Cordis Pulse

July 2026

Welcome to July'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 highlight the publication of the evaluation protocol for Steps, Salford Foundation's programme designed to help boys aged 11–14 challenge harmful gender norms and reduce misogynistic attitudes and behaviours. The study will combine a large-scale cluster randomised controlled trial with implementation, process and cost evaluation, helping to build stronger evidence about what works in preventing gender-based violence.

The protocol also connects closely with several wider themes in this month's Pulse, including the importance of early intervention, the links between wellbeing, belonging and school engagement, and the need to understand how young people experience support in practice. These issues underline the value of rigorous evaluation that can inform both policy and delivery.

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

A refreshed look for Cordis Bright: an update from our Managing Director

We are pleased to share our refreshed brand identity.

This refresh has been undertaken for two reasons. First, we wanted our identity to better reflect who we are today and where we're heading. Cordis Bright began with a focus on adult social care, but over time we've expanded significantly across more than ten public service areas, including children's services, criminal justice, domestic abuse, and employment.

Our methods and services have evolved too. Our work now includes randomised controlled trials, participatory and co-production approaches, rapid evidence assessments, and economic analysis.

The refreshed brand is intended to signal both continuity and progress: that we remain rooted in the values that have shaped Cordis Bright over the past 25 years, while continuing to evolve alongside the sectors and communities we support.

Second, we wanted to place accessibility and inclusion more clearly at the centre of how we communicate.

Our refreshed identity has been built from the ground-up with inclusion at its heart. It now fully meets WCAG 2.2 AA accessibility standards, with several elements extending into AAA compliance. Our updated typography, colour palette and overall design are intended to better meet the needs of people with learning disabilities, neurodivergence and trauma.

This reflects an important principle for us: communication should not be one-size-fits-all. Different audiences engage in different ways, and we want our brand and materials to be flexible, inclusive and easier to engage with for everyone we work with.

We continue to be committed to delivering high-quality research, evaluation and consultancy that makes a positive difference to clients, service users and communities. It also means continuing to think carefully about accessibility, inclusion and participation in everything we do – not just in how we look, but in how we listen, communicate and deliver our work.

Evaluation protocol published for the efficacy study of Salford Foundation's Steps programme

Cordis Bright and Salford Foundation are pleased to announce the publication of the evaluation protocol for the Youth Endowment Fund (YEF)-funded efficacy trial of the Steps programme.

Steps is a manualised, classroom-based intervention designed to support boys aged 11–14 in secondary schools across Greater Manchester to challenge harmful gender norms, reduce misogynistic attitudes and behaviours, and support the prevention of gender-based violence (GBV). The programme consists of six weekly interactive sessions of around 60 minutes, delivered to groups of around 20 boys by trained Salford Foundation facilitators.

The published protocol outlines a large-scale cluster randomised controlled trial, alongside implementation, process and cost evaluations. It will assess the programme's impact on boys' views of harmful gender norms and stereotypes, endorsement of harmful online behaviour, bystander efficacy, and emotional and behavioural functioning. The study will recruit 4,860

boys from 54-year groups across 18 secondary schools in Greater Manchester, with year groups randomly assigned to receive the Steps programme or continue with business as usual.

Alongside the RCT, the study will explore how the programme is delivered in practice, how boys experience the intervention, and the factors that support successful implementation and engagement.

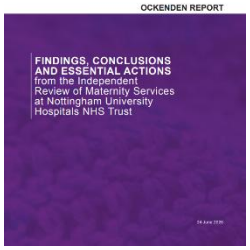
Programme delivery and fieldwork began in May 2026, with final reporting expected in March 2029.

The full evaluation protocol is available here.

For more information about the evaluation, please contact Dr Jade Farrell @jadefarrell@cordisbright.co.uk

2 Adult social care and health

2.1 Department of Health and Social Care. Ockenden review into maternity services at Nottingham University Hospitals NHS Trust: final report



This report reviews maternity and neonatal services at Nottingham University Hospitals NHS Trust (NUH) between 2012 and 2025, focusing on families who experienced loss, harm or serious poor outcomes. It aimed to understand whether care contributed to these outcomes, identify wider organisational failures, and support learning locally and nationally.

The review drew on evidence from over 2,500 families, case reviews, staff accounts and governance documents. It found long-standing systemic failures, including women and families not being listened to, poor communication, dismissive behaviour, delayed escalation, problems with fetal monitoring, medication errors, delayed theatre transfers, poor infection control and unsafe staffing pressures. Governance and leadership were also major concerns, with weak Board oversight, poor incident learning and repeated failures despite previous warnings.

The report sets out Immediate and Essential Actions for maternity services across England, covering listening to families, safe staffing, training, risk assessment, investigation, governance, culture and post-death care. It also includes local actions for NUH on escalation, risk review, fetal growth reporting and guideline use. The key message is that avoidable harm reflected failures in culture, leadership, staffing, learning and accountability.

2.2 Department of Health and Social Care. Housing and health in local strategic health planning

This report examines how housing is reflected in local strategic health planning in England, focusing on joint strategic needs assessments (JSNAs) and joint local health and wellbeing strategies (JLHWSs). It provides a national overview of current practice, identifies gaps and opportunities, and offers recommendations to strengthen the use of housing data and evidence.

The report found that housing was widely recognised as a determinant of health, but the depth and quality of analysis varied. All councils included housing in their JSNAs in some form, but many described housing conditions without clearly explaining how specific hazards affected health outcomes or wider health and care pressures. Cold homes and fuel poverty were covered most often, while overheating, indoor air quality, damp and mould, and accessibility were less consistently included.

Inequalities were recognised but often lacked detailed local analysis of who was most affected, why risks were concentrated, or what barriers people faced. Evidence also did not always translate into action, with fewer than half of JLHWSs setting out clear housing-related actions or measurable outcomes.

The report recommends treating housing as a core prevention priority, using national and local intelligence, addressing inequalities, strengthening cross-sector collaboration, and translating evidence into clear, measurable action.

2.3 The Health Foundation. Social care funding. Three key questions about funding in England

This briefing explores adult social care funding in England and looks at recent spending trends, comparisons with historical levels and whether current funding is sufficient to meet growing pressures.

Findings include:

- In 2024/25, total net expenditure on adult social care in England was £28.7bn (in 2025/26 prices), having risen by an average of 3.6% per year in real terms since 2019/20 (before the COVID-19 pandemic).
- Expenditure growth during the last parliament was higher than the historical average, as spending increased during the COVID-19 pandemic and funding originally earmarked for reform was redirected to support the delivery of existing social care services.
- Population changes, such as ageing and the increasing prevalence of disabilities, impact social care demand. The number of people aged 65 years and older in England increased from 9.5 million in 2014 to 11 million in 2024. Although spending has increased, it has not kept pace with rising demand and cost pressures.
- More people will need social care in the future. Just to meet the expected growth in demand from an ageing population, an additional £9.4bn could be needed in 2034/35.

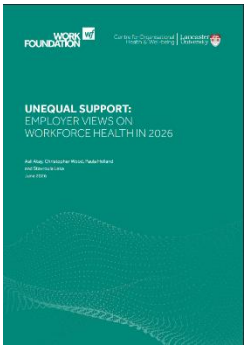
2.4 The Health Foundation. Immigration and the NHS: the evidence

This briefing reviews existing research and public data on the relationship between immigration and the NHS. Overall, it finds that immigration makes a positive contribution. People who migrate to the UK are more likely to work in the NHS, less likely to use health services on average, and contribute to NHS funding through taxes and visa charges. NHS pressures are driven mainly by funding constraints, workforce shortages and changing health needs.

Migrants are likely to use the NHS less because they are generally younger and healthier than the UK-born population, although they may also face barriers to care. These differences reduce the longer people live in the UK. Available estimates suggest migrants contribute more in the short to medium term than the cost of public services they use, but migrant charging can worsen inequalities by deterring some groups from seeking care.

Non-British nationals make up around one in five NHS staff in England and reducing international recruitment risks worsening workforce shortages. The briefing also highlights evidence gaps and shows that the public often overestimates migrants' NHS use and workforce share.

2.5 Work Foundation. Unequal support: Employer views on workforce health in 2026



This paper by the Work Foundation and the Centre for Organisational Health & Wellbeing, Lancaster University draws on a UK-wide survey of 1,001 senior business leaders to understand employer priorities and challenges in supporting workforce health, compared with findings from 2024.

The paper found some progress. Employers reporting fewer health-related exits rose to 33% in 2026, up from 21% in 2024. Across 15 measures of workforce health support, 80% rated themselves as well or very well equipped to meet employee health needs.

However, provision remained uneven. Three in five employers did not offer paid time off for medical appointments, 39% provided occupational health services, and fewer than half designed jobs with health needs in mind. Across 12 types of support, an average of 36% of employers offered each measure. Further, support was lower among employers with older, low-income, largely female or younger workforces. Employer size also shaped provision, with some smaller employers offering no support.

Recommendations included embedding prevention and healthy job design, creating local hubs for smaller employers, piloting supported workdays, and consulting on paid time off for medical appointments.

2.6 Department of Health and Social Care. Changes to the definition of deprivation of liberty

The Department of Health and Social Care (DHSC) has published this update as a result of the Supreme Court judgment on 2 June 2026. These changes to the definition of deprivation of liberty apply with immediate effect in hospitals and care homes for people aged 18 and over where the Deprivation of Liberty Safeguards (DoLS) process applies, and for children where it is authorised through the Court of Protection or the High Court's inherent jurisdiction. It extends across the UK.

The judgement notes that the starting point in assessing whether someone is deprived of liberty is to look at the specific situation of the individual and take into account the type, duration, effects and manner of implementation of restrictions on the person - crucially, no single factor is determinative. The judgment clarifies that a person's expression of their wishes and feelings carries significant weight. A person can give valid consent if they are conscious of their environment, have a basic level of understanding and are capable of expressing a view that they accept and/or are happy with the situation. However, if there is serious doubt, no conclusion of valid consent can be drawn.

2.7 Department of Health and Social Care. Community engagement approach for health protection

This guidance sets out the UK Health Security Agency's co-created approach to community engagement for health protection. It was developed with people with lived experience of social exclusion and the voluntary, community and social enterprise sector, through consultation on what 'good engagement' should look like.

The approach is adapted from the International Association for Public Participation and includes five elements. ‘Inform’ focuses on providing clear, balanced information to help the public understand an issue and take action. ‘Consult’ involves gathering public feedback through defined channels to inform decisions and future plans. ‘Involve’ means working with the public to understand their concerns, priorities and aspirations. ‘Co-produce’ involves partnering with the public across all stages of decision-making, from developing options to identifying preferred solutions. ‘Community-led’ places final decision-making in the hands of communities.

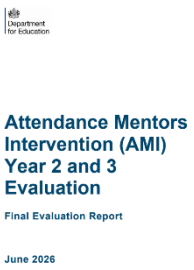
The guidance is accompanied by a planning tool to help practitioners design, deliver and evaluate equitable and effective health protection engagement.

2.8 Local Government Association. Councillors’ guide to local authority public health responsibilities

This guidance was developed by the Local Government Association for elected members to help clarify the current public health grant conditions and mandated public health functions in the local government. It sets out what councils are legally required to do, the funding arrangements that apply, and how national policy frameworks interact with local decision making. It has been updated to reflect the 2026/27 public health grant settlement, the consolidation of drug, alcohol and smoking cessation funding streams, the Government's 10 Year Health Plan and Neighbourhood Health Framework, and the NHS restructuring programme under way.

3 Children and Young People's Services

3.1 Department for Education. Attendance mentors intervention: years 2 and 3 evaluation



This report evaluates years 2 and 3 of the Attendance Mentors Intervention, a three-year programme designed to improve attendance among persistently or severely absent pupils. Delivered by Barnardo's across five local authorities; it provided one-to-one support to pupils and families to understand barriers to attendance and develop tailored strategies. The evaluation was commissioned by the Department for Education and carried out by IFF Research. It was a theory and process-based evaluation, not an assessment of causal impact.

The programme largely reached its target group, supporting 1,698 young people over three years. In years 2 and 3, 2,321 referrals were made, 1,437 young people received support, and nearly nine in ten completed mentoring. Pupils often faced overlapping challenges, including unmet SEND, anxiety, bullying, strained peer relationships, difficulties at home, poor routines and low motivation.

Engagement was generally positive, with 72% taking up support, although it was harder where needs were complex or trust in schools was low. The intervention appeared to improve young people's voice, attendance, mental health and wellbeing, though outcomes varied. Future delivery should strengthen referrals, data collection, mentor training, offboarding and links to wider support.

3.2 Action for Children. Rebalancing children's services spending: what the latest data tells us

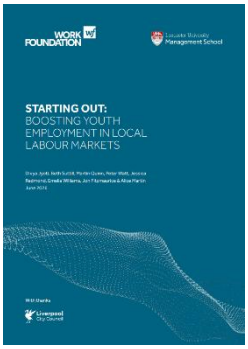
This report, commissioned by Action for Children and undertaken by PBE on behalf of five leading children's charities, shows that although children's services spending in England and Wales has reached a record high, the system remains increasingly focused on late and crisis intervention rather than early support.

Key findings include:

- Local authorities spent £14.7 billion on children's services in 2024/25, £2.5 billion more than in 2010/11 after inflation.
- 82% of total spending was on late intervention in 2024/25, up from 62% in 2010/11.
- There were 82,000 looked after children in 2025, compared with 66,000 in 2011, despite the child population growing by only 7%.
- This was especially driven by older children entering care, with the number aged 16+ around two and a half times higher than in 2011.
- Early intervention spend was 40% lower in 2024/25 than in 2010/11, falling from £4.4 billion to £2.5 billion.

- Rising late intervention costs have squeezed early support budgets, despite earlier support helping prevent problems escalating and children remain safely at home.
- Evidence gaps remain around universal services, children assessed as requiring no further action, and the pathways of looked after children.

3.3 Work Foundation. Starting out: Boosting youth employment in local labour markets



This report by the Work Foundation and Lancaster University in partnership with Liverpool City Council examines how local labour markets, young people's experiences, and employer behaviours shape NEET rates, drawing on national data and case studies from Morecambe and Liverpool.

Key findings suggest:

- **The UK has entered a 'youth employment drought',** with starter jobs accessible to first-time workers falling by 49% over the last decade.
- **Where young people live strongly shapes their prospects**. In the North East, there are 6 NEET young people for every starter job, compared with 3 to 1 nationally.
- In Morecambe and Liverpool, young people described **barriers including poor transport, geographic isolation and neighbourhood challenges** that reduced trust in systems.
- **School and college were often described as sites of disruption and frustration**, rather than stable routes into adulthood and employment.
- **Local stakeholders, including education providers, support services and employers, are struggling to respond to young people** facing complex and overlapping challenges.

Recommendations include adopting a bolder, localised Youth Job Guarantee, strengthening devolution to address place-based barriers, and improving education support to help young people move into work and reduce disengagement.

3.4 Department for Education. SEND bases in mainstream schools: Parent views

The Department for Education (DfE) conducted this research to understand the views and experiences of parents whose children currently attend or have previously attended a SEND base in a mainstream school. These included SEN units, resourced provision and school-run SEND units. A survey gathered responses from 960 parents.

Key findings include:

- **Most parents reported positive experiences of SEND bases**, particularly where provision was able to meet their child's needs and improved educational and wellbeing outcomes.

- **Experiences were more positive in primary settings and in local authority-funded SEN units and resourced provisions** than in school-run SEND bases, highlighting the importance of specialist, well-resourced provision.

- **High-quality specialist staff, inclusive practice and suitable learning environments were the strongest drivers of positive experiences**, enabling better academic progress, confidence, wellbeing and participation in mainstream education.

- **Negative experiences were largely driven by unmet needs**, including insufficient specialist expertise, overcrowding, poor communication and environments that felt isolating rather than inclusive. These were associated with poorer mental health and school attendance.

- **SEND bases are not a one-size-fits-all solution:** parents viewed them as most effective when they are well-resourced, tailored to pupils' needs and genuinely integrated into mainstream school life.

3.5 Department for Education. Enduring relationships for care-experienced children

This policy paper sets out the Department for Education's strategy to help children who experience care maintain and build enduring relationships throughout life. It defines these as consistent, lasting relationships that provide emotional security, warmth, responsiveness, dependability and positive shared experiences.

The paper highlights that children with at least one enduring relationship have better educational, physical and mental health outcomes, greater resilience, reduced risk of harm and improved chances of successful family reunification. These relationships can also reduce loneliness, improve life satisfaction and help buffer childhood adversity.

To support this, national care reforms will focus on creating homes that enable enduring relationships, supporting transitions to adulthood and ensuring inspection and accountability prioritise them. The DfE will continue implementing children's social care reform, aligned with the Children's Social Care Implementation Plan and Children's Wellbeing and Schools Act 2026. It will also align programmes, funding and guidance to strengthen enduring relationships, develop a measure to set expectations, improve services and support accountability, and work with the sector to drive change.

3.6 Department for Culture, Media & Sport. Improving physical activity and reducing physical activity inequalities: literature review

The Behavioural Insights Team was commissioned to review the latest meta-analyses and systematic reviews on school-based, community-based, peer-led and active travel interventions to promote physical activity. These categories were prioritised because of their expected impact on healthy life expectancy, feasibility and relevance to live policy development. The review focused on increasing physical activity, while also considering inactivity and equity impacts.

The review found that:

- **School-based interventions** generally show small or no significant effects on increasing physical activity, though physically active lessons and classroom-based physically active

recess showed more promise. They do not consistently close gaps by socioeconomic status or gender but may benefit the least active and overweight children and targeting lower-SES schools could help reduce population-level disparities over time.

- **Community-based interventions** lack high quality evidence to gauge their impact, while peer-led interventions showed more promise, particularly when peer leaders were trained and programmes began with an intensive phase. Group-based and high-intensity formats may have benefited socioeconomically disadvantaged women and young children.

- **Active travel interventions** can be encouraged through changes to the built environment, to enhance the accessibility and perceived safety of cycling and walking. Equity impacts were unclear though some evidence suggests that interventions may disproportionately benefit more advantaged groups, underlining the importance of targeting lower-income and under-resourced communities.

3.7 Children's Commissioner. Children's and Young People's Mental Health Services: 2024-25

The Children's Commissioner's fifth annual report examines children's journeys through mental health services in England, and how these differ by referral reason, age, gender, ethnicity and area-level deprivation.

Key findings include:

- **Demand is rising sharply:** over 1 million children had active referrals in 2024-25, almost double 2018-19.

- **Growth is driven by neurodevelopmental needs and anxiety**, especially suspected autism and other neurodevelopmental conditions.

- **More children are receiving treatment**, but more are also waiting: 36% received treatment in 2024-25, while 35% were waiting at year end, up from 29% in 2022-23.

- **Children referred for suspected autism and neurodevelopmental conditions face bottlenecks:** only 13% of suspected autism referrals and 19% of other referrals received treatment.

- **Access varies by demographics:** Black and Asian children are underrepresented in referrals and treatment; children in deprived areas are more likely to be referred and treated; adolescents are more likely to receive treatment than younger children.

- **Waiting times remain substantial**, with a median wait of 128 days overall, 224 days for those waiting, and 60,041 children waiting over two years.

- **Funding has not kept pace**, with spending rising 2% compared with a 9.5% increase in referrals.

3.8 National Foundation for Educational Research. Understanding the relationship between attendance, wellbeing and sense of belonging

Declining school attendance and pupils' sense of belonging have become key policy concerns. This study examined how pupil wellbeing and school belonging relate to absence rates among 15-year-olds in England, using regression analysis of linked 2022 PISA and National Pupil Database data.

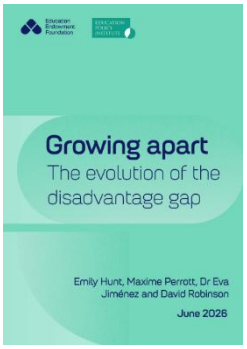
Key findings include:

- **Life satisfaction is linked to school absence**, especially among pupils with higher absence levels, but improving life satisfaction alone is unlikely to resolve the attendance crisis.
- **The relationship between life satisfaction and absence is stronger for girls than boys**, suggesting attendance drivers may differ by gender.
- **School belonging is associated with absence, but its effect weakens once life satisfaction is considered**, meaning belonging matters but is unlikely to be a complete solution.

Recommendations for the government include:

- **Broaden attendance strategies beyond school belonging** by addressing wider drivers of life satisfaction, including mental health, curriculum balance, disadvantage and family support.
- **Target support where it is likely to have the greatest attendance impact**, particularly girls and persistently or severely absent pupils.
- **Strengthen family support and mental health services** alongside schools.
- **Build stronger evidence on what works**, including whether improving school belonging has a causal impact on attendance, attainment and other pupil outcomes.

3.9 Education Policy Institute. Growing apart. The evolution of the disadvantage gap



This report examines the socio-economic disadvantage attainment gap in England in 2023/24, analysis data from the National Pupil Database (NPD) to explore how and why educational inequalities emerge and widen across different phases of education.

Key findings suggest:

- **The disadvantage gap starts early and grows throughout education:** disadvantaged pupils are already 4.6 months behind by age 5, rising to 10.1 months by the end of primary and 17.9 months by GCSE.
- **Early attainment is the strongest predictor of later outcomes:** gaps established in reception and primary school carry forward and explain much of the gap at GCSE and post-16.

- **Absence and disruption become increasingly important as pupils get older:** absence accounts for a growing share of the gap, especially at Key Stage 4, which covers Year 10 and 11.

- **SEND, ethnicity and individual pupil characteristics are major contributors:** SEND is especially important in early years and primary, while ethnicity-related patterns persist across phases.

- **Post-16 gaps largely reflect inequalities built up earlier:** disadvantaged students are 3.5 grades behind across their best three qualifications, with most of this explained by attainment up to age 16.

3.10 Education Policy Institute. Persistent disadvantage – further analysis for Teach First

This report builds on the Education Policy Institute's work for Teach First on identifying persistent disadvantage using publicly available school-level data. It examines attainment at key stage 4 and post-16 participation among pupils who were eligible for free school meals for at least 80% of their school lives.

Key findings suggest:

- **Persistently disadvantaged pupils face the widest attainment gaps:** by GCSE, they are 22.4 months behind non-disadvantaged pupils, with lower average English and maths grades.

- **Outcomes vary sharply between schools and regions:** some schools buck the national trend, but in 418 schools persistently disadvantaged pupils are at least 30 months behind; London has a much smaller gap than the national average.

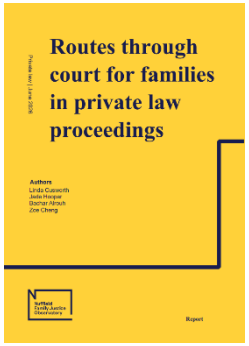
- **Ethnicity is strongly linked to different outcomes:** persistently disadvantaged White British pupils have among the largest gaps, while some minority ethnic groups, including Black African, Indian and Bangladeshi pupils, have much smaller gaps.

- **SEND substantially compounds persistent disadvantage:** gaps are especially large for persistently disadvantaged pupils with SEN support or EHCPs.

- **Persistent disadvantage also affects post-16 progression:** pupils are less likely to continue into substantial qualifications or apprenticeships, with particularly high non-participation among those with SEND.

4 Criminal Justice

4.1 Nuffield Family Justice Observatory. Routes through court for families in private law proceedings



This report examines how families interact with the family court, focusing on how often those involved in a private family law application return to court and how patterns vary by family circumstances.

Using administrative data from Children and Family Court Advisory and Support Service (Cafcass) and Cafcass Cymru, it found that:

- **Most parents did not return to court**, although 31% in England and 39% in Wales returned within five years. Those who returned usually did so once, after an average of 21 months in England and 19 months in Wales.
- **Returning cases showed greater complexity**, including higher levels of recorded domestic abuse, mental health concerns, substance misuse and child welfare issues.
- **A small minority of families were involved in both private and public law proceedings**, usually entering private law first, suggesting opportunities for earlier identification of risk.
- **Non-parent applications, often involving grandparents or other relatives**, formed a significant minority of cases and commonly related to kinship care. These cases were more likely to involve welfare concerns and public law, but less likely to include welfare reports.
- **Regional differences in return rates** may reflect variations in local practice and use of welfare reports.

4.2 Prison Reform Trust. The Hope and Fulfilment Survey

This report presents findings from the Hope and Fulfilment Survey, developed as part of the Prison Reform Trust's Building Futures programme. The survey aims to understand how people serving long prison sentences experience hope and fulfilment, and to provide a way to track this over time. The study involved 190 prisoners across 57 UK prisons, most serving long or life sentences.

Key findings suggest:

- Hope and fulfilment are shaped by three core factors: making meaningful progress, believing in a positive future, and having a sense of personal control. These are important for wellbeing and rehabilitation.
- Relationships, meaningful activity and supportive staff are the strongest sources of hope. Family ties, education, work, peer support and positive staff relationships help people maintain purpose and engage constructively with prison life.

- Lack of progression and uncertainty undermine hope. Limited opportunities, inconsistent support and indeterminate sentences, such as IPP, can leave people feeling powerless.
- The survey identified consistent dimensions of prisoners' experiences and shows promise as a tool for monitoring wellbeing.
- Fostering hope through dignity, opportunity and supportive relationships can improve wellbeing, support rehabilitation and strengthen prospects for release.

4.3 Ministry of Justice. Measuring civil legal aid demand

The Ministry of Justice commissioned Ipsos to advise on how government could routinely monitor demand for legal aid. The research aimed to support timely monitoring of civil legal aid demand, including early warnings where demand may exceed capacity, and generate evidence to inform future policy and targeted interventions.

The methodology included analysis of current data, a rapid evidence review, and interviews and workshops with MoJ and Legal Aid Agency teams, provider representative organisations, and civil legal aid providers.

Key findings include:

- There is a major evidence gap on unmet demand. MoJ and LAA have strong data on funded cases, but limited routine data on people who seek legal aid and cannot obtain it.
- The report uses a four-stage demand funnel: latent, expressed, unmet and met demand, focusing mainly on unmet demand from eligible people unable to access support.
- Measuring unmet eligible demand is difficult because eligibility is complex and usually requires detailed assessment, so lighter-touch monitoring would only provide estimates.
- Better data would support policymaking but increase administrative burden.
- Practical options include monthly provider capacity reporting and funded sampling of providers collecting more detailed data.

4.4 Home Office. Police use of artificial intelligence (AI): factsheet

Police forces in England and Wales are using artificial intelligence (AI) for a variety of activities. Recognising this, the Home Office published this factsheet providing details on government's policy towards police use of AI. It covers who is responsible for what, government funding and approach towards AI usage and what the New National Centre for AI in Policing, "PoliceAI" will and will not do.

The government supports police use of AI where it improves efficiency, investigations and public safety, but says it must be lawful, ethical, transparent and subject to proper assessment. The factsheet identifies several high-potential uses of AI in policing, including analysing digital evidence, redaction, case-file summaries, disclosure support, deepfake detection, facial recognition, automatic number plate recognition, transcription, translation and 101 call triage.

Chief Officers will remain responsible for how AI is used in their forces, including compliance with equality and data protection law. Finally, the new national centre, PoliceAI, will support consistent and responsible adoption of AI across policing through testing, validation, guidance, oversight and a public-facing registry of operational AI tools.