



# CordisPulse

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## August 2024

Welcome to August's edition of the CordisPulse – 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 were very interested in the Department of Health and Social Care's Review into the operational effectiveness of the Care Quality Commission (CQC). The review's summary of findings chimes with our own experience and view that it was inevitable that a new Labour government would want to look closely at the performance of CQC which they established over 15 years ago.

Although the plans for a National Care Service remain hazy (and are likely to stay this way for some time to come) there was a clear manifesto commitment to new national standards.

CQC has struggled in the last few years, not really recovering its confidence and authority - much of which was lost during the COVID-19 pandemic. Effective and proportionate regulation of complex human services is always going to be a challenge but it's now clear that the government would like to see a new sort of regulator which will inevitably mean change and possibly a shifting of some responsibilities to other agencies.

Although there will be a period of disruption and uncertainty, the possibility to redesign the regulation of health and social care fit for the future must be welcomed and embraced.

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](mailto:stephenboxford@cordisbright.co.uk).

Best wishes,



Dr Stephen Boxford  
Director & Head of Research

If you would prefer not to receive future editions of the CordisPulse, please click 'unsubscribe' at the very end of this email. If you would like to discuss anything that arises from the Pulse (or if there are others who you think would like to receive copies) then please contact Dr Stephen Boxford on [stephenboxford@cordisbright.co.uk](mailto:stephenboxford@cordisbright.co.uk) or 020 7330 9170.

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## Cordis Bright News

### Randomised Controlled Trial of Media Academy Cymru's (MAC) Cerridwen programme

Cordis Bright has been funded by the Youth Endowment Fund to undertake an efficacy randomised controlled trial of and implementation and process evaluation of its Cerridwen project, a 5-month voluntary one-to-one case manager/mentoring intervention rooted in cognitive behavioural approaches. It is being delivered by Media Academy Cymru (MAC) across Cardiff, Merthyr Tydfil and Swansea in South Wales to young people aged 10-17, and aims to reduce children and young people's future engagement in youth violence and offending behaviours. The efficacy study, including an internal pilot trial, began in April 2024, and final reporting will take place in October 2026.

Nick Corrigan, CEO at MAC, stated:

*“The substantial funding provided by YEF has allowed us to deliver a South Wales Force Area-wide programme of support for young people committing violence. With the investment from the YEF we will be able to evaluate the largest youth violence intervention programme ever seen in Wales with our evaluation partner Cordis Bright. The Welsh-developed programme Cerridwen has shown promising outcomes for many years so having the financial support to undertake a comprehensive investigation into efficacy is important for wider partners across the UK.”*

YEF have recently published the trial protocol for the study, which sets out our approach to study in more detail. This has been developed collaboratively by colleagues from Cordis Bright, MAC, and YEF. The protocol can be accessed [here](#), and further information is available on the [YEF website](#). We have also registered the trial on the ISRCTN registry, a clinical trial registry recognised by WHO and ICMJE: <https://www.isrctn.com/ISRCTN12258735>.

For more information about the Cerridwen evaluation, please contact Matt Irani at [mattirani@cordisbright.co.uk](mailto:mattirani@cordisbright.co.uk), or Suzie Clements at [suziecléments@cordisbright.co.uk](mailto:suziecléments@cordisbright.co.uk).

### Approaches to income maximisation in devolved administrations

Cordis Bright's latest project delves into income maximisation strategies across various devolved administrations. Through comprehensive interviews and case study development, we explore how different administrations design, deliver, and evaluate their approaches to increasing support such as benefit uptake and providing financial advice. This analysis sheds light on innovative practices, the role of multi-agency collaboration, and the challenges of data usage and funding sustainability. Download the overarching report below to learn more about our findings and how they can influence future income maximisation policies.

The full report can be accessed [here](#).



## Information governance and data protection

This month we published our information governance and data protection policy. It outlines our approach to information governance and data protection, including how we manage confidential, personal and sensitive data. We are publishing this policy so that clients can understand the steps that we will take to ensure robust compliance with the Data Protection Act and GDPR. You can access the policy [here](#).

If you have any questions or feedback about the policy, then please contact Colin Horswell, Managing Director at [colinhorswell@cordisbright.co.uk](mailto:colinhorswell@cordisbright.co.uk).

## Our carbon reduction plan

This month we published our carbon reduction plan. Cordis Bright is committed to actively managing and reducing our environmental impact, with a specific emphasis on carbon reduction.

We take this commitment seriously and are ambitious in terms of what we want to achieve. For a number of years now, we have been carbon neutral in relation scope 1 and scope 2 emissions.

More recently we have focused our attention on more rigorously measuring our scope 3 emissions. Previously, this was based only on business travel. From today, our carbon plan also includes staff commuting. Our calculations are based on the UK Government's GHG Conversion Factors for Company Reporting (2023). We estimate our total scope 3 emissions to be 6.6 tCO<sub>2</sub>e per year, made up of 1.48 tCO<sub>2</sub>e for business travel and 5.12tCO<sub>2</sub>e for commuting. We have a long-term aspiration to also include carbon emissions from remote working.

In terms of future targets, we are committed to keeping scope 1 and scope 2 emissions at zero. Up to 2030, we expect scope 3 emissions to increase as we expand the remit of our calculations. After 2030, we want to see a 10% reduction in the first five years, mainly achieved via low carbon technologies being embedded in public transport infrastructure.

In the meantime, we will continue to off-set our scope 3 emissions using a Gold Standard accredited off-setting scheme.

If you would like to know more about how we calculate our carbon emissions or the steps we are taking to be more environmentally friendly, please contact Colin Horswell, Managing Director at [colinhorswell@cordisbright.co.uk](mailto:colinhorswell@cordisbright.co.uk).

## Getting the most out of needs assessments

This month we published a blog on why needs assessments can help improve health and care services for people, challenges with traditional assessments, and how do to them better.



At Cordis Bright, we use systems-thinking to assess complex needs. This can transform needs assessments, giving you important insights for actionable change and better outcomes for people using services.

You can read the full blog [here](#).

To hear more about our work on needs assessments or to discuss this further, please do get in touch by emailing Eleanor Southern-Wilkins at [EleanorSouthernWilkins@cordisbright.co.uk](mailto:EleanorSouthernWilkins@cordisbright.co.uk), or Joshua Butt at [JoshuaButt@cordisbright.co.uk](mailto:JoshuaButt@cordisbright.co.uk).

## Adult Social Care and Health

### Reports

#### Department of Health and Social Care. Review into the operational effectiveness of the Care Quality Commission

This review examines the suitability of CQC's new single assessment framework methodology for inspections and ratings of health and care providers.

This interim report provides a high-level summary of the emerging findings of the review to inform the changes needed to start the process of improving CQC. The review finds significant failings in the internal workings of CQC which have led to a substantial loss of credibility within the health and social care sectors, a deterioration in the ability of CQC to identify poor performance and support a drive to improved quality - and a direct impact on the capacity and capability of both the social care and the healthcare sectors to deliver much needed improvements in care.

The findings are summarised around 5 topics:

1. Poor operational performance.
2. Significant challenges with the provider portal and regulatory platform.
3. Considerable loss of credibility within the health and care sectors due to the loss of sector expertise and wider restructuring, resulting in lost opportunities for improvement.
4. Concerns around the Single Assessment Framework.
5. Lack of clarity regarding how ratings are calculated and concerning use of the outcome of previous inspections (often several years ago) to calculate a current rating.

#### Department of Health and Social Care. Patient Safety Commissioner annual report 2023 to 2024

This report summarises the work of the Patient Safety Commissioner during the financial year 2023 to 2024.

It covers patients' concerns about medicines and medical devices, a newly implemented redress scheme for those harmed by valproate and pelvic mesh, and a plan to introduce Martha's Rule - a means of enabling patients and families to seek a rapid clinical review when a patient's condition is deteriorating.

The beginning of the implementation of Martha's Rule entailed some initial policy sprints which brought the whole health system together. This demonstrated that where there is the will to improve patient safety, the health system can do so – and swiftly.



The report also includes updates on the use of MedTech strategy and medical devices, health inequalities, use of patient data, financing, and the Patient Safety Commissioner's 2024-2025 business plan.

### **Department of Health and Social Care. Review of suicides and gender dysphoria at the Tavistock and Portman NHS Foundation Trust**

This report reviews the data held by NHS England on suicides by young patients of the gender services at the Tavistock and Portman NHS Foundation Trust. It has the specific aim to examine evidence for a large rise in suicides claimed by campaigners.

The report makes the following conclusions:

1. The data do not support the claim that there has been a large rise in suicide in young gender dysphoria patients at the Tavistock.
2. The way that this issue has been discussed on social media has been insensitive, distressing and dangerous, and goes against guidance on safe reporting of suicide.
3. The claims that have been placed in the public domain do not meet basic standards for statistical evidence.
4. There is a need to move away from the perception that puberty-blocking drugs are the main marker of non-judgemental acceptance in this area of health care.
5. We need to ensure high quality data in which everyone has confidence, as the basis of improved safety for this at risk group of young people.

### **Local Government Association. Navigating complexity: Safeguarding adults amidst the cost of living, hospital discharge and winter pressures**

This insight project was developed to get a national temperature check of safeguarding adults' activity during April 2022-March 2023, surrounding the impact of the cost-of-living, hospital discharge and winter pressures.

There were 42 councils that took part in the survey across England and 41 who shared qualitative insight (which is 27 per cent of top tier and unitary councils in England). More than half (56 per cent) of council respondents working within adult social care said cost of living was having a 'severe' impact on the lives of people accessing services, with a further 31 per cent saying the effect was 'significant'.

There were growing concerns reported that safeguarding issues could emerge or become aggravating factors resulting from the cost of living and consequent pressures on people, their carers, and families. This project aimed to identify if there





were reported increased levels of safeguarding activity, increased complexity in safeguarding situations or barriers to safeguarding activity associated with the cost of living.

Councils that provided insight reported that:

- Increasingly, people with care and support needs were unable to afford their paid care workers.
- They are seeing increased levels of domestic abuse, and the cost of living has negatively impacted on the victim's ability to leave.
- There are increased levels of safeguarding concerns in respect of self-neglect, neglect and acts of omission from care and health providers.
- They were not collecting data on winter pressures specifically, and it was difficult to differentiate between cost of living, COVID and winter pressures.

### **Joseph Rowntree Foundation. What pushes unpaid carers into poverty?**

Using data from the [Understanding Society survey](#), this report investigates the dynamics of poverty among unpaid carers between 2011 and 2012, and 2019 and 2020.

The report finds that:

- Unpaid carers transition into poverty at a higher rate than adults overall, and exit poverty at a lower rate once there.
- Unpaid carers are more likely to re-enter poverty after they exit, and more likely to remain in poverty after they enter, than adults overall. New unpaid child-carers, particularly those who became carers unexpectedly, have even higher persistence rates.
- Examining the factors that push unpaid carers into poverty, labour-market events like moving out of paid work or experiencing a reduction in household earnings account for the majority of transitions into poverty among unpaid child-carers, coinciding with around two-thirds of poverty entries. Falls in benefit income are also significant, although less so for new child-carers, for whom (unsurprisingly) an increase in the number of children, and so a higher number of mouths to feed, is the single most significant event.
- Meanwhile, among unpaid social-carers, falls in income from benefits like Universal Credit account for the majority of poverty entries. However, labour-market events are also significant.



## The Health Foundation. What builds good health?

Health is our most precious asset. Good health and wellbeing enable us to live happy, fulfilling lives and free us up to achieve our potential, supporting positive social and economic outcomes for individuals and society.

But, as this Health Foundation report shows, we don't all have the same opportunities to live healthy lives. Right now, in parts of the UK, some people are dying years earlier than they should. This isn't inevitable. There is much we can do to reduce these unfair differences by improving the things that underpin our health.

Many aspects of our lives impact our health and how long we live. These include our jobs and homes, our access to education, public transport and safe green spaces with clean air, and whether we experience poverty or discrimination. These things are often referred to as the 'wider determinants of health', and they are all essential building blocks of our health.

This guide is a brief introduction to these building blocks of health. It explains how a person's opportunity for health is influenced by much more than the NHS, and why people in the UK don't all have the same chance to be healthy.

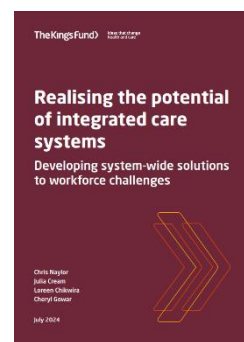
The report identifies the following influences on health and health inequalities:

- Family, friends and communities
- Money and resources
- Housing and our surroundings
- Work, education and skills
- The food we eat.

## The King's Fund. Realising the potential of integrated care systems

This research examines the development of integrated care systems (ICSs) by assessing their efforts to develop system-wide approaches to the recruitment, training and retention of staff. The findings are based on 24 in-depth interviews with local leaders in four case study sites plus a series of online workshops.

There are clear signs that progress is being made. The research found evidence of ICSs beginning to build a 'whole-system' approach to workforce, in which local organisations work together more closely to tackle shared workforce issues and develop new solutions that better meet the needs of the local population.



The research identified several specific ways in which ICSs are enabling this to happen, including:

- Organising around a shared purpose,
- Building system leadership,
- Encouraging system-focused behaviours,
- Scaling and spreading success,
- Using resources more effectively,
- Managing complexity.

Despite these signs of progress, some of the more transformative work planned by ICSs is proceeding at a slower pace than intended as a result of the extremely challenging circumstances in which ICSs have been introduced. There is widespread concern that ICSs may not achieve their full potential unless more is done to create an environment conducive to their success.

### **Public Health Wales. Universal, whole system and settings-based interventions for stabilizing or reducing the prevalence of overweight and obesity**

Public Health Wales Evidence Service have conducted a review of systematic reviews to examine what works in terms of universal, whole system and settings-based interventions, for stabilizing or reducing the prevalence of overweight and obesity. This work has been undertaken in order to inform interventions, policies, and programmes to help reduce the burden of disease for key conditions such as diabetes and cardiovascular disease.



Overall, 26 systematic reviews met the inclusion criteria for this review of systematic reviews. Evidence highlighting the effectiveness of universal, whole system or settings-based interventions on a range of outcomes has been summarised into 15 intervention summaries.

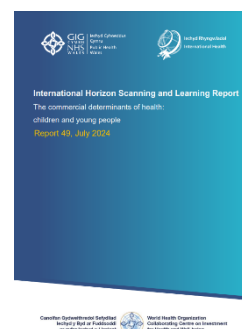
The evidence relating to the effectiveness of specific types of universal, whole system or settings-based interventions is generally lacking, inconsistent or not conclusive. Despite this, the review identified good to moderate quality evidence that:

- School gardening programmes are effective for increasing fibre intake.
- Increasing the availability of low-calorie beverages in homes can reduce sugar sweetened beverage consumption amongst children.

- School based computer delivered nutrition interventions are effective for reducing sugar sweetened beverage intake, but moderate to good quality evidence suggests they are likely to be ineffective for reducing BMI.

### Public Health Wales. Understanding the commercial determinants of health is crucial to help improve the health and wellbeing of children and young people

This report highlights that advertising restrictions, legal age requirements, price increases, and limits on where fast-food outlets can be built can reduce exposure and access to unhealthy products. This can result in improved health outcomes among children and young people.



The report shows that young people are particularly susceptible to the adverse effects of commercial activities on their health, primarily in the areas of:

- **Unhealthy Food and Fast-Food Outlets:** The proliferation of fast-food outlets and the accessibility of unhealthy food options are linked to poor health outcomes, including obesity and related non-communicable diseases.
- **Social Pressure and Marketing:** The exposure to marketing, particularly through social media, can significantly impact young people's behaviours and health outcomes. The influence of digital marketing, including influencer promotions, exacerbates the issue by promoting unhealthy products.

The report draws on key international organisations, evidence and examples of good practice from around the world to illustrate effective policy measures, including Chile, Estonia and Norway.

The report recommends several actions for policy makers, including prioritising the implementation of comprehensive marketing restrictions for unhealthy products, strengthening urban planning regulations to control the number of fast-food outlets near schools and promoting school-based interventions to ensure healthy food environments as well as restrictions on online marketing.

## Briefings

### The Health Foundation. Health at the heart of government

The key points of this briefing are:

- Improving health and tackling health inequalities is one of the greatest challenges facing the new government.
- A mission-based approach offers a rare opportunity to set a new strategic direction. The success or failure of this agenda will shape not only our health, but the future of the economy and public services.





- To deliver on its promise of ‘a fairer Britain, where everyone lives well for longer’, government requires independent advice, statutory accountability, aligned funding and sustained action across all missions and wider government.
- This briefing sets out practical and achievable solutions for rebuilding the health of the UK through mission-driven government. It is informed by the Health Foundation’s in-depth analysis on how government should operate and by insights and expertise from our expert panel.

## Children and Young People's Services

### Reports

#### Local Government Association. Towards an effective and financially sustainable approach to SEND in England

This research explores the need for fundamental reform of the SEND system in England.

The SEND (special educational needs and disability) system in England is 'failing to deliver for children, young people and their families' and 'despite the continuing and unprecedented investment, the system is not financially sustainable.' This was the previous government's verdict, set out in the national SEND review, 10 years on from the landmark SEND reforms that were introduced through the Children and Families Act 2014. This research has taken as its starting point the fact that there is broad agreement on the need for fundamental reform of the SEND system in England.



TOWARDS AN EFFECTIVE AND FINANCIALLY SUSTAINABLE APPROACH TO SEND IN ENGLAND

AN INDEPENDENT REVIEW BY IOS PARTNERSHIP COMMISSIONED BY THE COUNTY COUNCILS NETWORK & LOCAL GOVERNMENT ASSOCIATION

ios partnership CCN LOCAL GOVERNMENT ASSOCIATION

The research found:

- Reform of the SEND system is essential. Judged against their original intentions of improving outcomes, reducing disputes, and joining up support for families, the 2014 SEND reforms have not been successful.
- Reform of the SEND system is also unavoidable. The choice is when, not if. Delaying fundamental reforms of the SEND system will leave the issues unchanged but will increase the cost of reform in every sense – not only the financial cost, but the cost of missed opportunities and negative experiences for families and practitioners.
- The root causes of this crisis are systemic and require national reform. While there are examples of good practice across the system, these exist in spite of the national system. Any attempt to reform the SEND system that focuses only on local practice, without altering the national rhetoric and policy framework, is destined to fail. In this research, the authors attach no blame to any group of actors within the SEND system. The challenges in the SEND system are not the result of any group behaving in unreasonable ways, but instead the result of an incoherent system that inadvertently perpetuates tension.

## Education Policy Institute. Closing the forgotten gap: Implementing a 16-19 student premium

This report calls for a 16-19 student premium to tackle the sizeable attainment gap facing disadvantaged 16–19-year-olds.

Building on recent research which has shown disadvantaged students are 3.2 grades behind their peers by the time they finished 16-19 education, the report makes recommendations to the new government about how a new student premium might work, who would be eligible and the likely costs.

The report recommends that the student premium should be based on student-level and area-level measures of disadvantage. This would be additional to existing 16-19 funding and would be a fixed, per-student amount received by institutions. Setting the student premium at an initial rate to match the secondary school pupil premium, the policy would cost around £340 million annually and support 28 per cent of 16–19-year-old students.



## Buttle UK. State of child poverty 2023

This is the fifth annual publication of the State of Child Poverty report, and once again, numbers are on the rise. As the cost-of-living crisis continues across the country more and more families are seen to be living in destitution, school is no longer a necessity but a luxury and access to essentials continues to be a challenge for these families.

This year, the report shows increasing rates of families that cannot afford the essentials. High numbers cannot afford utilities, food and nutrition and are going without basic furniture, falling into rent arrears, and do not have access to IT equipment for education or employment.

The already high level of mental illness is on the rise once again, only exacerbated by these poor conditions families are forced to live in. Education is starting to be seen as a luxury, as the costs associated with getting to school and engaging in education successfully become too much. Many households are going without heating or washing due to the significant costs of doing so. This is leaving children without basic levels of hygiene and wellbeing, with many living in cold, damp homes. They cannot afford the basic standard of physical care required to make their attendance in education possible, let alone the essential resources required to travel to their education settings, or access learning online and at home.

Buttle UK is urging the Government to act in the following ways:

- Lift the two-child Universal Credit limit. This significantly reduces household income and well-being. A quarter of a million children would be lifted out of poverty if it was scrapped.



- Introduce an Essentials Guarantee. This is an independent process to determine an 'essentials guarantee level', based on the cost of essentials (such as food, utilities and vital household goods) for the adults in a household (excluding rent and council tax) that Universal Credit's standard allowance must at least meet after any deductions.
- Appoint a dedicated Cabinet Minister for Children and Young People. This role would lead an England-wide Child Poverty Strategy, following in the example of Scotland and Wales, where action is beginning to take place. This role should begin with a thorough review of the adequacy of current state support for children and young people living in poverty.

## Briefings

### **Bevan Foundation. Briefing on Free School Meals and No Recourse to Public Funds**

This briefing sets out the key issues surrounding free school meals for children affected by no recourse to public funds in Wales. It concisely summarises why entitlement to free school meals is an essential part of tackling poverty and hunger in children affected by no recourse to public funds.

Among its key messages are:

- All children from households below the income threshold should have the right to a free school meal.
- Children in Wales outside the universal primary rollout are routinely excluded from accessing free meals at school because of their parents' immigration status.
- Restricting eligibility for free school meals based on parents' immigration status disproportionately affects children from black and ethnic minorities and results in discrimination.
- Welsh Government policy restricts an estimated 1500 children in secondary schools from the right to an essential meal at school, and often blocks access to the School Essentials Grant.
- The Welsh Government should extend eligibility for free school meals to children with no recourse to public funds, in line with current eligibility in England.

## Action for Children. Policy briefing: Tackling child poverty

The government has committed to a new child poverty strategy. This briefing covers 10 immediate policy options to tackle child poverty and support families into decent, secure work.

The briefing focuses on two broad goals for the government:

- Fixing social security. Restoring the adequacy of the social security system is essential for the child poverty strategy to succeed. We cannot expect to make a serious dent in poverty levels without significant investment.
- Supporting low-income families to overcome barriers to work. Action for Children welcomes the government's renewed emphasis on supporting people into good quality work. The child poverty strategy should have a specific focus on how it can support low-income families with children to break down barriers to work and lift their incomes through employment.



Policy briefing:

Child poverty  
Immediate policy options to tackle child poverty and  
barriers to work

July 2024

## Tools and Guidance

### NHS England. Children and young people diabetes toolkit

The NHS England National Children and Young Adults Diabetes Programme worked in partnership with RightCare to develop this toolkit with the aims of bringing together latest guidance and data in one place and provide key practical actions for improvement. The toolkit was developed in collaboration with a wide range of stakeholders including Diabetes UK, clinicians, lived experience partners and their families/carers, NHS Integrated Care Systems (ICS) programme and commissioning leads.

The toolkit is designed to support ICSs to design, plan, and deliver high-quality treatment and care for CYA aged 0-25 years with all types of diabetes. The toolkit may also be of interest to clinicians, healthcare planners and commissioners in related clinical areas, healthcare public health professionals, those working in local authority or voluntary sector organisations, and those with lived experience of diabetes.



## Criminal Justice

### Reports

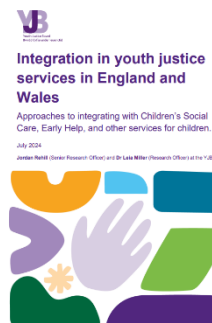
#### Youth Justice Board for England and Wales. Integration in youth justice services in England and Wales

This research explores how youth justice services (YJSs) are integrating with Children's Social Care, Early Help, and other services for children.

Youth justice services (YJSs) in England and Wales vary in their organisational structure. Some remain structurally separate from other teams in the local authority or council, while others have become more integrated. This research focused on this concept of integration; exploring how YJSs are currently structured, what 'integration' means for practitioners, and the advantages and challenges of different approaches.

Through analysis of youth justice plans and practitioner interviews, researchers observed four key models of structural integration:

- Integrated at directorate level – 29% of services. The YJS sits within the same directorate as other services designed to support children. In most cases, the service sits in the same strategic area or division as Early Help and/or Children's Social Care teams. The service manager holds responsibility for the YJS only, and the service is not structurally integrated with other teams within the local authority at service manager portfolio or service delivery level.
- Integrated at portfolio level – 26% of services. The service manager or head of service holds responsibility for a portfolio of other services within the local authority. However, the YJS continues to maintain its own identity within this portfolio, managing and delivering targeted prevention, diversion, and statutory youth justice work.
- Integrated in an umbrella service – 19% of services. The YJS sits within a wider integrated umbrella service which brings together 'adolescent' or 'young adult' services such as leaving care, youth work, or other targeted youth support under a single integrated service structure. In contrast to an integrated portfolio, an umbrella service is public facing and often there is often a single referral pathway. However, the YJS continues to maintain its own identity within the wider umbrella service structure with the YJS team managing and delivering targeted prevention, diversion, and statutory youth justice work.
- Integrated at delivery level – 17% of services. Part of the YJS remit or casework is being delivered either solely or jointly with another service in the local authority. In a small number of cases, integrated services including the YJS remit are delivered by adolescent or targeted youth workers which work across multiple services in the local authority but have been appropriately trained to manage youth justice cases.



## Briefings

### Institute for Crime & Justice Policy Research. Working prisoners in the UK: Laws, policies, and practical realities

This briefing describes the governance of prison work and prison labour in the United Kingdom. Recent years have seen a considerable focus on policies aiming to promote prisoner employment and employability and yet, as the briefing shows, this focus has been confined to small parts of the UK prison system.

Reliable data describing prison work is difficult to obtain, and many of the longstanding contradictions and difficulties which have plagued efforts to turn prisons into productive, rehabilitative workplaces remain unresolved. Despite some impressive progress in some parts of the system, the nature and usefulness of prison work in the UK remains largely obscure.

This briefing reviews the legal and policy landscape and what little published data exists to describe work done by people serving prison sentences, and summarises what can be said about the nature and extent of different kinds of work in practice.

