



CordisPulse

November 2023

Welcome to November'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.

Over the last few years we've been really enjoying working on projects funded by the Youth Endowment Fund (YEF) to develop a more robust evidence base around what works in preventing and reducing young people's involvement in offending and serious youth violence.

In the last month we were pleased to see YEF publish our Pilot Randomised Controlled Trial (RCT) report of Salford Foundation's STEER programme. STEER is a six-month mentoring, coaching, family support and case management programme that aims to reduce offending amongst at-risk young people. STEER targets 10-17 year-olds who are at risk of involvement in crime because they have an association with a peer or family member(s) involved in serious violence, organised crime, or gangs, and have demonstrated certain risk factors (such as exhibiting violent behaviour). Delivered by trained youth workers, the programme involves four weeks of initial interactions and assessment, followed by 24 weeks of weekly one-hour, face-to-face, one-to-one mentoring. Young people also receive an additional one hour of weekly casework support, and parents and carers are offered 14 hours of Family Support Work. Our report can be seen [here](#). Based on this report we are pleased to be supporting this project progress to a robust RCT efficacy trial. The protocol for this has also been published and can be seen [here](#).

We have also been working on a Randomised Controlled Trial evaluation of Future Men's Boys Development Programme (BDP) which is also funded by YEF and the Education Endowment Foundation (EEF). The rationale for an RCT evaluation of the BDP is strong. Evidence shows that young people from ethnic minority backgrounds and low-income households are disproportionately at risk of disengagement and exclusion from school in the UK.



However, there is limited evidence on what works to support these young people to remain engaged with school. In addition, while evidence suggests that social-emotional approaches may improve educational outcomes, few studies have taken an experimental evaluation approach to testing this in the UK.

This study will therefore build on this limited evidence base, and assess the extent to which targeted, social-emotional programmes for boys at risk of disengagement and exclusion improve school engagement. YEF and EEF have recently published the trial protocol for the study, which sets out our approach to the efficacy study in more detail. The protocol can be accessed [here](#).

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,

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 or 020 7330 9170.

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Cordis Bright News

Pilot randomised control trial of STEER

Cordis Bright was funded by the Youth Endowment Fund to undertake a pilot randomised control trial of STEER. Our report has recently been published and can be viewed on [our website](#).

STEER is a six-month mentoring, coaching, family support and case management programme that aims to reduce offending amongst at-risk young people. Delivered by the Salford Foundation, STEER targets 10-17 year-olds who are at risk of involvement in crime because they have an association with a peer or family member(s) involved in serious violence, organised crime, or gangs, and have demonstrated certain risk factors (such as exhibiting violent behaviour). Delivered by trained youth workers, the programme involves four weeks of initial interactions and assessment, followed by 24 weeks of weekly one-hour, face-to-face, one-to-one mentoring. Young people also receive an additional one hour of weekly casework support, and parents and carers are offered 14 hours of Family Support Work.

The key findings of our report are:

- Recruitment, randomisation, and retention processes were successfully delivered. 168 young people were referred and 73% of those eligible consented to participate. 91% of the young people who started STEER continued to engage with STEER at the time of report writing. Take-up of the family support element was lower than anticipated (10%).
- The questionnaires were effectively administered, appeared to be reliable, valid, and practical, and outcome data collection rates were high. For example, all items in the SDQ had an 89% completion rate or higher at baseline and a 95% completion rate or higher at after six months.
- STEER was delivered in line with the Theory of Change. Across the cohort, all mandatory and optional topics were covered in one-to-one sessions (as reported by STEER staff and demonstrated in monitoring data).
- The RCT design was generally acceptable to stakeholders. This was supported by the level of trust that stakeholders had in Salford Foundation, and the demand for support for the target cohort. A small number of wider stakeholders had concerns regarding randomisation.
- STEER is ready to move to an efficacy RCT. The project met each of the progression criteria and does not require significant change ahead of larger scale evaluation.

Based on the findings of our pilot RCT report YEF have funded an efficacy RCT for STEER. The full STEER efficacy study RCT protocol which we produced can be downloaded from the [YEF website](#).



This research is vitally important given the limited robust evidence in the UK (i.e., that would reach level-4 or above on the Maryland Scientific Methods Scale) about the impact that mentoring programmes similar to STEER may have on improving outcomes for young people at risk of involvement in serious youth violence and other offending behaviours.

Trial protocol for Future Men's Boys Development Programme

Cordis Bright are currently conducting an efficacy study randomised control trial (RCT) evaluation of Future Men's Boys Development Programme (BDP), funded by the Youth Endowment Fund (YEF).

The BDP is a targeted, manualised, social and emotional learning programme delivered across 12 one-to-one, 50 to 60 minute sessions. It aims to develop the social and emotional capacity and skills of boys in Years 7-11 who are at risk of exclusion and disengagement from school, to improve school engagement and reduce the likelihood of exclusion. The efficacy study is taking a two-arm parallel RCT approach, and will also include an implementation and process evaluation. The trial will consist of 480 boys aged 11 to 16 across six secondary schools in South London, and will take place across two academic years between September 2023 and July 2025.

The rationale for an RCT evaluation of the BDP is strong. Evidence shows that young people from ethnic minority backgrounds and low-income households are disproportionately at risk of disengagement and exclusion from school in the UK. However, there is limited evidence on what works to support these young people to remain engaged with school. In addition, while evidence suggests that social-emotional approaches may improve educational outcomes, few studies have taken an experimental designs approach to testing this in the UK. This study will therefore build on this limited evidence base, and assess the extent to which targeted, social-emotional programmes for boys at risk of disengagement and exclusion improve school engagement.

YEF have recently published the trial protocol for the study, which sets out our approach to the efficacy study in more detail. This has been developed in collaboration by colleagues from Cordis Bright, Future Men, and YEF. The protocol can be accessed on [our website](#), and further information is available on the [YEF website](#). For more information about the Future Men evaluation, please contact Dr Stephen Boxford at stephenboxford@cordisbright.co.uk, or Emma Andersen at emmaandersen@cordisbright.co.uk.

GLA Children in Care with Immigration Needs Programme

Cordis Bright has recently completed an evaluation of the Greater London Authority (GLA) Children in Care with Immigration Needs Programme which launched in 2020. The programme aimed to formalise and embed partnership working between local authorities and organisations specialising in children's immigration needs and to



establish internal capacity, build specialism and create new systems that better meet the needs of migrant children and young people in care to access their citizenship and settlement rights. The programme consisted of three main strands of work:

- Grant funding three local authorities (Barnet, Ealing and Islington) and children's immigration specialist organisations to implement a partnership model to identify and resolve children's immigration and citizenship needs.
- Commissioning a pan-London resource for local authorities to access training and other necessary resources to build their capacity to identify and support children and young people in care with immigration and citizenship needs.
- Regular meetings of the three pilot local authorities and their chosen children's specialist immigration advice provider, the pan-London training provider, GLA and evaluator to share progress to date and key learning.

The evaluation found that a substantial proportion of children in care and care leavers are likely to have an immigration or citizenship need. The programme resulted in improvements in identifying and responding to these needs, largely by improving local authority staff confidence and skills. It also had a positive impact on children and young people's wellbeing, and could be of financial benefit to local authorities, representing value for money in the short term as well as the potential for longer term-savings by identifying and resolving immigration and citizenships needs earlier.

The evaluation findings suggest that immigration and citizenship needs are likely to be best addressed by a programme that involves:

1. A panel to audit cases, identify needs and coordinate next steps.
2. Access to a specialist immigration provider with specific expertise in working with children and young people.
3. Time and resources so that social workers can participate in training to improve their knowledge and understanding of immigration and citizenship needs.

For more information, please contact Suzie Clements, suzieclements@cordisbright.co.uk, or Colin Horswell, colinhorswell@cordisbright.co.uk.

Adult Social Care and Health

Reports

Care Quality Commission. The state of health care and adult social care in England 2022/2023

In the last month the Care Quality Commission published their annual assessment of health care and social care in England.

The report looks at the trends, shares examples of good and outstanding care, and highlights where care needs to improve.

Some of the key findings include:

Access to care:

- The commission report that getting access to services remains a fundamental problem, particularly for people with protected equality characteristics.
- Insufficient capacity in adult social care is continuing to contribute to delays in discharging people from hospital.
- Ongoing staffing and financial pressures in residential and community services are having an impact on the quality of people's care, with some at greater risk of not receiving the care they need.

Quality of Care:

- Increasing demand and pressures on staff are taking a toll on their mental health and wellbeing. Staff told the commission how, without the appropriate support, this is affecting the quality of care they deliver.
- Innovation and improvement varies, but the use of artificial intelligence (AI) in health care has the potential to bring huge improvements for people. Given the speed of growth of AI, it is important to ensure that new innovations do not entrench existing inequalities.

Inequalities:

- Some people are more likely to face inequalities in access and experience when using health and care services. People from ethnic minority groups who have a long-term condition felt they were talked down to about their treatment and were not treated as individuals.
- They also said a lack of cultural competency was a barrier to receiving good quality care. Failures in the system and a lack of funding can mean that budgets are prioritised above truly person-centred approaches to support in supported living services.





The health and care workforce:

- Staff regularly fed back to the commission that they were overworked, exhausted and stressed – sometimes to the point of becoming ill, injured or leaving their job altogether. They say this can affect their ability to provide safe and effective care to people.
- In adult social care, some providers are struggling to pay their staff a wage in line with inflation. Over half of the respondents to a survey of adult social care providers in England said they were having challenges recruiting new staff, and 31% said they were having challenges in retaining them.

Deprivation of Liberty Safeguards

- There are ongoing problems with the current Deprivation of Liberty Safeguards system that have left many people who are in vulnerable circumstances without legal protection for extended periods. In 2022/23, the number of applications to deprive a person of their liberty increased to over 300,000, with only 19% of standard applications completed within the statutory 21-day timeframe.

Systems:

- The way health and social care works in England has changed significantly over the past year, with new integrated care systems now formalised. The commission state local systems should now implement plans to address unwarranted variations in population health and disparities in people's access, outcomes, and experience of health and social care.

Office for National Statistics. Older people living in care homes and changes over time

In October, the ONS released analysis from the 2021 census on the characteristics of the population aged 65 years and over living in a care home in 2021 including health, disability, ethnicity, and main language, and changes since 2011. Some of the main findings were:

- There were 278,946 people aged 65 years and over living in a care home in England and Wales, accounting for 82.1% of all care home residents.
- The proportion of the usual resident population aged 65 years and over living in a care home decreased from 3.2% in 2011 to 2.5% in 2021.
- Female care home residents aged 65 years and over outnumber men, with 23 female residents to every 10 male residents; this is a decrease from 2011, when there were 28 female residents to every 10 male residents.



- Since 2011, the proportion of care home residents living in homes with nursing has increased, while the proportion of those living in homes without nursing has decreased.
- In 2021, the proportions of care home residents aged 65 years and over in very good, good, or fair health were higher than in 2011, while the proportions in very bad health or bad health were lower.
- While most care home residents identified within the "White" ethnic group in 2021, the ethnic diversity of care home residents has increased slightly since 2011.

The King's Fund. Making patient experience a priority

The King's Fund has been working with the Heads of Patient Experience (HOPE) network to design and develop projects to better understand how people and communities are experiencing health and care services. The fund report that:

- Patient experience is still not prioritised within health and care systems.
- Integrated care systems need to provide clarity about where responsibility for patient experience sits.
- Insight from patient experience is still not on an equal footing with other data.

NHS Digital. Personal Social Services Adult Social Care Survey, England, 2022-2023

NHS Digital have released the findings from the Adult Social Care Survey 2022-23 (ASCS). The national survey takes place every year and is conducted by Councils with Adult Social Services Responsibilities (CASSRs).

The survey seeks the opinions of service users aged 18 and over in receipt of long-term support services funded or managed by social services and is designed to help the adult social care sector understand more about how services are affecting lives to enable choice and for informing service development. Some of the key findings include:

- 64.4% of service users were very or extremely satisfied with the care and support they received. 2.4% of service users were very or extremely dissatisfied with the care and support they received. The percentages were not statistically different to 2021-22.
- The percentage of service users that felt care and support services help them in feeling safe increased to 87.1% from 85.6% in 2021-22.
- The percentage of service users that felt they have as much social contact as they want with people they like increased to 44.4% from 40.6% in 2021-22. The percentage of service users that reported they have little social contact and feel

socially isolated decreased to 6.7% from 8.3% in 2021-22. The impact of COVID-19 should be considered when reviewing this data. The responses in 2022-23 are more in line with pre COVID-19 years.

- Over half of service users aged 85 and over (52.8%), report that they do not leave their home.
- A higher proportion of service users that feel clean and able to present themselves as they would like, also report their quality of life is either so good, it could not be better or very good, compared to service users that don't feel at all clean or presentable (44.8% compared to 8.8%).

Public Health Wales. Fair work for health, well-being and equity: Public Health Wales engagement phase

Since May 2022, the Wider Determinants of Health Unit at Public Health Wales has been engaging with agencies across Wales to support them to connect fair work and health, well-being and equity and understand what action they can take. This builds on their guide and resources for local and regional partners to increase participation in fair work to improve health, well-being and equity.



This report published in the last month found that there has been a substantial increase in the number of well-being plans produced by Public Services Boards explicitly referencing working conditions or employment, with some quoting the fair work guide.

In previous well-being plans, 37% had any objectives or actions linked to fair work and its characteristics, whereas for the plans developed during Public Health Wales' engagement on fair work, 85% now have actions related to fair work and its characteristics. This is one of a number of findings noted by Public Health Wales during its engagement phase, which involved linking with Public Service Boards as they developed their well-being plans.

Briefings

Department of Health and Social Care. Accelerating reform in adult social care in England

The Department of Health and Social Care has published a policy paper setting out the department's priorities for innovation and scaling in adult social care, including identifying, recognising and supporting unpaid carers. The paper outlines the following objectives and priorities:



Objective 1: people have choice, control and support to live independent lives

- Priority 1: community-based care models such as shared living arrangements.
- Priority 2: supporting people to have greater control over their care options, such as by using digital tools to self-direct support or communicate needs and preferences.
- Priority 3: investment in local area networks or communities to support prevention and promote wellbeing, enabling people to age well in their communities.
- Priority 4: ways to support unpaid carers to have breaks which are tailored to their needs.

Objective 2: people can access outstanding quality and tailored care and support

- Priority 5: digital tools to support workforce recruitment and retention, for example through referral schemes.
- Priority 6: develop and expand the impact of local volunteer-supported pathways for people drawing on care and support.
- Priority 7: ways to conduct effective carers' assessments with a focus on measuring outcomes and collaboration.
- Priority 8: services that reach out to, and involve, unpaid carers through the discharge process.

Objective 3: people find adult social care fair and accessible

- Priority 9: digital workforce development and market shaping tools with capability to map, strengthen and grow local workforce capacity relative to system demand.
- Priority 10: social prescribing to connect people with information, advice, activities and services in the community.
- Priority 11: ways to better identify unpaid carers in local areas.
- Priority 12: ways to encourage people to recognise themselves as carers and promote access to carer services.

Social care institute for excellence (SCIE). Innovation projects in adult social care receive £42.6 million boost

Unpaid carers and those requiring care are in line to benefit from innovative new projects backed by a £42.6 million fund announced by the Department for Health and Social Care. The Accelerating Reform Fund will focus on trialling and expanding new



approaches to providing care and support and improving services to support unpaid carers and is part of the Department's Innovation and Improvement Unit.

This fund includes SCIE's commitment to invest up to an additional £25m to support unpaid carers. It is intended to fund projects which support SCIE's 10-year vision for adult social care, which focuses on three objectives: that people have choice, control and support to live independent lives, people can receive outstanding quality and tailored care and support, and that people find adult social care fair and accessible. Local authorities are invited to register their interest in partnership with others in their integrated care systems to fund local innovation projects, which will be evaluated for potential rollout across the country.

Tools and Guidance

Local Government Association. Establishing modern slavery risk assessment and due diligence in adult social care- a commissioning officer's guide

This guide is aimed at commissioning officers and managers within local authority adult social care teams. It provides advice on how to set up effective local systems to identify and manage the risks of modern slavery in adult social care.

In its June 2023 partnership bulletin, the Gangmasters and Labour Abuse Authority (GLAA) reported a significant increase in reports of exploitation in social care, with the 23 reported cases from this sector accounting for over a quarter of all reports of modern slavery and human trafficking in the previous three months.

The guidance notes how establishing modern slavery risk assessment and due diligence procedures to detect and remediate the risk of modern slavery in adult social care requires a cross-functional, multiagency approach.

The Health Foundation. Addressing the leading risk factors for ill health- a framework for local government action

The Health Foundation report that, for us to be healthy, the building blocks of good health need to be in place in our communities – things like decent homes, good schools, and sound business practices. When these building blocks of health are weak or missing, our health can suffer.

The foundation report local authorities have continued to lead local efforts to improve health and tackle inequalities driven by risk factors such as tobacco, alcohol and unhealthy food.

This briefing aims to support local authorities in England to work across their teams and address these risk factors. It does this by setting out a framework for population-level actions, including examples of approaches taken by different councils and linking to relevant legislation.



NHS England. Joint guiding principles for integrated care systems – learning disability and autism.

The Local Government Association and the Association of Directors of Adult Social Services, who work together as Partners in Care and Health, have been working alongside NHS England to develop a set of guiding principles for integrated care systems, setting out how partners in local systems can work together to improve the lives and outcomes of people with a learning disability and autistic people, of all ages.

It is intended that these principles encourage a partnership approach, across health, local government, and wider partners, within local systems.

The guidance states that it is important that co-production with people with lived experience, including family carers, is at the centre of all their work from beginning to end for children, young people and adults who have a learning disability or who are autistic. NHS and local authority partners are encouraged to consider using a ladder of participation approach to assess the most appropriate level of involvement in their work with people who have a learning disability and autistic people.

NHS England. Integrated care system boundary changes and mergers procedure.

NHS England have outlined the factors to be considered in any proposed change to integrated care board and integrated care systems boundaries, the application process to be followed and the implementation steps should an application be approved by NHS England.

For major boundary changes or mergers, the joint outline application from the relevant ICBs should include:

- A summary of why the change is being requested and what the expected benefits will be.
- A summary description of the affected geography (identifying the number of affected lower super output areas (LSOAs) and GP practices).
- Confirmation of support in principle from the boards of the ICBs.
- A summary of engagement to date and confirmation of support in principle from the relevant local authorities i.e. those with adult social care responsibilities within the existing and proposed new ICB boundaries which are the ICB's statutory partners within the integrated care partnership (ICP).
- An outline plan for future engagement with system partners and stakeholders.



Children and Young People's Services

Reports

Department for Education. Early Years Foundation Stage (EYFS) 2021 Reforms Research report

IFF Research have conducted an evaluation of the early education reforms made to the Early Years Foundation Stage (EYFS) in 2021, on behalf of the Department for Education.

The report uses qualitative research and surveys to outline how the reforms have been integrated into practice across the sector and into the range of early years provider types.

Overall, the research findings indicate that the EYFS reforms have been well received across most of the sector, are bedding in well and addressing their intended objectives. For example:

- Most settings found implementing the reforms easy, or at least unproblematic. Where settings encountered challenges, this related mainly to a lack of time or lack of guidance.
- The majority of settings have reviewed and/or made changes to their curriculum and learning and development approach. Many settings report that they have now made this more child-focused and are appreciative of this flexibility.
- Most also made changes to their assessment practices, with the majority reporting a decrease in the time they spent on assessments. Importantly, leaders and staff considered that this has had positive effects on children, as they now have better quality interactions with staff.

In terms of future considerations for the department, while the majority of respondents did not report issues with the reformed EYFS, some leaders and staff thought the reforms should place more emphasis on children with SEND. Some also noted that the transition into Key Stage 1 can still be difficult for some children, who need more support after the EYFS. The report states that these areas could, therefore, be the focus of future policy development.

Department for Education. Early years foundation stage consultation: a survey of providers

In May 2023, the government launched a public consultation on proposed changes to the early years foundation stage. The Early Years Foundation Stage (EYFS) statutory framework sets the standards that all early years providers in England must meet to ensure that children learn and develop well and are kept healthy and safe. The aim of the proposed changes was to remove burdens and offer more flexibility for providers within the EYFS, while maintaining quality and safety standards.

This report is based on research involving 1,349 childcare providers. Key findings include:

- 27% of providers said that, if the regulations changed so that, instead of saying that early years providers “must” take reasonable steps to provide opportunities for children with English as an Additional Language (EAL) to develop and use their home language in play and learning, it said that they either “should” or “may” provide these opportunities, it was “very likely” (12%) or “fairly likely” (15%) that they would offer more places to children with EAL.
- 70% of childminders that currently employed an assistant said that, if the assistant was allowed to take on the role of “key person”, it was either “very likely” (48%) or “fairly likely” (21%) that they would give them this role. 66% of childminders thought that it was “very likely” (40%) or “fairly likely” (26%) that their assistant would want to take on the role of “key person”.
- 68% of providers said that, if staff were no longer required to have a Level 2 qualification in maths to count in the Level 3 staff:child ratios, it would be “much easier” (41%) or “a bit easier” (27%) to recruit staff that counted in the ratios.
- Providers most commonly said that space was a barrier to offering childcare places to children under the age of 3. The next most common reasons were insufficient funding rates and (for school-based and group-based providers) staff recruitment.
- Recruiting staff, lack of support from the local authority, and funding were the most commonly reported barriers to offering places to children with special educational needs and disabilities (SEND).

Barnardo's. No bank of Mum and Dad: The impact of the cost-of-living crisis on care-experienced young people

This report draws on Barnardo's experience of working with care-experienced young people to better understand the impact of the cost-of-living crisis, particularly on young people when they first leave the care system.



Their research found:

- The high initial costs to set up a home mean care-experienced young people often struggle from the moment they begin living independently.
- Rising prices are making it difficult for care-experienced young people to afford essentials.
- Care-experienced young people are resorting to high-cost credit so they can afford the essentials.



- Financial struggles are increasing many care-experienced young people's feelings of loneliness and isolation and worsening mental health.
- Care-experienced young people often receive limited financial education and experience difficulties accessing current and savings accounts.

Barnardo's. The Missing Link: Social Prescribing for Children and Young People

This report examines the current evidence around the benefits of social prescribing for children and young people and brings it together with new research from Barnardo's services.

Barnardo's argue that social prescribing improves children and young people's mental health and wellbeing and is cost effective. They are calling for a national strategy to ensure all children and young people have access to social prescribing, and to the community activities that support them.

Based on current evidence and research from their social prescribing services Barnardo's recommend a cross Government national strategy for children and young people's social prescribing, working with stakeholders to take a strategic approach that includes:

- Reforming social prescribing funding to include training and professional development for Link Workers, to cover management costs, and to support additional service costs not included in current models, including transport, premises and the additional support that Link Workers provide for children and young people.
- Working with stakeholders to develop referral criteria so that referrers in health, school and the wider community understand the role social prescribing can play in improving outcomes for children and young people.
- Development of outcome measures for children and young people that demonstrate the health, wellbeing, education and societal benefits of social prescribing as an example of personalised care.
- Support for Integrated Care Systems to provide funding for voluntary, faith and community organisations providing youth services that children and young people can be referred to as part of a social prescription.
- A focus on 'green' and 'blue' social prescribing (where people connect with nature spaces like parks or waterways) as a key component of social prescribing and improving children and young people's mental health outcomes.



Action for Children. School refusal: Insights from Parent Talk 2022-23

This report investigates what parents and carers are struggling with in relation to school refusal and anxiety – now the most common issue requested in Parent Talk support. Parent Talk is a free online service which provides advice, support, and reassurance for parents and carers of children aged 0-19, or up to 25 if a child has a special educational need or disability. Parents and carers can access one-to-one support from a parenting coach – a trained family support worker – as well as advice and guidance articles across a range of common parenting challenges. Last year the service supported over 500,000 families across the UK.

Between April 2022 and March 2023, an advice article on school refusal was used more than 50,000 times. Using anonymised data from one-to-one conversations where parents raised the issue of school refusal, Action for Children took a deeper look into what they are struggling with. Three key findings were reported:

- **Parents don't know where to turn-** The most common challenge raised by parents whose children are refusing to go to school, or struggling with school anxiety, is that they don't know where to turn for help. That can be because their child's school is struggling to offer the support they think their child needs, or because they simply aren't being offered any support at all.
- **Parents struggle to access specialist support for their children-** Where families are struggling with school refusal it is often related to challenges accessing specialist support. That can be mental health services, support for special educational needs, or early help services.
- **Learning from home can help and hinder school attendance-** Many parents struggling with school refusal mentioned the impact of home learning during the pandemic. For some parents home learning was a lifeline, enabling their child to stay in touch with their schooling to some degree. For others, the option of learning from home had solidified their child's reluctance to attend school.

Action for Children. A cost of children crisis?

New Action for Children analysis shows that by almost every financial measure families with children are among the hardest hit by the cost-of-living crisis. Some of the key findings include:

- Families with children are three times more likely to have fallen behind on bills and debt repayments and are six times more likely to have had to turn to unlicensed or informal lenders.
- They are also twice as likely to be behind on rent or mortgage payments and to have gone without food or missed multiple meals.
- Families with children are around 50% more likely to report that their mental health and their sleep has suffered due to their financial worries.

- Single parents are particularly struggling to meet their basic needs. They're markedly more likely to be behind on household bills, to be going without food, to report problems with their housing and ability to pay their debts.

Women's Aid. Influencers and attitudes: How will the next generation understand domestic abuse?

National domestic abuse charity Women's Aid has published a report into what influences children and young people's attitudes towards domestic abuse, arguing a direct link between the viewing of harmful misogynist content online and the normalisation of unhealthy behaviours in relationships.



The research explores children and young people's understanding of gender roles, relationships and sex, with the goal of informing Relationships, Sex and Health Education (RSHE) in schools. The research shows a link between misogynistic online content and unhealthy views on relationships. For example, those who have viewed such content, including from influencers like Andrew Tate, are five times more likely to view hurting someone physically as acceptable if you say sorry afterwards. The report also finds that behaviours indicative of controlling behaviour, including 'love bombing', stalking and the giving of unwanted gifts, are normalised by those who have been exposed to harmful content online.

The research also explores children and young people's views on the current RSHE curriculum and identifies some significant gaps. For example, while the biological aspect of sex education has been covered extensively, with 75% of those surveyed saying that they learnt about it in secondary school, education around domestic abuse, healthy relationships and controlling behaviours was found to be lacking, with a third of those surveyed saying that they recalled no education about these topics covered at school. Additionally, the report found that girls had a significantly better understanding of healthy relationships, controlling behaviour and asking permission than boys, suggesting that the curriculum needs to go further to engage boys.

The charity argue the findings in relation to the existing RSHE curriculum are especially worrying, when viewed in conjunction with a concerning gap in awareness when it comes to getting support for domestic abuse experienced at home or in relationships. While 70% of children and young people said they would seek support if they needed it, 61% of them were unsure about what support would be available to them, or where to seek it.



Criminal Justice

Briefings

UK Research and Innovation. ESRC invests £13 million in six ambitious and novel projects.

The Economic and Social Research Council (ESRC) have invested £12.1 million into six new research projects with the aim of addressing a range of pressing regional, national and international issues whilst generating real impacts that will benefit communities.

One of these projects will explore how the UK's health and justice systems could be improved to reduce the harm, stigma and inequality experienced by minority groups.

This grant will evaluate health and care inequalities experienced by marginalised and minoritised communities within the criminal justice system in England and Wales. The team will explore how health and justice systems could be improved to reduce the harm, stigma and inequality experienced by these communities by bringing together a health and justice research consortium.

The evidence generated by this project will be co-developed with and for policymakers, practitioners and the public. The team is led by Newcastle University, with expertise from Durham University, the University of Manchester and Northumbria University.

Howard League for Penal Reform. What's wrong with remanding young adults to prison

This briefing, aimed at practitioners and policymakers, was produced as part of a Howard League project, supported by the Barrow Cadbury Trust, to better understand the experiences of remanded young adults. Some of the key points include:

- Young adults aged 18-25 are overrepresented in the prison population in England and Wales, and in particular in the remand population where they make up 20% of the population compared to around in the general population.
- The need for a distinct approach for young adults has been recognised in some parts of the criminal justice system. However, the focus tends to be on convicted young adults who are being or have been sentenced. The briefing argues more attention must be paid to young adults who are awaiting trial or sentencing.
- The briefing states young adults should not be remanded without a court report which considers the impact on them of being remanded. It also argues that if a young adult is to be remanded, sufficient time should be given to explaining remand decisions in court and young adults should be provided with a copy of the reasons for remand in writing. Data on the reasons for remand decisions should be published and disaggregated by age, ethnicity, religion and gender.

