care, housing, education and voluntary-sector support. Services should be person-centred, rights-based, co-produced and based on need rather than diagnosis, with appropriate reasonable adjustments.

Priorities include timely healthcare and diagnosis, support while waiting, mental health and crisis services, keyworkers, health checks, and help with education, employment, housing, transitions, advocacy and carers' needs. The guidance also calls for intensive community support and alternatives to hospital admission. Its central message is that coordinated, preventative support should address the whole person and reduce health inequalities.

3 Children and Young People's Services

3.1 Department for Education. Data and digital maturity in children's social care. Findings from a national survey of local authorities

This report assesses data and digital maturity in children's social care across English local authorities. It examines capabilities, how technology supports children and families, and where a Centre of Excellence could help.

The findings draw on a survey completed by 110 of 151 authorities. Maturity was assessed across strategy and governance, data quality, technology, skills, culture and service design. Critical data flows remain manual: 71% of authorities use email attachments for safeguarding information, while only 25% use automated methods. Data sharing is hindered by incompatible systems, missing common identifiers and limited staff capacity. Access to analytical tools is restricted by cost, procurement and security requirements.

Although 79% of authorities reported using artificial intelligence, only 4% had a children's-services-specific AI strategy. Analytical skills were limited, and leadership ambition was not always matched by resources. The report identifies priorities for strengthening governance, infrastructure, interoperability, workforce capability and responsible technology adoption across sector.

3.2 Department for Education. Family Voice project: final research report

This report examines examines how family voice can shape early help services in England. It draws on surveys, systems mapping, practitioner engagement, and interviews and focus groups across nine local authorities.

Families valued trusted, non-judgmental practitioners, consistent relationships and whole-family support. Many nevertheless described fragmented services, repeated assessments, poor handovers, unclear information, long waits and difficulty receiving support before crisis, especially for SEND and mental health needs. Young people emphasised safe, accessible spaces and knowing how their views influenced decisions. Practitioners generally reported feedback opportunities, but limited capacity and weak processes often made engagement inconsistent or tokenistic.

It recommends embedding family voice in strategy, commissioning and delivery; strengthening multi-agency support; providing varied feedback routes; involving children directly; training and supervising staff; appointing participation leads; paying contributors; and closing feedback loops. Small samples and low response rates limit generalisability. As fieldwork predated Families First Partnership implementation, the findings may inform future local service design but are not mandatory delivery expectations.

3.3 Barnardo's. Building the healthiest ever generation: a child-centred vision for neighbourhood health

This Barnardo's report proposes a child-centred approach to the government's neighbourhood health programme in England. It argues that the existing framework, despite emphasising community care, integration and prevention, does not provide a clear route to creating the "healthiest ever generation".

Drawing on their service-delivery experience and engagement with children, families and practitioners, the report highlights rising mental ill health, childhood obesity and preventable tooth decay. These problems are intensified by poverty, food insecurity, unsuitable housing and unsafe neighbourhoods. Families also described fragmented services, long waits and limited preventative support.

Barnardo's recommends integrating health, education, council and voluntary-sector services around shared outcomes, with funding and accountability aligned accordingly. Children and families should help design, deliver and evaluate neighbourhood services, while local areas should map community needs and assets. The report calls for a national Child Health Action Plan defining the government's ambition, responsibilities and measures of progress. Its central message is that successes should be judged by improvements in children's health, wellbeing and equity, rather than by service reorganisation alone.

3.4 Ofsted. Understanding children's social care sufficiency in England

This report assesses the availability of suitable accommodation for children in care and care leavers. Ofsted developed a sufficiency index covering placement availability, workforce, accessibility, safety and wellbeing. To supplement quantitative analysis, 23 interviews were undertaken with commissioners from 18 local authorities.

The report finds that sufficiency depends on more than placement numbers. House prices influence where children's homes are established, contributing to provision in northern England and shortages in the South East and South West. Areas with fewer options place children further from home and spend more. Declining foster-carer availability is associated with more children aged under 12 entering residential homes, while difficulties recruiting staff and registered managers constrain capacity. Competition between local authorities for placements adds pressure.

The index is intended to support commissioning, planning and policy rather than rank local authorities. The report emphasises that placement suitability, location, workforce capability and children's needs must be considered alongside capacity.

3.5 National Foundation for Educational Research. Pupil wellbeing and persistent absence

This report examines the relationship between pupil wellbeing and persistent absence from English secondary schools following the COVID-19 pandemic. It draws on case studies in ten schools, including interviews with staff, pupils, parents and carers, pupil focus groups and a survey of 399 parents and carers.

Participants viewed declining mental health and wellbeing as important contributors to absence, alongside bullying, increased social media use, academic pressures, unmet special

educational needs, family circumstances and the rising cost of holidays during term breaks. Wellbeing and attendance were found to influence each other: staying home could provide short-term relief but also reinforce anxiety, isolation and difficulties returning to school.

Schools used pastoral support, timetable changes and specialist provision, but pupils and families valued trusted relationships most. The report recommends better-funded attendance, mental health and family support, alongside action on bullying and diverse needs. Views on government attendance policies were mixed, while fines were generally considered unhelpful. The report recommends adequately funding school attendance work, mental health and family services; improving mainstream support for diverse needs; addressing bullying; and prioritising supportive relationships with pupils and families. Findings should be treated cautiously because the sample was small and self-selecting.

3.6 Department for Education. Families first for children pathfinder: phase 2 evaluation report

This report produced by Verian and the National Children's Bureau and commissioned by the Department for Education presents findings from phase two of the Families First for Children Pathfinder evaluation. The programme tests children's services reforms in ten local authorities, aiming to provide earlier family help, strengthen multi-agency child protection and involve family networks. Its learning has informed the national Families First Partnership Programme.

Evidence included interviews with 19 senior leaders and 14 families across five case-study areas. Family Help Lead Practitioners were well established, providing continuity and a point of contact. Family group decision-making was increasingly offered earlier, families often felt listened to, and information-sharing between social care, police, health and education was improving.

Implementation remained uneven, particularly for Multi-Agency Child Protection Teams and Lead Child Protection Practitioners, whose roles were unclear. Workforce pressures, limited capacity, incompatible systems and uncertain accountability constrained progress. The small, qualitative sample provides evidence of emerging practice change rather than impact on children's outcomes. Later evaluation stages will include surveys, administrative data, impact analysis and value-for-money assessment.

3.7 Children's Commissioner. Disabled children's access to play and activities

This report by the Children's Commissioner examines disabled children's access to play, clubs and holiday activities. It draws partly on early responses to the Big Future, the Commissioner's national survey asking children aged under 18 about their lives, concerns and what government should change. It also draws on discussions with providers and local authorities, and unpublished Department for Education data.

The report identifies barriers including inaccessible facilities, unaffordable activities, limited care support and unsuitable transport. Children also described loneliness and being unable to use local playgrounds or participate alongside their peers. Children with special educational

needs and disabilities may be less likely to attend the Holiday Activities and Food programme. An estimated minimum of 14% of eligible children with SEND attended in summer 2025, compared with 22% of eligible children without SEND. These estimates rely partly on self-reported data and should be treated cautiously.

The Commissioner recommends a national funding formula for inclusive youth provision, adequate funding to make holiday programmes accessible, clearer accountability for playground provision, and free bus and tram travel for disabled children. The report's central message is that every child should have an equal right to play, friendship and community participation.

3.8 The Children's Society. Walking into nothing: The hidden cost of the school holidays for families

This Children's Society report examines how school holidays intensify family financial pressures and inequalities. It draws on a survey of 3,000 parents, discussions with young people and council Freedom of Information responses.

Families reported struggling with food, childcare, transport and activity costs. Some borrowed money, delayed bills, reduced essential spending or skipped meals. Fifty-seven per cent found school holidays financially stressful, while 41% lacked confidence that they could afford the next break. Young people described boredom, isolation, lost support and embarrassment about missing experiences enjoyed by wealthier peers.

The Department for Education-funded Holiday Activities and Food (HAF) programme, delivered by English local authorities, reached fewer than one-third of eligible children in summer 2025 and disproportionately served primary-aged children. The report estimates that 1.3 million children in Universal Credit households could remain excluded under current rules. It recommends aligning eligibility with expanded free school meals, improving provision for teenagers, investing in youth services and transport, and publishing annual aggregated statistics on HAF take-up.

3.9 Education Policy Institute. Exploring the use of classroom removal and how it varies by school-level disadvantage

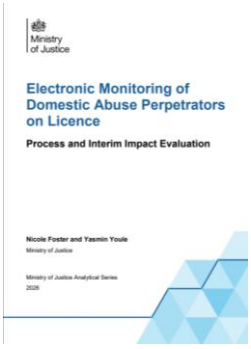
This Education Policy Institute analysis examines how classroom removal is used in English secondary schools and whether practices vary according to school-level disadvantage. It draws on a nationally weighted survey of 5,071 teachers and senior leaders, comparing school behaviour policies with teachers' most recent use of removal.

Disruptive behaviour was the main reason: 84% reported that it featured in their school policy, while 73% had most recently removed a pupil for this reason. Although many policies also presented removal as a way to provide educational or pastoral support or help pupils regulate their emotions, these supportive uses were much less common in practice. Schools with higher proportions of pupils eligible for free school meals were more likely to include and use classroom removal for lower-level disciplinary reasons, including uniform breaches, missed detentions and behaviour-point thresholds. Supportive uses did not increase consistently with levels of disadvantage.

The analysis warns that these differences could reinforce educational inequalities. It recommends greater transparency and systematic monitoring of classroom removals, including their frequency and duration. However, the findings reflect staff reports rather than direct records of individual pupils' experiences or outcomes.

4 Criminal Justice

4.1 Ministry of Justice. Electronic monitoring of domestic abuse perpetrators on licence: process and interim impact evaluation



This report evaluates the Domestic Abuse Perpetrators on Licence (DAPOL) scheme, which electronically monitors high-risk perpetrators after release from prison. It examines how the scheme operated in England and Wales between 2023 and 2025, its effects, and victim-survivors' experiences.

The mixed-methods evaluation combined management data, interviews and surveys with victim-survivors, probation and monitoring staff, and people on probation. It compared 225 monitored individuals with a matched control group. Practitioners valued DAPOL's eligibility criteria and flexible monitoring options, reporting that location data supported risk management and reassured victim-survivors. However, late tag fitting, slow access to data, unclear administrative processes and delayed breach information reduced its effectiveness. Some victim-support staff also considered enforcement responses too lenient.

Early findings showed no clear effect on recorded domestic violence incidents, but limitations in the analysis mean no firm conclusions can yet be drawn. The report recommends streamlined processes, improved data access, victim-focused guidance and further evaluation of reoffending and longer-term outcomes.

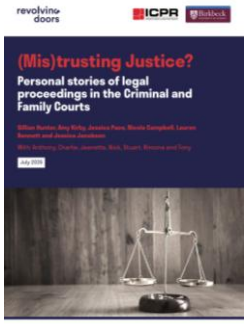
4.2 Ministry of Justice. Better by design: Ministry of Justice evaluation and prototyping strategy 2026 to 2029

This Ministry of Justice strategy explains how evaluation and prototyping will shape justice policy and services from 2026 to 2029. Building on the 2023 strategy, it aims to generate evidence earlier, reduce delivery risk and improve decisions about whether interventions should continue, change, expand or stop.

Its "Test and Learn" approach has four stages: exploring problems, co-designing options with frontline staff and service users, testing uncertain elements through small-scale prototypes, and growing successful interventions using robust evaluation. Once models are stable, counterfactual evaluations should assess impact and value for money. Priorities include sentencing reforms, court efficiency and the supervision and support of people on probation.

Three pillars guide delivery: improving systems for proportionate evaluation and prototyping; investing in staff skills and specialist expertise; and creating a collaborative, "safe-to-learn" environment. Actions include reviewing priorities every six months, strengthening data infrastructure, supporting local experimentation, expanding academic partnerships and requiring evidence before wider rollout. The ambition is an adaptive justice system in which policies are evaluable, informed by delivery experience and continuously improved.

4.3 Revolving Doors. (Mis)trusting Justice? Personal stories of legal proceedings in the Criminal and Family Courts



This report presents research by Revolving Doors and Birkbeck's Institute for Crime and Justice Policy Research, funded by the Nuffield Foundation. It examines how criminal and family court experiences shape trust in justice, using 131 interviews across England and Wales. Peer researchers with court experience helped conduct the study.

Participants described proceedings as unfair, impersonal and inefficient. Negative encounters with police and social services created mistrust that courts reinforced. Delays, rushed legal representation, jargon, limited opportunities to speak, insufficient special measures and perceived racial or gender bias left people confused and unheard. Family-court participants raised concerns about domestic abuse, trauma and losing contact with children. Further, proceedings sometimes worsened mental health, with a minority reporting suicidal feelings.

Trust improved when judges and lawyers communicated clearly, listened and showed compassion. The report recommends co-designing accessible information with people who have lived experience, adopting problem-solving approaches, reducing jargon, improving special measures and neurodiversity awareness, and expanding independent support. It also calls for better communication in criminal cases and consistent, trauma-informed support and judicial continuity in family courts.

4.4 Ministry of Housing, Communities and Local Government. Domestic abuse safe accommodation: victim-survivor outcomes

This report examines how to measure outcomes for domestic abuse victim-survivors supported in safe accommodation under Part 4 of the Domestic Abuse Act 2021. It considers whether services and local authorities could use a common set of outcomes to understand the impact of support, improve services and build a clearer national picture of what works.

The research combined an evidence review with fieldwork involving survivors, service providers, commissioners and policy experts, followed by a consensus process. Participants supported a shared framework. Five outcomes were identified for adults: access to safe and suitable longer-term housing, mental or emotional wellbeing, understanding of domestic abuse, feelings of safety and physical safety. The Domestic Violence and Abuse Core Outcome Set was considered a suitable foundation for children and families.

The report finds that outcomes are currently measured inconsistently, limiting comparison, national learning and practice. A framework should combine core national measures with local flexibility, use trauma-informed approaches and support learning rather than performance management. Implementation would require survivor involvement, clear guidance, measurement tools, training and resources.

4.5 Ministry of Housing, Communities and Local Government. Sanctuary Schemes: Process evaluation report

This report delivered by the Evaluation Services Unit evaluates how sanctuary schemes are delivered across England. These help domestic abuse survivors remain safely at home through security measures and specialist support. The evaluation examined variation in delivery and factors supporting or limiting implementation.

The research included case studies in eight local authorities, with 67 professionals and 19 survivors, alongside a survey of 119 local authorities. It found that sanctuary schemes were widely available but lacked a shared definition or standard delivery model. Survivors reported increased safety, reduced anxiety and improved stability, particularly where remaining at home avoided disruption to children and support networks. However, access was uneven and some schemes provided security measures without sufficient specialist support.

The report concludes that schemes require survivor-led decisions, timely installations, clear referral pathways and coordination between housing, domestic abuse services, police and contractors. It calls for consistency, improved awareness and better monitoring of longer-term safety, wellbeing and housing stability.

4.6 Home Office. The predictors of police demand: A rapid evidence review

This rapid evidence review examines factors associated with UK police demand, covering crimes and non-crime incidents. It aims to explain and predict changes in demand and inform policing decisions.

Researchers screened 928 studies and included 62, representing 1,114 predictor-demand analyses. They identified 49 predictors associated with 27 crime and non-crime demands. Socioeconomic disadvantage, inequality and unemployment were associated with several offences, while larger, denser and more transient populations generally generated greater crime demand. Traffic conditions were linked to road accidents, and major sporting or political events to increased crime. At an individual level, alcohol dependence, mental health conditions, drug use and previous victimisation were associated with violent behaviour.

These findings identify statistical relationships but do not prove that the factors directly cause changes in police demand, and results varied between studies. The review also highlights significant evidence gaps concerning missing people, domestic abuse, mental health incidents and road accidents.

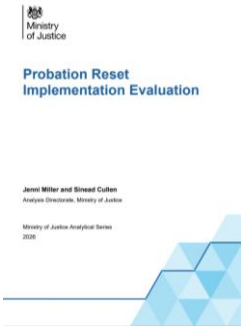
4.7 Youth Justice Board for England and Wales. London Accommodation Pathfinder 2nd Evaluation

This evaluation by the London Metropolitan University and published by the Youth Justice Board evaluates the London Accommodation Pathfinder, which provides specialist supported accommodation for 16- and 17-year-old boys who might otherwise enter custody. It aims to reduce custody, reoffending and the overrepresentation of minority ethnic children, while improving safety and life chances.

The evaluation analysed data on 22 residents, alongside interviews, observations, documents and costs. Eleven placements replaced custodial sentences, ten replaced remand and one supported resettlement. Findings indicate reductions in arrests, convictions and court appearances post-placement. The reported reoffending rate was 26%, compared with 66% among children leaving youth custody, while estimated criminal justice savings were £15,800 per child. However, small samples, incomplete records and the absence of a robust comparison group mean these findings are indicative rather than conclusive.

Most residents felt safe and valued trusted relationships with staff. Nevertheless, drugs and criminal exploitation created safeguarding concerns, while participation in education and therapeutic support was limited. Recommendations include stronger multi-agency coordination, trauma-informed practice, child co-design, improved information-sharing, constructive activities and resettlement planning from placement start.

4.8 Ministry of Justice. Probation Reset Implementation Evaluation



This report evaluates Probation Reset, introduced in April 2024 to reduce staff demand by limiting supervision during the final third of probation orders and licences. It aimed to focus practitioners' time on earlier stages and higher-risk people.

The evaluation combined 103 interviews with probation staff, people on probation and justice partners with analysis of contact hours and recalls. Reset was implemented inconsistently because it was introduced quickly with unclear guidance. Practitioners considered its eligibility criteria too rigid and sometimes maintained contact where needs or risks required it. Concerns were raised about low-risk but high-need individuals, particularly women, and the loss of relationships and oversight of risks.

Recorded contact time fell substantially, but staff did not consistently experience reduced workloads because reactive work was poorly recognised. Continuous reforms contributed to change fatigue and declining trust. The report calls for earlier consultation, clearer role-specific guidance, communication and implementation that reflects regional differences.

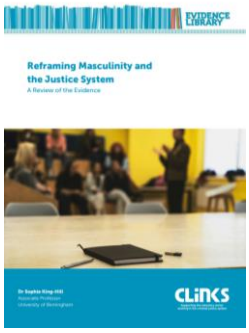
4.9 HM Prison and Probation Service. Independent Restraint Review Panel (IRRP): summary report 2025

This report reviews restraint involving children in custody during 2025. The Panel made 12 visits to young offender institutions and Oakhill Secure Training Centre, reviewing 111 incidents and speaking with children.

Eleven uses of pain-inducing techniques were identified, down from 43 in the previous year; seven met the policy criteria. The Panel reviewed eight deployments of Pava across six incidents. Pava is an incapacitant spray that causes temporary eye pain and closure and is intended to stop serious violence. It quickly ended violence, but the Panel questioned whether its use was justified in half the deployments.

Most children considered restraint justified, although some said staff should allow more time, listen and attempt de-escalation. Some Black boys felt staff expected greater resistance and therefore used more force. The Panel found improvements in induction information, reporting and reviews, but identified missed opportunities to de-escalate, reduce holds and listen to children during restraint.

4.10 Clinks. Reframing masculinity and the justice system



This Clinks evidence review by Dr Sophie King-Hill of the University of Birmingham, examines how social expectations of masculinity can influence offending, vulnerability and engagement with the criminal justice system.

Norms emphasising dominance, toughness, emotional suppression and self-reliance may contribute to aggression, risk-taking, sexual harm, resistance to authority, poor mental health and reluctance to seek support. These pressures vary by race, class, sexuality and socioeconomic circumstances. The review also considers how social media, gaming platforms and “manosphere” communities can reinforce misogyny and harmful identities among young men.

Reframing masculinity does not excuse harmful behaviour. Instead, the review advocates combining accountability with understanding of its social and emotional drivers. It recommends gender-responsive, trauma-informed and strengths-based interventions that develop empathy, emotional literacy and identities. Services should build trusted relationships, involve boys and men in their design, address online influences and connect with mental health support. Education, relationships and sex education, and youth work offer opportunities for early prevention.