



# CordisPulse

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## June 2024

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

This month we were pleased to see the Foundations' [Researching Effective Approaches for Children \(REACH\) plan](#). This plan sets out an ambitious five-year plan to identify proven approaches to preventing domestic abuse and supporting child victims through robust impact evaluation.

Our own research for the [Home Office on Domestic Abuse Perpetrator Programmes \(DAPPs\)](#) clearly sets out the need for robust impact evaluation and illustrates the need for the approach set out in the Foundations' approach.

The approach will include several stages including: (1) finding the best bets for interventions that may work; (2) laying the groundwork for evaluation; (3) initial testing of programmes, and (4) full impact evaluation. The programme requires £50 million of investment over five years which Foundations hope will come as part of the next government comprehensive spending review in 2025. This will be a needed investment to contribute to knowledge about how best to reduce domestic abuse and improve outcomes for children and families affected by it.

The Foundations approach aligns well with work we are currently being funded by the Youth Endowment Fund (YEF) to undertake on Solace Women's Aid Emotion Coaching Programme. This is a parenting programme of 12 workshops originally developed for use in the United States to support non-abusive mothers and children aged 6-14 who had been exposed to domestic violence and abuse. The programme aims to foster emotion regulation in both the mother and child(ren), minimise harsh parenting and encourage a stronger emotional connection between parent and child in intimate partner violence (IPV) relationship exposure.

We have supported Solace Women's Aid to adapt the programme for delivery in their refuges and are now undertaking a feasibility study to understand what adapting and implementing the programme for delivery in U.K. domestic abuse



refuge settings has involved. We were pleased to see the study protocol published by YEF this month. It can be viewed [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](mailto:stephenboxford@cordisbright.co.uk).

Best wishes,

Dr Stephen Boxford  
Director and 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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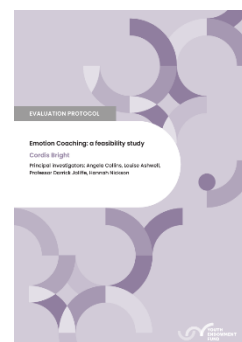
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## Cordis Bright News

### Youth Endowment Fund. Feasibility study protocol for Solace Women's Aid Emotion Coaching programme

We are currently working on a feasibility study evaluation of the YEF funded Emotion Coaching programme. The Emotion Coaching programme is a parenting programme for non-abusive mothers and children aged 6-14 who have been exposed to domestic violence and abuse (DVA). It is delivered across 12 weekly group skills-based sessions. The programme aims to foster emotion regulation in both the mother and child(ren), minimise harsh parenting and encourage a stronger emotional connection between parent and child in intimate partner violence (IPV) relationship exposure.



The programme was originally developed by Dr Lynn Katz at the University of Washington and has been adapted by Solace Women's Aid with assistance from Cordis Bright and YEF for delivery in the UK in domestic abuse refuge settings.

YEF have recently published the feasibility study protocol which sets out how the feasibility study will be delivered. This has been delivered through a co-production approach between Cordis Bright, Solace Women's Aid and YEF. The protocol can be downloaded on our website [here](#) and further information is available on the YEF [website](#).

### Department for Levelling Up, Housing and Communities (DLUHC). Changing Futures second interim report

The Department for Levelling Up, Housing and Communities (DLUHC) has published the second interim report on the evaluation of its Changing Futures programme. The Changing Futures programme is a £77 million initiative between the UK Government and The National Lottery Community Fund. It seeks to test innovative approaches to improving outcomes for people experiencing multiple disadvantage - including homelessness, drug and alcohol problems, mental ill health, domestic abuse, and contact with the criminal justice system. The programme is running in 15 areas, between them covering 34 top-tier council areas, across England from 2021 to 2025.



Cordis Bright is part of a consortium of organisations, including CFE Research, Revolving Doors, and the Sheffield Centre for Health and Related Research (SCHARR) at The University of Sheffield, appointed by DLUHC to undertake an independent evaluation of the Changing Futures programme. We are leading on the qualitative elements of the evaluation.

This report presents progress to date for people who have engaged with the programme, and looks at the work Changing Futures areas are doing to change systems in relation to the commissioning of services and support for people experiencing multiple disadvantage. Qualitative and quantitative data provide early



indications of positive outcomes in relation to participant health, safety, wellbeing, housing, and social connectedness. Participants report positive effects from feeling that they have someone they trust and who supports them. As a result, they feel more confident and hopeful. Changing Futures has provided impetus and resource to raise awareness of the programme and multiple disadvantage more generally, laying the foundations for better commissioning. There is a significant focus on lived experience involvement in commissioning, with people being involved in different stages of the process. Stakeholders agreed that enhancing lived experience involvement in commissioning has been one of Changing Futures' biggest impacts so far.

### **Pulse Special: Mental Health Awareness**

We released a special edition of the CordisPulse, produced to mark our observance of Mental Health Awareness Week, which took place from 13th May 2024. This is an annual event that aims to raise awareness and understanding of mental health issues and reduce stigma. This year the theme is: Movement – moving for our mental health.

Approximately one in six adults in the UK report symptoms of common mental health conditions such as anxiety, depression, panic disorder, phobia, and obsessive-compulsive disorder. Evidence also suggests that the prevalence of these mental health conditions is increasing, making it more important than ever to identify and promote ways in which we can maintain mental wellbeing. In line with the theme for the year, we have highlighted publications which focus on physical activity, particularly in relation to mental wellbeing.

To compile the resources highlighted in this edition, we conducted a rapid review across academic, government, and sports-related platforms, identifying key reports, tools, guidelines, and reviews from the last four years. These resources indicate that while keeping active is an important part of maintaining mental wellbeing, there is a mixed picture on how active the population is, indicating there are still barriers that need to be addressed to support people to keep moving and exercise regularly. There is a continued need to encourage and support people to be active, and for sport to become more inclusive and accessible to a wider variety of people.

This may be of particular interest to those designing mental wellbeing interventions which could incorporate movement and sport.



## **Adult Social Care and Health**

### **Reports**

#### **Department of Health and Social Care. Making prevention everyone's business.**

This independent report sets out the recommendations of Professor John Deanfield, CBE, for a more ambitious prevention service, undertaken in his role as the inaugural Government Champion for Personalised Prevention between March 2023 and March 2024.

Professor Deanfield presents digital technologies as the key to delivering personalised prevention at scale and recommends that the government commit to the creation of a 'digital-first National Prevention Service', delivered through a new 'one-stop shop' digital health and wellness portal accessed through the NHS App.

Alongside the new digital service, Professor Deanfield recommends:

- Moving prevention services, such as blood pressure checking, out of traditional healthcare settings and into the places people live, work and socialise, to normalise prevention as part of everyday life.
- Creating an environment in which the testing and adoption of medical innovations for prevention is encouraged and enabled, meaning everyone can benefit from the latest innovations.

#### **Ofsted and Care Quality Commission. Start for Life services: thematic review.**

Ofsted and the Care Quality Commission have undertaken a joint thematic review of Start for Life services. The Family Hubs and Start for Life programme is designed to help meet the commitments that the government set out in 'The best start for life: a vision for the 1,001 critical days', published in March 2021.

The programme is intended to improve outcomes for babies, children, parents and carers in 75 local authorities and is jointly led by the Department for Education (DfE) and Department of Health and Social Care (DHSC). The programme has helped to create a network of family hubs. It aims to join up and improve the services provided through transformed family hubs in local authority areas to ensure all parents and carers can get the support they need when they need it.

This thematic review included 6 local areas that are participating in the Family Hubs and Start for Life programme, and that had already established family hubs networks. These included Northumberland, Sunderland, County Durham, Hull, Torbay and Isle of Wight.

The review focused on the experiences of families from a child's conception to age 2. It was designed to evaluate families' experiences of local services, and to look at whether these services were joined up effectively. The review also aimed to identify

ways in which families could be further supported to give their babies the best start in life.

Ofsted and the Care Quality Commission recommend:

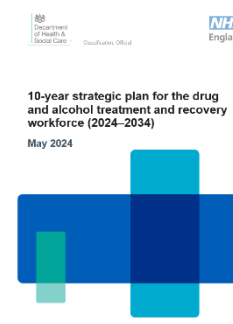
- The Start for Life programme be made available and promoted to all families nationally to remove any stigma associated with accessing services and to ensure that all babies get the best start in life.
- The government commit to a minimum level of long-term funding for this programme nationally. This would allow local areas to establish services and help to build parents' trust in Start for Life provision. It would also allow time to gather evidence and ensure that properly trained staff are retained.
- Central and local government establish a common set of national outcomes. Process and outcome measures should be considered and devised centrally, with space for local areas to develop additional criteria to meet local need.
- Central government review funding-linked reporting requirements, to reduce the administrative burden on local authorities.
- Central government support local areas in developing joint recording systems to improve information-sharing across their partnerships.
- Central government support the sector to ensure there are enough qualified, experienced health professionals working alongside Start for Life staff when they provide health advice.

### **NHS England. 10-year strategic plan for the drug and alcohol treatment and recovery workforce (2024 -2034).**

In response to Dame Carol Black's [independent review of drugs](#), the government committed to developing a comprehensive workforce strategy and invested an additional £532 million between 2022 and 2025 to improve the capacity and quality of drug and alcohol treatment. This additional funding is supporting the expansion of the workforce by the end of 2024/25 with:

- 800 more medical, mental health and other regulated professionals
- 950 additional drug and alcohol and criminal justice workers
- Additional commissioning and co-ordinator capacity in every local authority

This strategic plan for the drug and alcohol treatment and recovery workforce outlines government commitments for and the actions required by all in the next year underpinned by a £257m investment. It sets out the path in the next 3 years, 5 years and 10 years to achieve this vision by 2034. It has been developed by the Office for



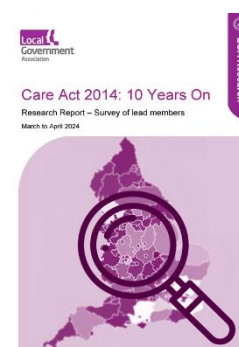
Health and Improvement Disparities and NHS England through extensive sector engagement.

The key elements of the plan are to:

- Provide clarity on the roles required to deliver effective drug and alcohol treatment and recovery services through the development and implementation of the capability framework.
- Develop training programmes in line with the capability framework and standardise and accredit training for drug and alcohol workers.
- Increase the professional mix in the sector, attracting and retaining more medics, nurses, psychologists, social workers and pharmacists.
- Significantly improve the quality and coverage of clinical supervision and enhance clinical governance systems.
- Develop the pipeline for regulated professionals entering the system.

### **Local Government Association. Care Act 2014: 10 Years On.**

In March and April 2024, the LGA sent an online survey to lead members for adult social care at English single-tier and county councils, to gather their insights on the impact of the 2014 Care Act a decade after receiving royal assent, and to provide their thoughts on the current status of the adult social care sector. A total of 49 responded – a response rate of 32 per cent.

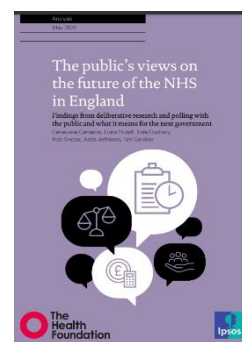


Key findings include:

- Three in ten respondents were not very confident or not at all confident that their council would meet all of its statutory duties in the 2025/26 financial year
- Over seven in ten said that their council frequently spent less money on other council services, in order to protect adult social care spending, over the last 10 years
- Workforce recruitment and retention was the issue facing the sector that was most frequently ranked among its biggest challenges, ranked by 77 per cent of respondents
- Eight in ten said that the 2014 Care Act's legislation is fit for purpose for the adult social care sector
- A large majority (86 per cent) thought that it is very important or fairly important to implement the delayed charging reforms laid out in the Care Act
- All respondents (100 per cent) agreed that not enough emphasis is placed on preventing or reducing sickness before it occurs

## The Health Foundation. The Public's views on the future of the NHS in England.

This report from the Health Foundation summarises the findings from deliberative research with the public in England, alongside the findings from public polling, both conducted by Ipsos in Autumn 2023. It identifies implications for the government that will shape the policy agenda for the NHS in England after the upcoming election.



Key findings include:

- The public is dissatisfied with how the NHS is currently working and is concerned about its future but maintains a deep appreciation for the health service and strong attachment to its founding principles. A wide range of factors is understood to be causing strain on the NHS and supporting the workforce is a top priority for the public.
- On balance, the public wants primary and community care to be a higher priority for NHS resources than hospital services. While participants in the deliberative research would not accept a decline in access to hospital care for those who need it, there was support for a steady rebalancing of funding over time.
- Participants in the deliberative research mostly supported improving NHS service levels, which they said they would be willing to pay additional taxes to achieve, even when confronted with the illustrative financial consequences for people like them.
- If taxes are to increase, participants wanted the extra revenue to be raised from a combination of taxes – though an additional tax earmarked for the NHS and increasing VAT were generally preferred over raising income tax. Concerns around the cost of living led participants to want assurance that any additional funding would be used effectively and for the burden to be shared across society, including with business and employers.
- Support for the NHS's founding principles remains solid. Despite high-profile calls to introduce additional patient charges or move to a system of social health insurance, participants overwhelmingly preferred keeping the current NHS funding model over these alternatives.
- Confidence amongst participants in the government's policies for the NHS is low. The deliberative research suggests giving the NHS more independence from politics, taking a longer-term perspective in policy decisions and building in more independent scrutiny and public engagement could help.





## **NHS England. Summary of South East Region virtual wards evaluation.**

Virtual ward services allow patients of all ages to safely and conveniently receive acute-level care at their usual place of residence, including care homes. These services aim to improve patient experience and outcomes, and narrow the gap between demand and capacity for hospital beds, by either preventing avoidable attendances and admissions, or reducing length of stay through early discharge.

This independent evaluation from PPL was commissioned by NHS England South East region and is an effort to fill the critical large-scale evidence gap on virtual wards, offering actionable insights for healthcare providers, policymakers, and researchers. The evaluation analysed a total of 29 virtual ward pathways in the South East, which equated to 49% of their overall capacity at the time of analysis.

Key findings include:

- Virtual Wards in South-East England are associated with a positive impact on non-elective (NEL) hospital activity – on average 1 NEL admission ‘avoided’ was shown to be correlated with 2.5 virtual ward admissions, with some more mature virtual wards achieving a 1:1 association between the ‘avoided’ non-elective admissions and virtual ward activity.
- There is evidence of positive net financial benefits associated with the regional virtual wards provision – the majority of virtual wards analysed generated an estimated positive net benefit.
- Black and minority ethnic people are consistently underrepresented in virtual ward patient cohorts. However, there are significant gaps in ethnicity data recorded in patient level data. Respondents have identified several ways the system can better support these groups access virtual.
- The impact evidenced in this evaluation varies greatly between geographies and pathways.
- It is clear that the longer they run, the more likely virtual wards are to show impact – this is through a combination of higher volumes going through the wards, costs per admission typically falling over time, and the benefit per admission increasing.
- The evaluation has identified a clear set of enablers (including having sufficient funding, experienced staff, collaborative working, and strong clinical leadership) and barriers (inadequate resourcing, fragmented leadership, mis-aligned digital strategies) to effective virtual ward working.

## The King's Fund. Commissioning Community Champions. Lessons from the pandemic.

This research was commissioned by the Department for Health and Social Care and the Office for Health Inequalities and Disparities to explore the development of community champions programmes during the pandemic.



Community champions are typically members of the community who volunteer to promote health and wellbeing or improve conditions in their local community. During the Covid-19 pandemic, there was a huge augmentation and expansion of community champions programmes in England, enabled by the availability of national funding. This provided an opportunity to capture learning on how community champions can support communities, what supports the commissioning of community champions, and what might contribute to their impact and sustainability.

Key findings included:

- There were a number of ways in which community champions programmes could add value at a local level:
  - Supporting engagement with communities to share information, collect insight and support collaboration
  - Building trust with and between communities, public health and wider stakeholders
  - Increasing the capacity and capability to engage with and support public health within the community.
- Community champions programmes were often focused on supporting specific communities that were disproportionately affected by the pandemic. Local authority commissioners reported that community champions had been particularly valuable in being able to engage with these communities as they were frequently groups who were not well reached by existing public health approaches and whose views were often poorly captured in the data gathered through statutory engagement processes.
- There is no one model for community champions. The research identified different approaches to commissioning and delivering community champions programmes, which influence the recruitment of champions, how they are organised and supported, and what they do.
- Key strengths of community champions approaches are their flexibility and adaptability. During and after the initial response to Covid-19, community champions programmes continued to evolve, changing aims to address emerging needs, targeting new populations, and building relationships with new partners and networks.
- The sustainability of community champions programmes is influenced by champions receiving appropriate recognition for their role, investment in their

development, and identifying appropriate funding and resourcing. The ability to measure impact is also a key challenge to sustainability.

### **Partners in Care and Health. Adult Mental Health and Social care: Report from the findings of the 2023 insight survey.**



Partners in Care and Health, a collaboration between the Local Government Association and Directors of Adult Social Services, undertook an insight survey to find out about current practices and help inform future support offered in mental health social care.

Directors of adult social services in each council were contacted. A total of 71 completed surveys were received, giving a response rate of 46 per cent.

This report conveys the findings from the survey which cover three main aspects. Engagement in the Community Mental Health Transformation Programme, assessment and care planning - moving on from the Care Programme Approach (CPA) and arrangements for the commissioning and delivery of adult mental health services.

Key findings include:

- Sixty-two per cent of councils said that they feel involved in Community Mental Health Transformation Programme as a leader or valued partner.
- Seventy-three per cent of respondents said that the Community Mental Health Transformation Programme is having a positive impact on local mental health services.
- Over 50 per cent of respondents said that at this point in time, with specific reference to mental health social work, the Community Mental Health Transformation Programme has not had a positive impact on how community mental health services are working locally.
- Thirty per cent of respondents said that they had received new funding from the Mental Health Investment Standard or from the transformation monies as part of the Community Mental Health Transformation Programme. This had led to some improvements in additional staff numbers and additional funding to commission new services from VCSEs.
- Twenty per cent of councils confirmed that they have a new and agreed approach to care planning and assessment (CPA), but 59 per cent of councils said that they did not have an agreed approach and 21 per cent did not know.
- Joint commissioning arrangements with the NHS included joint commissioning posts (42 per cent), the use of pooled budgets through a Section 75 agreement (35 per cent), co-production boards (34 per cent) and alliance contracting (18 per cent).

## UK Health Security Agency. Health equity impacts of climate change - A rapid mapping review.



The purpose of this rapid mapping review was to identify and categorise primary studies reporting on the health impacts of climate change on UK population groups experiencing social vulnerabilities (people experiencing the greatest deprivation, ethnic minority groups, inclusion health groups, and protected characteristics groups related to gender reassignment, to sexual orientation, and to religion or belief). Related settings such as prisons, asylum seeker accommodation settings or temporary housing accommodation were also considered.

For this review, climate change related exposures were grouped into climate change related hazards (such as extreme heat or flooding), climate change related health risks (such as vectorborne diseases or changes to air quality), and climate change related solutions (such as mitigation or adaptation interventions).

The review includes 24 studies which were mapped onto an interactive evidence gap map (available at [Evidence gap map: health equity impacts of climate change](#)) by population group and climate change exposure pathway. Key findings include

- Of the 24 studies, one was a prospective cohort study (quality criteria checklist (QCC) rating medium quality), 12 were time series (QCC rating: 4 high, 6 medium and 2 low quality), 4 case crossover (QCC rating: 2 high and 2 medium quality), 3 retrospective (QCC rating: one medium and 2 low quality), one cross-sectional (QCC rating: low quality), one before-after study (QCC rating: low quality), and 2 modelling studies (no quality rating assigned).
- Eighteen of the 24 studies identified investigated the health equity impacts of climate change related hazards (increase in ambient temperature, extreme cold, extreme heat, and heavy rainfall and flooding). No studies were identified for drought or other extreme weather events.
- Only one of the 24 studies identified investigated the health equity impacts of climate change related health risks, which reported on wildfire-related air pollution. No studies were identified for changes to vector ecology, changes to food supply and safety, changes to water supply and safety, or environmental degradation.
- Five of the 24 studies identified reported on the health equity impacts of solutions and responses to address climate change (four on climate change mitigation and one on climate change adaptation policy and interventions). No evidence was identified for community resilience, or disaster risk reduction, response and recovery.
- In terms of population groups, most studies (20 out of 24) reported on people experiencing the greatest deprivation. However, 18 of these used an area level measure of deprivation (rather than an individual level measure). Therefore, it is

unclear whether the findings of these studies can be generalised to individuals within these areas.

- Limited evidence was identified for other population groups experiencing social vulnerabilities: 2 studies each on ethnic minority groups and people experiencing homelessness, and one study for people with drug and or alcohol dependence. No studies were identified for people from protected characteristics groups related to gender reassignment or sexual orientation and to religion or belief, people in contact with the criminal justice system, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers and victims of modern slavery.
- Further research is needed to address the evidence gaps identified in this mapping review, both in terms of population groups experiencing social vulnerabilities and associated settings, and climate change related exposure pathways.

## **Briefings**

### **NHS England. Research demand signalling: mental health nursing.**

NHS England have published this demand signalling brief to identify, prioritise, and articulate the research priorities needed to facilitate delivery against the ambitions of the NHS Long Term Plan.

The scope of this briefing is to determine evidence gaps and detailed research questions aligned with the scope of practice of mental health nursing in England (children, young people and adults) for people in their own homes, residential homes and facilities or in hospital.

19 priority research questions were identified across three topics areas including health equity, prevention and population health, person-centred practice and workforce, people and culture. The highest ranked question for each of the priority areas was:

- What mental health nurse-delivered health promotion interventions can best improve the long-term physical health conditions of people with mental illness? (health equity, prevention and population health priority area)
- How the NHS enable service users, families and caregivers to co-design safety plans and do these sorts of plans reduce incidents and aid recovery? (person-centred practice priority area)
- What types of interventions offered by mental health nurses (including those in advanced practice roles) are associated with improved clinical outcomes, patient-reported outcomes and experiences and service outcomes? (workforce, people and culture priority area)



## **The Health Foundation. How would clinicians use time freed up by technology?**

The idea that technology can free up 'time to care' for NHS staff, allowing the health service to increase volumes of clinical activity, has become a major focus of health policy, informing the NHS Long Term Workforce Plan and the NHS productivity plan announced in the 2024 Spring Budget.

This analysis from the Health Foundation explores how freed-up time might be used, drawing on a survey of clinical staff, expert interviews and a rapid evidence review. Key findings from the analysis include:

- If potentially time-saving technologies are to generate productivity benefits, then the time freed up has to be used effectively. This is often assumed but by no means guaranteed. The evidence review estimated that less than 1% of the literature on the impact of technology on staff time in health care actually considers how freed-up time is repurposed. Given this significant evidence gap, more research is needed.
- Caution is required against the assumption that time freed up by technology will automatically translate into the equivalent amount of time being used for patient care. When asked, survey respondents allocated only 27% of freed up time to patient care or direct clinical activity. It is important that policymakers, system leaders and those involved in workforce planning use realistic assumptions when it comes to modelling how freed-up time may be used.
- Survey respondents and expert interviewees suggested that, in addition to potentially increasing care volumes, freed-up time could be used in a range of ways, from enhancing the quality of patient consultations to having more time to think and undertake wider professional activities like training, research and quality improvement. These activities can also benefit productivity – for example, through boosting care quality, enhancing knowledge and skills, streamlining service delivery and supporting staff wellbeing and retention. A broad view of how freed-up time can contribute to improved NHS productivity is therefore crucial.
- There is an important opportunity here for NHS leaders and employers to create a compelling 'offer' for staff, that would not only benefit productivity but make a crucial contribution to improving job quality.

## **Tools and Guidance**

### **Department of Health and Social Care. International recruitment fund for the adult social care sector 2024 to 2025: guidance for local authorities.**

This guidance is for regional and sub regional partnerships to support international recruitment and develop solutions to prevent and respond to exploitative employment practices in their areas. £16 million is available to regional partnerships over 2024 to 2025.



Launched in response to an increase in reports of unethical employment practices in the sector, the funding over the 2024 to 2025 financial year will focus on regional and sub regional partnerships carrying out activities to prevent and respond to exploitative employment practices in their areas. The funding will also focus on supporting partnerships to provide continuity of care.

Further information on the conditions, examples of how to use the funding, process and key timings are also available.

### **Office for Health Improvement and Disparities. Addressing health inequalities across allied health professional (AHP) services: a guide for AHP system leaders.**

This guide has been developed for allied health professional (AHP) system leaders working across regions, integrated care systems (ICSs), local authorities and provider organisations. The guide focuses on what AHP leaders need to know, and what actions they can take at a system level to address health inequalities. The guide emphasises using a population health approach and leading change at scale, focusing on the breadth of AHP services rather than individual services or professional groups.

AHP leaders can use the guide as a practical tool to:

- create an environment where addressing health inequalities is routinely incorporated into all aspects of service delivery
- move from a reliance on individual actions and behaviours, to a collective effort

This guide complements the King's Fund document, [My role in tackling health inequalities: a framework for allied health professionals](#), by building on the leadership and systems aspects of the framework. While the King's Fund report touches on systems leadership, this guide provides more detail and practical examples of what AHP system leaders can do.

There are 2 sections to this guide:

- Part 1: a 4-step approach to addressing health inequalities: this section supports AHP leaders to take a gradual approach to explore health inequalities in their local area and co-produce innovative interventions. It provides a method to systematically understand and respond to the needs of the population
- Part 2: change ideas: this section outlines 8 strategic change areas to help leaders reduce health inequalities across the breadth of AHP services. This section has been created following conversations with ICS, provider and Regional Chief AHPs to support AHP system leaders to ensure that consideration of health inequalities is embedded into the work they are already doing

### **Partners in Social Care. A practical resource to help principal social workers prepare for Care Quality Assessment.**

This resource from the Local Government Association has been developed in response to demand from the sector to provide support to help Principal Social Workers (PSWs) prepare for the Care Quality Commission local authority assessment process. It forms part of further support which also includes a webinar [on the role of Principal Social Worker in CQC Assessment](#) and a publication [Learning from the Care Quality Commission pilots for Principal Social Workers](#).

The resource has been developed in response to conversations with, and feedback from PSWs, chairs of national and regional PSW networks and the Association of Directors of Adult Social Services regional leads. It has also been informed by learning from the pilot sites, and tools and techniques from the worlds of coaching and learning and development.

The aim of the resource is help PSWs prepare for their conversation by:

- Outlining the approach that the CQC takes to determine its lines of enquiry.
- Providing some guidance notes to help PSW think through how they may want to shape the focus of their conversation with the CQC based on their own specific role and remit
- Providing a framework with reflective worksheets for PSWs to structure their thinking around the areas they want to cover in their conversation with the CQC.

### **Local Government Association. What good looks like: Values-based recruitment in adult social care.**

Evidence shows that values-based recruitment (VBR) can improve the recruitment and retention of people who perform better and are more satisfied in their care roles. Many councils are already implementing VBR, working collaboratively with system partners and employers, and engaging their staff and people who receive care in the process. This guide showcases good practice, success factors and evidence of what works in council-led VBR campaigns in different local contexts, to support sector-led improvement. It provides practical insights and advice for organisations wishing to adopt VBR, and a framework to help capture the impact of VBR campaigns.

### **Department for Health and Social Care. Prevent duty: guidance for healthcare professional.**

Prevent is part of the government's counter-terrorism strategy (CONTEST) and aims to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism. It works to ensure that people who are susceptible to radicalisation are offered appropriate interventions, and communities are protected against radicalising influences.







Healthcare professionals have a key role in Prevent because frontline workers often meet and treat people who may be susceptible to radicalisation. This guidance provides information on:

- What the Prevent duty means for healthcare professionals
- Accessing Prevent duty training
- How to spot signs of radicalisation
- How to raise and progress a concern
- Further interventions that healthcare professionals may be involved in

## Children and Young People's Services

### Reports

#### Foundations. Research Effective Approaches for Children (REACH) Plan.

The Research Effective Approaches for Children (REACH) plan from Foundations sets out an ambitious five-year plan to identify proven approaches to preventing domestic abuse and supporting child victims through robust impact evaluation. The plan is underpinned by four principles:



- Foundations will work alongside services to prepare for impact evaluation and will not evaluate services before they are ready.
- Rigorous impact evaluation is the only way to prove that something works to improve outcomes for children.
- Foundations will have the most impact if they test approaches across the spectrum, from prevention through to helping children recover.
- It is crucial to ensure that victims and survivors are fully engaged in REACH.

The REACH plan is focused on the end goal of finding results from robust impact evaluation and sets out the four stages to get them there:

- **Stage 1: Finding the best bets.** Estimated number of programmes: 80. Foundations are casting the net wide and undertaking a comprehensive review of what is being delivered in England, drawing on the extensive mapping work being led by the Domestic Abuse Commissioner. Their plan is to identify at least 80 programmes that have a promising delivery model and the potential to work with Foundations to progress towards impact evaluation.
- **Stage 2: Laying the groundwork for evaluation.** Estimated number of programmes: 50. Cost: £15 million. Foundations will take around half of the services identified in stage one through to stage two, funding them and working with them to support delivery and lay the foundations for robust evaluation. This will involve intensive work with service providers, evaluation experts, and families to develop strong, science-based theories of change that describe how the service will lead to positive outcomes for the child and/or family.
- **Stage 3: Initial testing.** Estimated number of programmes: 30. Cost: £30 million. Once Foundations are confident that the delivery model is strong and that evaluation is possible, they will run an initial impact evaluation. The 30 programmes chosen will first undertake a small pilot study to make sure that the service and evaluation design can be implemented well, that participants can be recruited, and that data collection is feasible. Once this has been shown, the pilot study will be expanded to an efficacy study.

- Stage 4: Full impact evaluation: Estimated number of programmes: 20. Cost: £30 million. This will involve testing the programme with a large-scale impact evaluation. If the chosen programme is delivered well and the evaluation concludes that it works, then Foundations can have confidence that it is likely to work in other places. These are the services that they would recommend for wider delivery. Of the programmes taken through to full-scale impact evaluation stage, Foundations believe that between three and five of these will find a positive effect.

Foundations argue that the REACH Plan will require investment and collaboration from a range of partners. They are proposing that £50 million over five years should come from government investment via the next Spending Review. Foundations will commit £10 million of funding over the next five years and the remaining £15 million can be found through investment from research funders, and trusts and foundations.

### **Children's Legal Centre Wales, The Children's Society, The Bevan Foundation and British Red Cross. A Guardianship Service for All Unaccompanied Children in Wales.**



This joint research briefing identifies gaps in support for Unaccompanied Children, highlighting barriers to accessing rights and justice, essential services, and engaging with the process of seeking asylum.



It sets out the need for a statutory but independent Guardianship Service that will ensure that all Unaccompanied Children in Wales are appointed a Guardian and presents the benefits that Guardians would offer, including advocating for and promoting children's best interests, supporting children through the process of claiming asylum, providing a consistent and trusted point of contact, and protecting children's rights.

The briefing states that an effective Guardianship Service must:

- Be available to all Unaccompanied Children in Wales, from the point that they arrive
- Be independent of any statutory body and work in the child's best interests
- Build a trusting and supportive relationship with children
- Be trained to OISC Level 2 or working towards that qualification
- Work closely with social workers, legal advisors, Home Office caseworkers, schools and colleges, hospitals, and third sector agencies.

## National Foundation for Educational Research. Randomised controlled trial evaluation of the White Rose Maths Reception Jigsaw.

The Education Endowment Foundation commissioned the National Foundation for Educational Research to undertake an evaluation of White Rose Maths' Reception Jigsaw programme. This evaluation ran in schools from Autumn 2020 until Summer 2022. The Reception Jigsaw is a continuing professional development (CPD) programme developed for reception teachers and teaching assistants. The programme involves five CPD sessions and five school coaching visits generally spread over a five-month period.



A randomised controlled trial (RCT) was run to evaluate whether the programme had an impact on children's mathematical attainment and the confidence of their teachers in teaching mathematics in the early years. An implementation and process evaluation ran alongside the RCT to better understand teachers' views of the programme and how it worked in schools. Key findings include:

- Children in Reception Jigsaw schools made the equivalent of one additional month of progress in maths, on average, compared to children in other schools. This result has a high-security rating. These results are not statistically significant.
- Children eligible for free school meals made no additional progress in maths, on average, compared to children in other schools. This result has a lower security rating than the overall finding because of the smaller number of pupils.
- There was evidence that the Reception Jigsaw programme led to reception teachers being more confident in teaching mathematics.
- The programme was well received by schools. Reception teachers reported positively about the support they received throughout the Reception Jigsaw programme, finding it relevant to their teaching practice, high quality, and impactful in terms of the changes they made to their practice and environment.
- Year 1 teachers also reported positively about the support, but less so compared to reception teachers. However, they could see that it would help them with supporting pupils to transition from reception to Year 1, and to build on knowledge pupils had gained in reception.
- Longitudinal analysis found that children in Reception Jigsaw schools in reception made an average of one month's additional progress at the end of Year 1 compared to children in other schools. However, the statistical evidence does not meet the standard set by the evaluator to conclude that the true impact was non-zero.



## The Sutton Trust. Fair opportunity for all.

New research from the Sutton Trust explores policy options to tackle educational inequality and improve social mobility in Britain.

Fair Opportunity for All makes The Sutton Trust's case for why the next government must put opportunities for the next generation at the centre of its agenda, and outlines a set of evidenced and costed recommendations that can equip the government to improve social mobility and widen opportunity.



Policy recommendations span the range of areas the Sutton Trust work on: Early Years, School, Apprenticeships, Higher Education and Access to the Workplace, plus a section on the wider economic and social context. Highlighted in more detail are three particularly urgent priorities which are explored, with costings. These include:

1. High quality early education for all
2. A national strategy to close the attainment gap
3. A more progressive student finance system

## The Sutton Trust. Social Mobility and Opportunity: What the public thinks.

The Sutton Trust commissioned More in Common to conduct nationally representative polling on public attitudes to social mobility.

The results show the public perceives British society as both unequal and unfair, with clear social inequalities identified, particularly in relation to jobs and education. Further findings include:



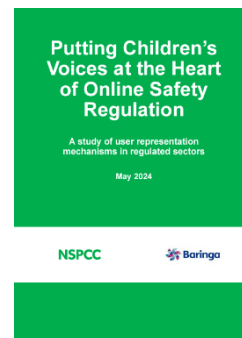
- Most of the public (83%) thought there is a big class gap in Britain today with 63% saying it is either bigger or the same as 50 years ago.
- A substantial majority said children from richer families enjoy better opportunities in schools (62%), universities (62%), pre-school education (59%) and jobs (54%), rising further in jobs like accountancy, law or medicine (61%).
- 50% of 18-24 year olds said it is harder to move from working class to middle class today and 57% of young people also said it is harder for young people to succeed today than it was for older generations.
- More than half (51%) said better job opportunities, and a third (31%) better schools, are the most important factors for improving the lives of young people.
- 81% thought it the government's role to ensure fair access to educational opportunities and 69% for job opportunities.



- Over half (52%) of the public thought access to pre-school or nursery should be free for everyone, just like school is.
- Over half (53%) of people supported the re-introduction of maintenance grants for university students from low-income households.

### **NSPCC and Baringa. Putting children's voices at the heart of online safety regulation.**

The Online Safety Act 2023 placed new legal duties and responsibilities on online service providers to protect users and keep children and young people safe online. Insights from children and young people are crucial in understanding how technological developments impact children, the risks different design features pose and what works to keep children safe.



The NSPCC worked with Baringa to explore how children's voices can be represented and play a meaningful role in online safety regulation. The report assesses the strengths and weaknesses of different ways in which the voices of users are sought, heard and acted upon in regulatory processes, collectively referred to as 'user representation mechanisms'.

The report provides Ofcom with a set of recommendations on how children's voices can best be heard and incorporated into online safety regulation. These recommendations aim to protect and promote the interests of children, making sure children and young people have a meaningful say in decision-making about online safety:

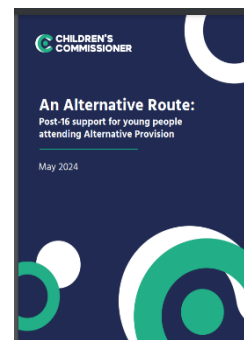
- Ofcom should make sure there is a designated entity that advocates for children's online safety. There isn't currently a statutory body focusing solely on children's online safety. This means there is a risk that children's voices will not be represented systematically throughout Ofcom's work. Ofcom can address this by ensuring there is a designated entity advocating for children's safety online.
- Ofcom should employ a range of mechanisms to listen to children's voices and factor these into decision making. Different user representation mechanisms come with different strengths and limitations. By drawing on multiple mechanisms, Ofcom can gather a range of insights from children and ensure that the weaknesses associated with one model do not distort the decision-making process.
- User representation mechanisms must be tailored to children specifically. For children to meaningfully contribute to complex policy issues, the ways in which their voices are heard and sought must be tailored to them and their needs. This is often achieved by moving away from traditional means of user engagement and adopting more innovative approaches.
- Ofcom's research programme should continue to harness a range of techniques and aim to reflect the broad range of children who use online services. Ofcom is

using a range of research methods to understand children's online behaviour. It should continue to use innovative techniques to reflect the full range of children's experiences, especially those children who are underrepresented.

### **Children's Commissioner. An Alternative Route: post-16 support for young people attending Alternative Provision.**

This paper by the Children's Commissioner investigates some of the reasons behind the disparity between children in alternative provision and mainstream schools in achieving positive post-16 destinations and sets out policy recommendations to address it.

Using data from The Big Ask and focus groups, this research looks at what children in alternative provision say about what is holding them back and examines the current provision of post-16 support in alternative provision.



Research by the Children's Commissioner has found:

- In The Big Ask 74% of children in alternative provision said that having a good job or career was one of their main priorities.
- However, 43% of children in alternative provision were worried that they wouldn't have a good job or career when they grow up.
- Children in alternative provision were more likely to say that a good job or career was a key priority and a worry for the future when compared with all children who responded to The Big Ask.
- When the Children's Commissioner asked children about their ambitions for ten years' time, 52% of children in alternative provision said they were confident that they would have learned the skills they needed to get a good job. This compared with 72% of all children who said that they were confident that they would have learned the skills they needed.
- Just 50% of children in alternative provision felt confident that they would have a job they were happy with in ten years' time.

Key recommendations include:

- Every child in alternative provision should benefit from a comprehensive and high-quality PSHE offer.
- Mainstream settings should support alternative providers a broad range of subjects for GCSEs.
- Children in alternative provision should be able to access the support they need to engage with education.



- The government should fund alternative providers to offer a graduated step-down programme of support for all year 11 leavers, and where necessary, to provide an opportunity to resit the final year of alternative provision for some learners who have had a disrupted Key Stage 4.



## Briefings

### Child Safeguarding Practice Review Panel. Safeguarding children in elective home education.

This briefing from the Child Safeguarding Practice Review Panel (the Panel) is part of an ongoing series of publications to share information arising from work undertaken by the Panel with safeguarding partners and others involved in child protection.

The purpose of this briefing is to share learning from our analysis of rapid reviews and local child safeguarding practice reviews (LCSPRs) to inform the work of safeguarding partners generally to help and protect children who are electively home educated. The briefing explores common themes and patterns identified across reviews and highlights practice issues raised by safeguarding partners from across England.

In this briefing, the following are considered:

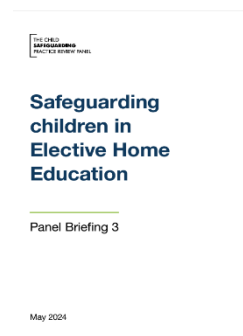
- The legislative context and the role of statutory agencies.
- Evidence about children who are home educated and suffer harm and abuse, including the relevance of why some parents choose to home educate their children.
- What we can learn from analysis of rapid reviews and from local child safeguarding practice reviews about the risk of harm factors for children who are home educated.
- What actions might need to be taken at a local and national level to help protect this group of children from harm and abuse?

### Nuffield Family Justice Observatory. What are the routes into care for young people in Wales?

In 2022/23, children aged 10–17 made up 64% of all looked after children in England and 58% in Wales. Their experiences and needs are often much different to their younger counterparts. They are more at risk of extra-familial harms such as criminal and sexual exploitation and have complex needs including mental health difficulties, frequently the result of past trauma.

This briefing highlights some of the key findings from a recent study from the Family Justice Data Partnership – a collaboration between Lancaster University and Swansea University – which investigates trends of young people entering care and the routes into care for young people in Wales. Key findings include:

- The rate of young people (aged 10–17) entering care has remained stable over time – but there is variation by age and geographic location



- Just over two-thirds of young people entered care for the first time under a section76 voluntary arrangement
- Just over a fifth of young people who entered care under section76 voluntary arrangements subsequently had compulsory legal action
- One third of young people who entered care under an interim care order were placed with parents
- 6 in 10 young people left care before their 18th birthday

### **NSPCC. The Voice of the child: learning from case reviews.**

Listening to and capturing the voice of the child is essential for effective safeguarding practice. It helps professionals to understand children's lived experiences, hear their views about their lives and circumstances, and take effective action to support or safeguard them.

However, case reviews highlight that professionals often face challenges around hearing and acting upon what children are telling them. Key issues include: children not being seen frequently enough or asked about their views and feelings, barriers to seeing children not being adequately challenged, and difficulties in correctly understanding and reflecting upon the child's voice.



The learning from these reviews highlights that professionals should seek to hear and facilitate the voice of the child by:

- Understanding the different ways children communicate
- Including the child's voice in assessments and arrangements
- Gaining appropriate skills and knowledge to help understand and reflect on the voice of the child
- Building trusted relationships with children.

### **Tools and Guidance**

#### **Local Government Association. Corporate Parenting: Resource pack for councillors.**

Every councillor has a role to play in embedding corporate parenting principles and doing all they can to support children in care to live meaningful and fulfilling lives. This resource pack helps provide an overview of this role and how they can fulfil it as effectively as possible.



## **NSPCC Learning. Tools, guidance and resources.**

This month NSPCC learning have published several tools, guidance and resources:

- [Child protection plan and register statistics](#) – If a child is considered to be suffering, or likely to suffer, significant harm the local authority will make them the subject of a child protection plan (in England) or add them to a child protection register (in Northern Ireland, Scotland and Wales). NSPCC have created a series of factsheets pulling together the most up-to-date statistics on children who are subject to a child protection plan or on a child protection register for each of the UK nations. Each factsheet sets out the number of children who are the subject of a child protection plan or on a child protection register, the reasons children are the subject of a plan or on a register, the age and gender of children who are the subject of a plan or on a register.
- [Childline and NSPCC Helpline Statistics](#) – This provides details around the volume of calls Childline receives, what children and young people contact Childline about, how many people contact the NSPCC helpline and what people contact the helpline about.
- [Mental Health Resources](#) – In line with Mental Health Awareness Week, NSPCC have released a range of resources to educate about mental health and how to support young children and their families. These include information and guidance on child mental health, parental mental health and promoting mental health and wellbeing as well as reports, podcasts, training and support services.

## Criminal Justice

### HMI Prison and Probation Service and Ministry of Justice. Thematic review of quality of work undertaken with women.



The aim of this joint inspection was to consider progress on service delivery for women since the last inspection in 2016. The inspection also considered the impact of the overarching Female Offender Strategy on the experiences of women being supervised by the probation service and leaving prison. The joint nature of the inspection allowed the progress of both prisons and probation as well as the overall strategy that governs services for women to be scrutinised.

Fieldwork for the inspection was undertaken in two parts. HM Inspectorate of Prisons visited four closed women's prisons: two larger prisons serving the courts, and two training prisons. They also interviewed 42 women about their experiences of resettlement provision, most of whom had been sentenced to less than 12 months in custody. For the probation element, HM Inspectorate of Probation considered the work of six probation delivery units (PDUs) and six approved premises. Both inspectorates joined together for a final fieldwork week, where they met those responsible for women's policy and strategy at a national level. The report produced the following conclusions:

For prisons and probation, His Majesty's Prison and Probation Service should:

- Ensure that all staff involved in women's resettlement and sentence delivery have access to all relevant case management and assessment systems, including nDelius, NOMIS and OASys
- Ensure that all practitioners in prison and the community fully understand how traumatic events can affect women's behaviour and are confident that they know how best to respond to women's risks and needs
- Evaluate all interventions being used with women to properly understand their impact
- Include domestic abuse and sex work in the available pathways in the women's CRS provision.

For prisons, His Majesty's Prison and Probation Service should:

- Simplify the CRS provision in prisons to ensure all staff and senior leaders have clarity on roles and responsibilities, enabling all women in prison (including recalled women and those being released at the end of their sentence) to access the good-quality face-to-face help that they need for successful resettlement
- Provide prison leaders with data on the outcomes achieved by CRS providers. Prison leaders should be actively involved in holding CRS providers to account when they do not fulfil their contractual obligations



- Give women in prison access to regular good-quality keywork that supports resettlement
- Ensure data is available to track the accommodation status of all women released from a particular prison at 12 weeks after release, so that outcomes for each establishment can be monitored and improvements made where needed
- Ensure that, on the day of release from prison, the number of appointments women are expected to attend are realistic and they have access to sufficient practical help, including:
  - A basic mobile phone if they do not have one
  - For women who are unlikely to cope on the day of release, someone to collect them at the gate and help them to attend appointments
  - A safe, supportive space on prison premises, run by dedicated staff, where women who have been released can get help, phone taxis, arrange to be collected by family members or check train times.
- Ensure that women's resettlement needs in prison are properly assessed in a timely way, and that any barriers, such as obtaining bank accounts or national insurance numbers, are overcome ahead of release.

For probation, His Majesty's Prison and Probation Service should:

- Ensure that regional probation directors provide services for women in line with all aspects of the Women's Policy Framework, including:
  - Making sure appropriate unpaid work placements are available for women in all probation delivery units
  - Giving all women the opportunity to report to appropriate locations where they feel safe, for all aspects of sentence delivery
- Ensure that assessments accurately identify appropriate interventions for women, and that the delivery of all interventions is sufficiently monitored and analysed, including attrition rates and shortfalls against identified need
- Review the governance and resourcing model for women's approved premises to ensure that the complexity of working with women and their differing level of need is fully recognised
- Ensure probation court report writers are up to date and aware of all services and interventions for women and therefore equipped to provide comprehensive gender-informed sentencing recommendations.

## **Children's Commissioner. Children's experiences as victims of crime.**

This report explores child victims' experiences of the criminal justice system and support services following a crime. Drawing on qualitative interviews with child victims of sexual harm, new data from all police forces in England, and new analysis of anonymised transcripts of police video-recorded interviews with children (see annex 1 for methodology), this research demonstrates that

children are too often being let down by systems which should be supporting them, and their rights as victims are not sufficiently respected. For many child victims, including those who have experienced the most serious crimes, the process of seeking help and justice is traumatic and re-victimising.



Key findings include:

- Children are often not aware of their rights as victims.
- Children face distinct barriers from adults to disclosing and reporting a crime.
- New analysis of police transcripts reveal children's rights are often not being respected during interviews.
- A new data request reveals we do not know how many children are being interviewed and police are not reliably carrying out needs assessments, training or quality assurance.
- Children feel a loss of agency acutely in the criminal justice system.
- Longs waits for children have a negative impact on children.
- Children are missing out on the support that they need.

## **Ministry of Justice. Female Offender strategy delivery plan: Progress report.**

The [Female Offender Strategy Delivery Plan \(FOSDP\)](#), published in 2023, set out specific and measurable commitments for 2022 to 2025, with a focus on 4 aims:

- Fewer women entering the criminal justice system and reoffending.
- Fewer women serving short custodial sentences with a greater proportion managed successfully in the community.
- Better outcomes for women in custody.
- Protecting the public through better outcomes for women on release.

As committed to in the FOSDP, the following report sets out where, in the 12 months post publication, commitments have been completed, embedded as business as usual, or are in progress. It also explains where work has been delayed.

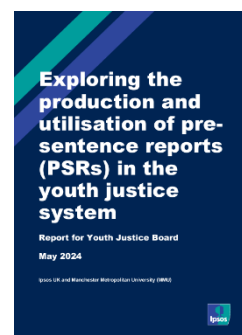
Since publication of the FODSP in January 2023, the Ministry of Justice have completed 20 out of the 51 commitments. The report states the Ministry of Justice are making good progress on most of the remaining commitments and expect these to be delivered by the end of the Delivery Plan.

The following areas were highlighted as key areas of focus for the year ahead:

- Demand and capacity in the custodial estate
- Decreasing the remand women's population
- Supporting new residential accommodation in the community offering an alternative to custody.
- Addressing significant health inequalities, mental health and substance misuse issues.
- Building an evidence base for what works for women to improve outcomes at all points of the justice system.

### **Youth Justice Board for England and Wales. Pre-Sentence reports in the youth justice system.**

Ipsos and Manchester Metropolitan University (MMU) were commissioned by the Youth Justice Board (YJB) to conduct research into Pre-Sentence Reports (PSRs). PSRs bring together important information about the child to help inform the court's sentencing decision.



The research was exploratory and the primary research objectives were to:

- Understand commonalities and differences in PSR reports associated with custodial or community outcomes for Black children compared with White children.
- Develop learning around the processes and decision-making involved in producing and utilising PSRs in these cases, including the perceived purpose of PSRs.

This work builds on previous research which showed that Black children were more likely to receive harsher sentencing outcome after controlling for other factors.

Methods included two components: quantitative analysis of a random sample of 95 PSRs from five Youth Justice Services (YJSs). These PSRs were analysed and scored for quality and a subset were selected for further linguistic analysis. This analysis was supplemented by qualitative research with 18 participants who produce and utilise PSRs (YJS staff in three locations and court stakeholders incl.

sentencers). The findings for the study need to be treated with caution given the relatively small samples for all aspects.

Key findings include:

- **Purpose:** The perceived purpose of PSRs was found to be two-fold: developing a more detailed and holistic understanding of the child and their background; and proposing recommended sentencing outcomes. All audiences interviewed felt that PSRs provide valuable input into the court proceedings in both aspects but was just one piece of information the court considered among several.
- **Challenges:** There were challenges identified in writing PSRs, such as accessing the necessary information from professionals (e.g. schools). This in turn created some perceived limitations around the use of the PSR in court due to the lack of completeness of information. Participants referenced the fact that sentencing proposals could, at times, be based on unrealistic representation of local provision. There was also a perceived tension in PSRs as both advocating for the child and needing to provide a balanced picture as the foundation for the sentencing proposal.
- **PSR quality scores:** The PSR analysis did not show any consistent differences in quality between PSRs for Black and White children when considering the extent to which YJB guidance had been followed. Two dimensions of the reports were less consistently high quality based on the agreed scoring system – ‘Assessment of Child’ and ‘Conclusions’ - but that this was the case for both groups (Black and White children). However, concordance analysis showed that for Black children, higher scores were associated with the sentence outcome being more lenient; but for White children higher quality scores were associated with the sentence outcome being more severe.
- **Linguistic analysis:** The linguistic analysis identified a number of differences between the PSRs for Black and White children, including the type of language used and the way the evidence was presented. There were multiple features identified that appeared in the White children's PSRs which might have made the sentencer view the child more favourably, such as the use of the term co-accused instead of co-defendants.

### **Revolving Doors. Building bridges to safer communities and trusted policing: Peer research report.**

This report captures learning from one stage of the ‘Building Bridges, Safer Communities’ project about community safety and policing in Liverpool – in this case, the peer research conducted by Revolving Doors.

Peer research was conducted to shine a light on what feeling safe means to people in Merseyside—with a focus on the City of Liverpool and Birkenhead—and what people felt the police’s role should be in helping people feel safer.







Research themes were defined in part from initial polling conducted across Merseyside with Opinium, by perceived gaps in existing knowledge, and where local stakeholders such as the police, local authorities and others, felt more information would be most valuable. This included a specific focus on the 'revolving door' cohort of people caught up in a cycle of crisis and crime because of unmet health and social needs, and what impacts their perceptions of safety.

The Opinium poll took place online between 18 and 27 January 2023 and focused on public safety and policing in Merseyside. Over 1,500 people responded from across all five boroughs. Where relevant, findings from the polling are explored within this report in relation to the peer research findings.