



# CordisPulse

## July 2023

Welcome to July'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're celebrating Cordis Bright being 25 years young. As part of these celebrations our Chair and Founder Tom Noon has drafted a blog on his reflections about how things have changed in health and social care over this time. The blog can be accessed [here](#) and is well worth a read.

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 Ltd, 23/24 Smithfield Street, London, EC1A 9LF.

Telephone: 020 7330 9170

Email: [info@cordisbright.co.uk](mailto:info@cordisbright.co.uk)  [@CordisBright](https://twitter.com/CordisBright)  
Website: [www.cordisbright.co.uk](http://www.cordisbright.co.uk)  [Cordis Bright](https://www.linkedin.com/company/cordis-bright)



## **Cordis Bright News**

### **Cordis Bright's 25 year anniversary**

In celebration of Cordis Bright's 25 year anniversary, our Chair and Founder, Tom Noon, has written this blog post on his reflections on the health and social care sector throughout the last 25 years. See the full blog post [here](#).

### **Anti-racism strategy**

This strategy sets out Cordis Bright's commitment to being an anti-racist organisation. This means that we want to contribute to the active dismantling of racism to create a more equal and just society. As part of this, we recognise that our work is steeped in inequitable practices that centre whiteness and uphold white privilege. As a result, our efforts do not have an end-point. Rather, we are committed to "a continuous process of change to eradicate racism". The full strategy is available [here](#).

## Adult Social Care and Health

### Reports

#### NHS England. NHS Long Term Workforce Plan.

The NHS was commissioned by the government to produce the NHS Long Term Workforce Plan setting out future demand and supply requirements, and the actions and reforms needed to support the overall strategy for the NHS.

This Plan sets out modelling of NHS workforce demand and supply over a 15-year period and the resulting shortfall. It details the actions that will be taken in the coming years to address the identified shortfall in addition to, and building on, actions and investment already committed over the next two years.



These actions fall into three priority areas:

1. Train – Grow the workforce: Increasing education and training levels, as well as increasing apprenticeships and alternative routes into professional roles, to deliver more doctors and dentists, more nurses and midwives, and more of other professional groups, including new roles designed to better meet the changing needs of patients and support the ongoing transformation of care.
2. Retain – Embed the right culture and improve retention: By improving culture, leadership and wellbeing the NHS aims to ensure 130,000 fewer staff leaving over the next 15 years. This will be achieved by better supporting people throughout their careers, boosting the flexibilities they offer their staff to work in ways that suit them and work for patients, and continuing to improve the culture and leadership across NHS organisations.
3. Reform – Working and training differently: Improving productivity by working and training to enable innovative ways of working, building broader teams with flexible skills, changing education and training to deliver more staff in roles and services where they are needed most, and ensuring staff have the right skills to take advantage of new technology that frees up clinicians' time to care, increases flexibility in deployment, and provides the care patients need more effectively and efficiently.

#### NHS England. NHS equality, diversity and inclusion improvement plan.

This improvement plan sets out targeted actions to address the prejudice and discrimination – direct and indirect – that exists through behaviour, policies, practices and cultures against certain groups and individuals across the NHS workforce.



It has been co-produced through engagement with staff networks and senior leaders.

The plan:

- Sets out why equality, diversity and inclusion is a key foundation for creating a caring, efficient, productive and safe NHS.
- Explains the actions required to make the changes that NHS staff and patients expect and deserve, and who is accountable and responsible for their delivery.
- Describes how NHS England will support implementation.
- Provides a framework for integrated care boards to produce their own local plans.

### **Office for National Statistics. Health Index for England: 2015 to 2021.**

The ONS' Health Index provides a systematic, independent view of health in England. It enables users to compare health over time and across geographies.

It provides a picture of health in its broadest sense recognising the importance of health outcomes, risk factors and the social, economic and environmental drivers to support health to improve now and for the longer term.

The Health Index provides a framework to understand health pre-pandemic, including whether health issues were persistent, improving or deteriorating and to explore how the pandemic impacted on health in 2020 and 2021.

Key findings include:

- The Health Index for England was improved in 2021 compared with 2020, though it remained below 2019 levels.
- The Health Index has three domains, covering different areas of health: Healthy People improved considerably in 2021 (by 2.1 points), but remained well below scores seen before the coronavirus (COVID-19) pandemic.
- The change in the Healthy People score in 2021 came from improvements to personal well-being, mortality and physical health conditions (up 7.7, 1.6 and 1.2 points respectively), which were partly offset by worsening difficulties in daily life and mental health (down 2.5 and 0.8 respectively).
- Healthy Lives declined in 2021 (down 1.2 points), having also declined a similar amount in 2020; it had improved between 2015 and 2019, but these latest declines almost return scores to 2015 levels.
- The decline in Healthy Lives in 2021 was mostly because of a decline in protective measures, coming from a reduction in cancer screening attendance, which saw the largest decline in score of any indicator (down 7.7 points).

- Within the Healthy Places domain, the living conditions subdomain increased (up 1.3 points); the main contribution to this was improved household overcrowding and air pollution.

### **Department of Health and Social Care. Rapid review into data on mental health inpatient settings: final report and recommendations.**

The purpose of this rapid review was to consider the way that data and evidence relating to mental health inpatient settings and pathways was collected, processed and used to identify risks early, and mitigate them to protect to the safety of patients.

The review engaged with over 300 people with a variety of expertise relating to mental health inpatient settings and drew on a range of existing evidence to support and develop their conclusions.

Their findings were divided into five key themes:

1. Measuring what matters.
2. Patient, carer and staff voice.
3. Freeing up time to care.
4. Getting the most out of what we have.
5. Data on its own is not enough.

The review also published 13 recommendations and further principles for the collection, analysis, sharing and use of data and information about mental inpatient pathways.

### **Public Health Wales. Time to Talk Public Health. February – March 2023 Panel Survey Findings.**

A new survey by Public Health Wales shows strong public support in Wales for government action to make the food we buy healthier.

Time to Talk Public Health is a nationally representative panel of 1,007 Welsh residents aged 16+ years established by Public Health Wales to enable regular public engagement to inform public health policy and practice.



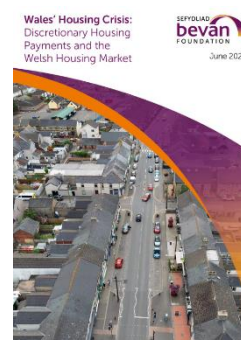
Key findings include:

- 57 per cent of people agree that governments should use financial tools like taxes to reduce sugar in foods with high levels. 29 per cent disagree.

- 81 per cent also think that healthy drink options, such as water or milk, should be the default option for children's meal deal offers. 70 per cent say that advertising of unhealthy food and drinks to children should be banned.
- 84 per cent of people say they intend to take action within the next 12 months to achieve or maintain a healthy weight - but 34 per cent say that too many temptations might stop them from taking the action.

The new findings come as governments in Wales, Scotland and England consider the next steps to make food environments healthier.

### **The Bevan Foundation. Wales' Housing Crisis: Discretionary Housing Payments and the Welsh Housing Market.**

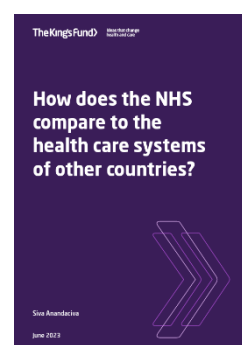


In this report, The Bevan Foundation examines the place that Discretionary Housing Payments (DHPs) have in helping local authorities manage people who are struggling with the financial burden of housing.

The Bevan Foundation has undertaken a comprehensive study of DHPs in Wales, including an analysis of recent trends within the distribution of DHPs, and the lived experiences of those who have worked with or received DHPs.

The findings in the report highlight the need for continued financial support for DHPs for local authorities, and the need for local authorities to make effective use of DHPs to combat the risks of homelessness in their area. In the long term there is a need for increased investment in social housing and reforms of the social security system.

### **The Kings Fund. How does the NHS compare to the health care systems of other countries?**



This report from the Kings Fund reviewed the academic literature on previous attempts to compare health care systems, analysed quantitative data on health system performance, and interviewed experts in comparative health policy.

Key Findings include:

- The UK health care system has fewer key resources than its peers. It performs relatively well on some measures of efficiency but waiting times for common procedures were 'middle-of-the-pack' before the Covid-19 pandemic and have deteriorated sharply since.
- The UK performs well on protecting people from some of the financial costs of ill health, but lags behind its peers on important health care outcomes, including life expectancy and deaths. The latter could have been avoided through timely and effective health care, and public health and preventive services.

- There is little evidence that one particular ‘type’ of health care system or model of health care funding produces systematically better results than another. Countries predominantly try to achieve better health outcomes by improving their existing model of health care, rather than by adopting a radically different model.

### **The Kings Fund. Leading for population health: clinicians’ perspectives.**

In this long read, the Kings Fund present the views from 10 senior clinicians from various clinical backgrounds (including primary care professionals, hospital physicians, allied health professionals and pharmacists) who had joined The King’s Fund Leadership for Population Health programme to explore their role in and potential contribution to population health. These interviews explored the challenges clinicians face in leading population health work, what helped and what hindered their efforts to incorporate this approach into their work.

They have set these out below along with some suggestions for action for clinicians, and system and organisational leaders.

### **Joseph Rowntree Foundation. Unpaid care and poverty: unpaid carers’ priorities for change through participatory co-design.**

The Carers Co-design Project is a joint piece of work between JRF and London Unemployed Strategies (LUS) to co-design policy recommendations that address poverty and/or its related issues facing unpaid carers.



Co-designers reported that they felt care – both unpaid and paid – was undervalued in our society. This manifests through a range of challenges for unpaid carers and the people they care for. To address these issues, the JRF suggest the government should:

- Ensure that local authorities have enough resources, with ring-fenced funding, so they can better provide direct support payments to unpaid carers and respite care provision that is accessible at short notice, high quality, culturally appropriate and supports people who are neurodiverse and have mental health conditions.
- Financially support grassroots services and peer support groups that provide practical support for carers at the local level.
- Properly subsidise care services for individuals to ensure carers would have a genuine choice over whether to care for their loved one or not.

## **Briefings**

### **Department of Health and Social Care. NHS mandate 2023.**

The government's mandate to NHS England sets out their objectives for 2023 onwards. The mandate objectives include:

1. Cut NHS waiting lists and recover performance.
2. Support the workforce through training, retention and modernising the way staff work.
3. Deliver recovery through the use of data and technology.
4. Continue to deliver the NHS Long Term Plan to transform services and improve.

### **The Health Foundation. Food insecurity – what can local government do?**

In this briefing, the Health Foundation explore what local government can do to address food insecurity in local communities. This includes the actions that local government can take to support residents experiencing or at risk of food insecurity.

Briefing: Food insecurity  
– what can local  
government do?

Written by: Louise Marshall



Selected actions include:



- Consider implementing evidence-based actions to reduce food insecurity – these include universal (or extended) access to free school meals, school holiday, provision and meals-on-wheels services.
- Identify groups or households at risk of food insecurity using local intelligence and understanding about risk factors, and target support and preventive action.
- Connect people affected by food insecurity with services that can help address underlying drivers of poverty and income, as well as provide support to improve mental and physical health.
- Consider opportunities for a much wider systems approach to food access and availability that could bring co-benefits to the local economy, the environment and health.

Local government has an important role to play in increasing food security in their local populations. But to enable this, national government must provide sufficient and sustainable funding to enable long-term planning of preventive approaches. National government action is also needed across relevant departments and with the food industry to create a food system that provides affordable and accessible nutritious food for everyone in the UK, while also benefitting the economy and environment.

To inform effective action at national and local level, there is a need to build the evidence base about what works in practice, both to prevent food insecurity and to support those affected by it.

## Work Foundation. The Disability Gap: Insecure work in the UK.

This new research utilises the Work Foundation's UK Insecure Work Index, which combines three elements that constitute insecurity at work – employment contracts, personal finances, and access to workers' rights, to identify a substantial disability insecurity gap.



This new analysis estimates that 27% of disabled workers (1.3 million) are in severely insecure work in the UK, compared to 19% of non-disabled workers. This inequality is reflected at all levels, with even disabled workers in the most senior positions more likely to experience severely insecure work.

Furthermore, groups of disabled workers who face structural barriers to entering and staying in work are also disproportionately more likely to be in insecure roles.

Key findings include:

- Disabled women face a dual disadvantage and are approximately 2.2 times more likely to be in severely insecure work than disabled men.
- Disabled workers from ethnic minority backgrounds are more likely to be in severely insecure work relative to white disabled workers (29% vs 26%).
- One in three autistic workers (38%) and a quarter of people with mental health conditions (28%) are in severely insecure work compared to 20% with other disabilities and conditions.

The Work Foundation's new briefing also sets out policy recommendations to improve job security and embed flexibility in all roles, as well as policies that would help disabled workers progress to more secure and higher-paid roles.

## Tools and Guidance

### Office for Health Improvement and Disparities and HM Prison and Probation service. Continuity of care from prison to community: self-assessment tool.

This tool has been designed for local partnerships to help improve the continuity of care for people who leave prison needing drug or alcohol treatment, so they can quickly engage in treatment in the community.

These local partnerships include:

- Local authority drug and alcohol commissioners
- Commissioners of prison drug and alcohol treatment
- Community and prison drug and alcohol treatment service providers



- The Probation Service
- HM Prison Service

The tool will help local areas to bring relevant partners together to review and assess their local processes relating to:

- Governance
- Data management
- Pathways
- Factors that cause people to drop out of treatment

The tool will help partners to identify what is working well, and where things could work better. Once it's complete, they can use the self-assessment results to inform a local action plan to improve outcomes for people leaving prison with a drug or alcohol treatment need.

**Local Government Association. Health and Wellbeing Hubs: delivering local services under one roof.**

These case studies highlight the varied ways councils are working in partnership with the NHS and other local partners to introduce Health and Wellbeing Hubs.

Hubs may offer different things in their localities, there is no single blueprint to follow, however, many now include health advocacy, debt advice, mental health support, opportunities to volunteer, employment advice, and signposting of local wide providers of health services, voluntary and community sector activities.

These case studies capture the diversity of local authority approaches and some of the successes that local government can build on.



## Children and Young People's Services

### Reports

#### Department for Education. Serious Youth Violence research programme.

The Department for Education has published two reports from the serious violence research programme, which is co-led by the Department for Education and Youth Endowment Fund. The programme aims to better understand how systems of support may protect young people from, or expose them to, involvement in serious youth violence.

#### The role of systems of support in serious youth violence: evidence and gaps.

This report is the first synthesis of evidence and insight on how systems of support may protect or expose children and young people to involvement in serious violence.

The research outlines factors in children and young people's vulnerability to involvement in violence and explore the role that systems of support play. They also highlight challenges to implementing approaches which may reduce involvement in violence and highlight potential gaps in the evidence base.

Key themes include:

- The drivers of violence are complex, so it's hard to evidence solutions.
- Stigmatisation is part of many children's journeys to violence.
- Positive relationships with practitioners can protect against violence.
- Limited resources mean that some children and young people don't access the right support in time to prevent violence.

#### The 'serious violence foundational system mapping' report

The research aimed to create a system map: a visual representation of the structure and relationships within the system of support for children and young people around serious violence. The map is accompanied by commentary on how the system is perceived to interact, where it works well and less well, and what this means for children and young people and their families.

The system is examined through three lenses:



**The role of systems of support in serious youth violence: evidence and gaps**

Deep Dive  
June 2023

Authors: Open Innovation Team



**The role of systems of support in serious youth violence: evidence and gaps**

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1. Access: The user journey up to the point of accessing a service, including identification and referral, thresholds and 'gatekeepers'.
2. Engagement: The user experience of a service, including the relationship between CYP and their families, and the professionals who work with them.
3. Navigation: The user journey within, between and out of services; including signposting and onward referrals.

Key findings include:

- The system of support is very complex.
- Although there is a very clear national government presence, most provision is local.
- Participants identified schools and police as the most common system 'entry points' (i.e. where children and young people are first identified as being at risk).
- Health services are often missing from the conversation around serious violence risk.
- Children and young people perceived the system as being sparser, with fewer connections and interactions between those in the system.

### **Department of Health and Social Care. Evaluation of the Children of Alcohol Dependent Parents programme innovation fund.**

This report presents the findings from the national evaluation of the Children of Alcohol Dependent Parents (CADeP) programme innovation fund (IF) in England. The programme was evaluated by the Tavistock Institute of Human Relations, in partnership with IFF Research, between October 2018 and March 2022.

The CADeP IF programme provided funding of £5.7 million to 9 areas – 13 local authorities – between November 2018 and March 2022. The aim of this programme was to:

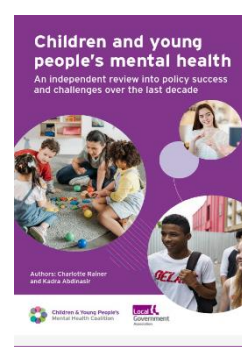
- Support local authorities in innovating and improving systems and practices to enhance the identification of, and outcomes for, children of alcohol dependent parents and their families.
- Increase awareness of parental conflict among services and explore ways of addressing it among such families.

The key findings from this report are that this programme has resulted in:

- Improvements in the timely identification of alcohol dependent parents, and children of alcohol dependent parents, to help avoid escalation of their situation.
- Improvements and innovation in the local system for supporting alcohol dependent parents and their children to better address their recovery from alcohol dependence.
- Increased numbers of alcohol dependent parents receiving treatment in the areas supported by this programme compared with national take up.
- Some evidence of a positive impact on outcomes for parents and children involved in this programme.

### **Local Government Association. Children and young people's mental health: An independent review in policy successes and challenges over the last decade.**

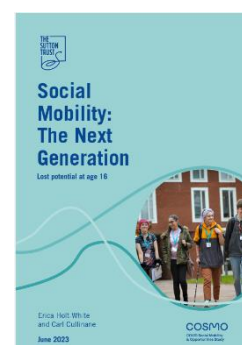
This report by the Children and Young People's Mental Health Coalition, commissioned by the Local Government Association, considers the policy landscape in England over the last decade in relation to children and young people's mental health, and reviews progress relating to implementation and impact. It also outlines current policy levers and opportunities for councils to shape and influence work on children's mental health in partnership with other agencies such as the NHS, education and the voluntary and community sector.



The report finds that whilst many of the ambitions laid out by the Government to date have been a step in the right direction, they have been continuously criticised for not being ambitious enough in creating the scale of change that is needed. The report concludes that policies implemented to date have not had sufficient impact in ensuring children and young people get the mental health support they need and makes a series of recommendations to be considered by the Local Government Association, councils, regional bodies and national government to take forward positive and lasting changes for children's mental health.

### **The Sutton Trust. Social Mobility: The next generation. Lost potential at age 16.**

This report looks at the progress made during secondary school of young people from different backgrounds who were in the top third of attainers at the end of primary school. As a longitudinal study, future reports will track their progress into higher education, training and the workplace.



Lost Potential at Age 16 uses data from the National Pupil Database and the COSMO longitudinal study to explore the progress during

secondary school of pupils with the same grades on entry, but different socio-economic backgrounds, and shows the extent to which pathways diverge at this age.

Key findings include:

- Disadvantaged high attainers are more than twice as likely to fall out of the top third at GCSE.
- Disadvantaged high attainers are three times more likely to be a young carer.
- 21% of disadvantaged high attainers feel they don't have much of a chance in life.

The report also includes several recommendations for universities, schools and policymakers.

### **Barnardo's. A Warm Welcome. A blueprint for supporting displaced children seeking protection in the UK.**

In this report, Barnardo's explore the key components and foundations required for children to thrive during their formative years after arriving in the UK. This includes a warm welcome and support to integrate, looking into the learnings and successes of the various protection schemes currently in operation for those arriving from Hong Kong, Ukraine and Afghanistan, the role communities can play in offering support, the importance of specialist foster care for those who experienced profound trauma and ensuring children have full wrap-around support and welfare.



They have also developed five key recommendations which are an essential starting point for developing a welcoming movement for children, and paving the way for wider reforms:

1. Develop a strategic plan for welcoming all displaced children: A clear plan underpinned by sufficient funding for local authorities will enable us to unlock our potential as a country to offer displaced children the best possible start once they are here. This should sit within a wider strategy for displaced people.
2. Roll out local welcoming hubs for displaced families. These hubs would work with local employers, colleges and schools and other services to support the integration of displaced people. Activities that hubs might offer include befriending projects and social activities, conversation clubs to help people practice their English and volunteering programmes for refugees themselves.
3. Allow all children arriving in the UK means of obtaining safety with their families: Increase and strengthen safe and regular routes for children and families to seek safe access to the UK and ensure the ability to apply for



asylum and international protection regardless of route to entry. Children should also be allowed to reunite with families by simplifying the refugee family reunion process.

4. Increase specialist foster care for separated children in the UK: A review of the barriers to the provision of specialist foster carer for separated children seeking asylum and steps to increase the provision, training and funding for specialist foster carers for children who need them.
5. Assign all separated children arriving in the UK a guardian: A trained adult by the side of each separated child to help them navigate the asylum system, support all their needs and advocate for their interests.

### **Children & Young People Now. The Discharge of Care Orders: A Study of England and Wales.**

This study by researchers from the University of Bristol set out to discover more about the discharge of care orders including how, why and when orders are ended and the differences between successful and unsuccessful discharge applications.

The researchers looked at data on children subject to care orders in England and Wales from the Secure Anonymised Information Linkage databank. They analysed data from electronic casefiles from the Children and Family Court Advisory and Support Service (Cafcass) in England and Wales for a random sample of 220 discharge applications.

Key Findings include:

- The number of discharge applications have increased in the last decade from 71 in England in 2010 to 1,589 in 2019. In Wales numbers increased from 61 in 2012 to 138 in 2019. The majority – between 60 and 70 per cent – were made by local authorities with the rest mostly made by parents.
- The research revealed regional variations in discharge applications with higher proportions of applications made in London, the South West, South East and East of England compared with numbers of children on care orders.
- The data shows applications made by local authorities were much more likely to be successful than those made by parents. On average discharge applications were made at least two years after the initial care order.
- The casefile analysis found recommendations made by the children's guardian were the most influential factor in predicting the outcome of an application. There was also a positive link between children's preferences about where to live and the outcome. However, the research showed inconsistency in the way thresholds for discharge or continuation of a care order were applied.
- Most cases – about 60 per cent – were concluded with one or two hearings with the rest involving three or more and sometimes up to seven hearings.

Local authority applications tended to be concluded more quickly because these were less likely to be contested.

- Children were not involved in the discharge process that often. Some guardians said they were worried about upsetting them or unsettling their current placement. A minority of parents and carers had legal representation and few parents had access to legal advice before or during the discharge process. Interviewees said there was limited support for parents and carers following both successful and unsuccessful applications.
- The researchers make a series of recommendations aimed at speeding up the way discharge applications are handled. These include introducing a pre-proceedings process for all applications and the development of national guidance on thresholds for discharge. However, they stress efforts to expedite the process must be carefully balanced with the risk of discharging orders inappropriately. They also highlight the need for improved support and advice for parents and carers and greater efforts to involve children unless there is a good reason not to.

### **Children's Commissioner. The Children's Commissioner's response to 'Youth vaping: call for evidence'**

In this report, the Children's Commissioner for England, Dame Rachel de Souza, draws together findings from her recent nationally representative survey of children aged 8-17 and their parents, as well as qualitative findings from The Big Ask, the largest ever survey of children in England. These findings are new and are presented in response to the call for evidence from the Department for Health and Social Care into children and vaping, to inform evidence-based policy decisions.



### **Briefings**

#### **Barnardo's. Child Exploitation: A Hidden Crisis.**

In this briefing paper, Barnardo's outline the extent of child exploitation within the UK. Whilst changes in attitudes and policies have meant that child sexual and criminal exploitation has been more visible in recent years, these experiences largely remain hidden harms. Consequently, many children go unidentified and unsupported, missing out on the support that they crucially need. Exploitation is also too often misunderstood, and children can be blamed for their own abuse – in some cases being criminalised rather than offered support.



This briefing paper covers:

- What is exploitation?

- Compounding the crisis: cost-of-living and summer holidays.
- Investment in specialist services to support and safeguard child victims.
- Recommendations for policymakers.

## Tools and Guidance

### NSPCC Learning. Keeping children safe in education (KCSIE) 2023: Summary of changes.

The Department for Education (DfE) has published an updated version of the statutory safeguarding and child protection guidance for schools in England, Keeping children safe in education (KCSIE). This guidance will replace KCSIE 2022 when it comes into force on 1 September 2023.



The guidance sets out what schools and colleges in England must do to safeguard and promote the welfare of children and young people under the age of 18.

Updates made in 2023 include:

- Clarification around the roles and responsibilities of education staff in relation to filtering and monitoring.
- Clarification that being absent, as well as missing, from education can be warning sign of a range of safeguarding concerns, including sexual abuse, sexual exploitation or child criminal exploitation.
- Additional information on online pre-recruitment checks for shortlisted candidates
- Information on responding to allegations related to organisations or individuals using school premises.

### Office for Health Improvement and Disparities. 'You're Welcome': Establishing youth-friendly health and care services.

This guidance published by the Office for Health Improvement and Disparities, known as 'You're Welcome', sets out prompts and self-assessment quality criteria commissioners and service providers can use to improve the experiences of young people.

The guidance sets out 8 standards and associated quality criteria for youth-friendly services that have been developed in partnership with young people. The standards are intended to improve the experiences of young people in relation to both the



quality and access to services and to reflect the changing way services are provided and influences on young people's lives.

### **Office for Health Improvement and Disparities. Healthy child programme schedule of interventions.**

The healthy child programme schedule of interventions tool brings together evidence, guidance, information and resources to describe local prevention and early intervention activities from preconception to 19 years of age, or 25 where there is a statutory entitlement. It includes information about:

- Preconception care
- Promoting child development
- Improving babies, children and young people's health outcomes
- Ensuring that families at risk are identified at the earliest opportunity.

The healthy child programme is the national prevention and early intervention public health framework. It includes screening, immunisation, health and development reviews, health improvement, wellbeing and parenting.

Local authorities, the NHS and other partners can use the tool to inform the commissioning and provision of good quality services for babies, children, young people and families.

## Criminal Justice Reports

### **HMICFRS. State of Policing. The Assessment of Policing in England and Wales 2022.**

This is His Majesty's Chief Inspector of Constabulary's first annual report to the Secretary of State under section 54(4A) of the Police Act 1996.

It contains his assessment of the effectiveness and efficiency of police forces in England and Wales, based on the inspections we carried out between 1 December 2021 and 31 March 2023.



This report draws on findings from inspections of police forces in England and Wales, to provide an overall view of the state of policing. The report examines three systematic failings in both the police service and the wider criminal justice system:

- The police aren't always focusing on the issues that matter most to the public, and charge rates are far too low.
- The police and the wider CJS aren't getting the basics right, as shown through the withdrawal from neighbourhood policing.
- Some critical elements of the police's leadership and workforce arrangements need substantial reform.

Further recommendations for policymakers are also included.

### **Ofsted and HM Inspectorate of Prisons. The quality of reading education: one year on.**

Ofsted and HM Inspectorate of Prisons (HMIP) jointly published 'Prison education: a review of reading education in prisons' in March 2022. The review included recommendations for His Majesty's Prison and Probation Service (HMPPS) and its prison governors and set out how Ofsted and HMIP would respond. Ofsted committed to looking at the quality of reading education, and support for those who are learning to read, during its inspections. The renewed focus on reading in inspections started on 1 October 2022 to give prisons time to consider and act on recommendations.

This report sets out the progress our inspectors found in relation to each of our recommendations to HMPPS and its prison governors. The report considered evidence from 24 inspections between 1 October 2022 and 31 March 2023.

Of these, 12 were judged inadequate, 10 requires improvement, and 2 good for overall effectiveness.

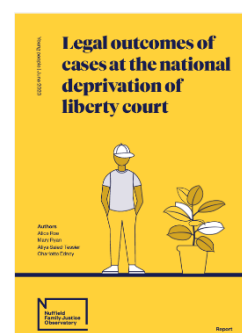
During this period of inspection, prison leaders reported staff shortages, which led to disrupted and limited regimes. Most prison leaders reported severe shortages of

prison officers. Education managers reported difficulties in recruiting qualified English teachers. This situation had a significant negative impact on the frequency and breadth of the education, skills and work prisons offered. It is in this context, of limited and weak provision across prisons, that progress in improving prisoners' reading levels must be viewed.

Prison leaders were slow to reinstate education, skills and work activities after the disruption of the pandemic. Two of the most recent inspections show signs that the quality of education is improving, but progress in improving reading remains slow.

### **Nuffield Family Justice Observatory. Legal Outcomes of cases at the national deprivation of liberty court**

In recent years, increasing concern has been raised about the relatively small but rising number of highly vulnerable children who are deprived of their liberty under the inherent jurisdiction of the high court in England and Wales.



This report highlights the main findings from an analysis of the first two months of applications to the national deprivation of liberty court, focusing on the legal orders made in these cases. It provides the first national overview of the outcome of deprivation of liberty applications, including how long children are subject to restrictions and where they are living under deprivation of liberty orders.

Key findings include:

- In the majority of the 113 cases (92.0%, 104 cases), the application for a DoL order was granted. In the other 9 cases (8.0%), the application was withdrawn at or before the first hearing. Mainly, this was because a deprivation of liberty was no longer thought necessary but, in some cases, the local authority was directed to apply to the court of protection due to the child's age, or a secure accommodation order was made to place the child in a secure children's home.<sup>3</sup>
- Most of the 104 children (68.3%, 71) subject to a DoL order were still subject to an order at 31 December 2022.
- On average, three orders were made in each case, for an average duration of around a month each – but some cases returned to court much more frequently.
- The type of restrictions on children's liberty authorised by the court were severe. Each child was subject to an average of 6 different types of restrictions, including in almost all cases constant supervision, often by multiple adults (99.0% of cases). The use of restraint was permitted in over two-thirds of cases (69.4%). Restrictions were rarely relaxed over the study period (7 cases, 9.2%).
- In over half of cases (53.8%), children were placed in at least one unregistered placement during the study period. When children were placed in unregistered

placements, there were considerable delays in providers applying for, or being granted, registration.

- A significant majority of children (over 70%) for whom the deprivation of liberty was sought primarily to manage risks related to criminal exploitation, emotional difficulties, behaviours that were a risk to others, and self-harm, were placed in at least one unregistered placement. Children subject to a DoL order primarily due to a learning and/or physical disability were the least likely to be placed in an unregistered placement (12%).
- The average distance that children were placed away from home while subject to a DoL order was 56.3 miles. This included 6 children who were placed in Scotland (at an average of 254.4 miles from the child's home area).
- In 17 cases (15.0%) a children's guardian had not been appointed for the child at first hearing. This was usually due to applications being made at very short notice.
- Children's opportunity to participate in DoL proceedings was limited. Just 10 (9.6%) children attended at least one hearing in their case, 5 (4.8%) spoke to the judge directly before the hearing, and 6 (5.8%) had written to the judge to share their views. Five (4.8%) children were separately represented (where the child separates from the guardian and instructs their own solicitor in proceedings).
- In just 12 cases (11.5%) parents and/or carers were legally represented for at least one hearing.

## Briefings

### Prison Reform Trust. Prison: the facts. Bromley Briefings.

In the Prison Reform Trust's short briefing: the facts the latest facts and figures about prisons and the people in them are presented. Drawn largely from government sources, these facts chart the extraordinary rise in prison numbers over the last twenty years, inflation in sentencing and the social and economic consequences of overuse of custody. They reveal the state of our overcrowded prisons and the state of people in them, the impact of deep budget cuts, the pace and scale of change in the justice system and the scope for community solutions to crime.



## Tools and Guidance

### Local Government Association. Supporting Children and young people in the youth justice system.

Councils are responsible for the safety and well-being of all young people in their areas. When it comes to youth justice, that responsibility means working with young



people to prevent them from coming into the youth justice system in the first place, and supporting those who do to make sure it doesn't define them, and they still have good life chances.

These case studies explore the different ways that local authorities are supporting children in the youth justice system, keep them safe and stop offending behaviours.