



CordisPulse

December 2023

Welcome to December'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.

Cordis Bright has just finished working with the Autism Alliance (a UK partnership of not-for-profit organisations) to quantify the gap between demand and supply for specialist services. Like so many projects that Cordis Bright works on, the output would not have been possible without the active participation of many people, none of whom directly benefit but all saw a value in contributing their time and insight. Over thirty local authorities took the trouble to complete our survey, the Association of Directors of Adult Social Services (ADASS) Autism and Learning Disability Group twice invited us to attend their meetings, providers willingly shared their experiences and understanding as well as completing another survey.

This show of support and engagement is much appreciated but it is not unique. We have found over the years that one of the defining characteristics of the health, social care and criminal justice sectors is that willingness by people who use services and the professionals who provide them to share their time and energy, to take the trouble to contribute to the sum of ideas and insights which grows all the time. Ultimately it is this ever-expanding pool of knowledge that becomes one of the main drivers for improving quality.

Peace and goodwill may feel in short supply right now but they are still the values of this holiday season. As 2023 draws to a close we wanted to take this opportunity to acknowledge and celebrate this contribution and to say thank you to all the people who have helped create the outputs of our work.

We wish all our readers a Happy New Year!



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.

Dr Stephen Boxford

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

Research undertaken for Autism Alliance on the needs of autistic adults and their families in England

Cordis Bright has been working with The Autism Alliance - a UK partnership of not-for-profit organisations who support autistic people and their families - to provide new evidence about the needs of autistic adults and their families in England. The report we have produced - *Mapping supply and demand for care services for autistic adults in England* - defines the size of the gap between supply and demand in specialist social care provision for autistic adults in England and explores the barriers that widen this gap, and enablers that may help to close it.

Our research involved a document review as well as interviews and surveys with providers of specialist social care services for autistic adults, and local authority stakeholders such as commissioners and service managers of autism services. We also ran a focus group with the Association of Directors of Adult Social Services' (ADASS) Autism and Learning Disability Group.

Some key messages from our research are:

- There is a substantial gap between available capacity and demand for specialist social care services among autistic adults in England. This gap in care relates primarily to autistic adults with a moderate learning disability and is estimated to equate to over 10,000 people who are not receiving sufficient social care support.
- The estimated cost of closing this gap is between £69.5 million and £139.2 million, equating to between 0.4% and 0.7% of current adult social care spend.
- Local authorities, local NHS services, care providers, the CQC and mental health services should work more closely together to address the barriers holding back access to specialist care and support. These include supporting market development, strengthening accreditation and investing in staff training to improve general understanding of what autism is.

The report findings form part of The Autism Alliance's Breaking Point campaign, which is raising awareness of the consequences of underinvestment in social care support for autistic adults and their families in England. The campaign is calling on the Government, local authorities, the NHS and the CQC to close this gap in care for autistic adults and to commit to wider reform of the social care system.

Evaluation of Pathfinder programmes for racially minoritised children and young people

The Brent and Newham Covid-19 Over-Represented Children Pathfinders ("the Pathfinders") were funded by the Youth Justice Board (YJB) as a response to the disproportionate impact of the Covid-19 pandemic on racially minoritised communities. Covid-19 was understood to be exacerbating the adverse childhood experiences of some children and young people from these communities.



The Pathfinders aimed to engage and support children and young people from these backgrounds who may not previously have been well supported by the system, with a combined offer of one-to-one mentoring and group-based activities.

Brent and Newham Councils commissioned Cordis Bright to independently evaluate the Pathfinder programmes. The evaluation, which launched in 2022, focused on the implementation of the Pathfinders, the difference they made for the children and young people they supported as well as for the wider system in Brent and Newham, and learning for the future.

Adult Social Care and Health

Reports

The Health Foundation. Nine major challenges facing health and care in England

This report highlights nine trends that represent some of the major challenges facing any new government on health and care – focusing primarily on the NHS, social care and public health services in England. This piece of work was produced for Nesta's UK 2040 Options project, looking at the defining issues facing the country ahead of the next general election.

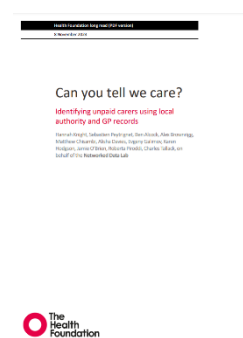


The nine major challenges facing health and care in England identified in this report are:

1. Life expectancy is stalling, and health inequalities are widening.
2. Key risk factors are driving a significant and unequal burden of preventable ill health and premature death.
3. People are living for longer but with major health concerns.
4. Unmet need for NHS and social care services is substantial and increasing.
5. Long-run trends in health and care spending show a decade of underinvestment.
6. The health system lacks capacity compared with many other countries.
7. Staff shortages are persistent, with stress and burnout high.
8. Public satisfaction with the NHS is at a record low, but support for its core principles remains rock solid.
9. The NHS is repeatedly reorganised, while social care is overlooked.

The Health Foundation. Can you tell we care? Identifying unpaid carers using local authority and GP records

Unpaid carers make up 9% of the UK population, according to Census 2021 data and Office for National Statistics census data for Scotland and Northern Ireland. This may be a considerable underestimate; results from other nationally representative surveys put the figure at 16% to 19%. Carers play a vital role for the people they care for and in wider society by bridging gaps in state funded support, thereby reducing pressure on health and care services. Many carers derive pride and satisfaction from their roles, but caring can also have a personal and financial cost.



For the past year, the Health Foundation's Networked Data Lab (a network of analytical teams across the UK) has focused on unpaid carers. Teams in five areas of England and Wales piloted linking health and local authority electronic records to provide the best possible view of their local unpaid carer populations and the types of support they access from local services.

The findings from this pilot were:

- Data held by GPs and local authorities identified at most between 11% and 26% of unpaid carers compared to the census.

- GP sources identified up to 15 times more carers than local authority sources.
- Local authority data tended to identify more older carers than GP data.
- Less than 7% of carers identified were found in both GP and local authority data.

The under-recording of carers means that local authorities cannot properly understand need in their area and thus target support to those who need it most. Without more complete data, GPs may not be able to provide proactive support to keep carers both physically and mentally well.

National policymakers, local NHS and social bodies, and GPs all have a part to play in improving the identification of, and recording of data on, unpaid carers.

The Health Foundation. What do technology and AI mean for the future of work in health care?

Recent developments in artificial intelligence (AI) have sparked fears about the potential threat to jobs in many industries, including health care. Yet policy papers such as the NHS Long Term Workforce Plan (2023) and Topol Review (2019) imagine a more positive future for the role of technology in health care work. This report draws on labour market modelling to analyse what makes health care different from other industries predicted to be more heavily impacted by new technologies.

The report's key points are:

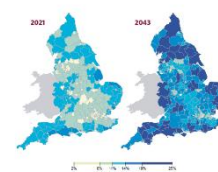
- While unlikely to lead to widespread job losses in health care, technology is transforming the nature of work. The right technologies, properly implemented, can not only extend human capabilities, but also enable staff to switch their time and attention to tasks where humans add more value – supporting workforce capacity at a time of huge pressure.
- The Health Foundation presents a framework to help navigate this shifting landscape, showing how technologies can variously substitute, supersede, support or strengthen human labour.
- Role evolution should not be viewed as a passive process but should be actively planned and shaped. We need a shared vision for how professions and occupations – as well as new roles – should develop with greater use of technology, driven not only by policymakers but by staff themselves and their representative bodies and employers, along with patients and the public.

Department of Health and Social Care. Chief Medical Officer's annual report 2023: health in an ageing society

Professor Chris Whitty's annual report recommends actions to improve quality of life for older adults and prioritise areas with the fastest growth in older people. This report focuses on improving quality of life, rather than longevity.

In planning health and social care services, as well as infrastructure, this report makes clear that the geography of older age in the UK is already highly skewed away from large urban areas and will become more so. A large proportion of

Chief Medical Officer's
Annual Report 2023
Health in an Ageing Society
Executive summary and recommendations





people migrate away from cities before they reach older age. The result is that metropolitan areas largely maintain their current demographic, ageing only slowly, while some areas, particularly rural, semi-rural and coastal areas in the periphery, age much faster.

Public health measures include both primary prevention by central and local government to reduce risk factors for disease, and secondary prevention by the NHS to slow down early disease. Both can delay, and therefore shorten, the period of life in ill health. The fewer diseases that an individual has, and the shorter the amount of time they have them for, the better their quality of life is likely to be.

Professor Chris Whitty makes the following recommendations:

- The NHS, social care, central and local government must start planning more systematically on the basis of where the population will age in the future, rather than where demand was 10 years ago.
- Central and local government have the principal responsibility for environmental factors which can delay or prevent the probability of early ageing (primary prevention). Making it easy and attractive for people to exercise throughout their lives is one of the most effective ways of maintaining independence into older age. Reducing smoking, air pollution and exposure to environments that promote obesity are other examples.
- Delaying disease to the greatest possible extent, to delay the period of disability in older age, should be the aim of public health and medicine. Screening programmes help to delay or stop the onset of serious disease and therefore prevent ill health in later life.
- The medical profession needs to respond to the inexorable rise of multimorbidity. The single most important way to achieve this is to recommit to maintaining generalist skills as doctors specialise.
- The health and care needs of older adults are often not recognised because the relevant data are not systematically collected or aggregated in one place. To plan appropriately, organisations including the NHS, Office for National Statistics (ONS), and central and local government need systematically to collect and share data on the health and care needs of older adults.

Local Government Association. Sport and leisure: promoting health and wellbeing through public services

Inactivity levels have remained stubbornly high in the past few years. Data from the 2021-22 Active Lives survey shows that 25.8% of the adult population and 30.1% of 5–16-year-olds in England are classed as inactive (doing less than 30 minutes of physical activity a week).

The Government's new sports strategy "[Get Active: a strategy for the future of sport and physical activity](#)" sets a target to get 2.5 million more adults and one million more children active by 2030. The strategy calls for greater collaboration and innovation between councils, professionals, different sectors, and organisations to encourage more people to be active and reap the benefits. Specifically, the Government's new strategy calls on councils to work with their partners to develop local plans that go beyond traditional leisure venues to encourage people to be active in their everyday lives.

This guide looks at the contribution public sport and leisure services make to promoting health and wellbeing to encourage communities to be active and how this can be achieved through working with a range of partners.

The King's Fund. Hospital discharge funds: experiences in winter 2022-2023

Delayed discharges from hospital are a widespread and longstanding problem that can have a significant impact on both patients' recovery and the efficiency and effectiveness of health and care services. In England, it has become normal practice for government to provide additional one-off funding to reduce delays every winter, as the problem is particularly acute during the colder months.



This report is based on interviews with commissioners and service providers in six local areas, with the aim to find out how they experienced the process of receiving additional funds, making plans, and delivering and monitoring the plans in winter 2022-2023.

Key findings were:

- Although they welcomed extra funding, service providers said that it came with insufficient advance notice for effective planning.
- Commissioners and service providers wanted to be able to use the funds to prevent avoidable hospital admissions, and strongly criticised burdensome monitoring requirements.
- Some areas did manage to use the funding to put services in place and support the social care workforce but were not confident they were spending funding as effectively as possible.
- The six sites had varying depths of partnership working and did not all have a shared understanding of local causes of delayed discharges and priorities for action. This, together with fragmented and inconsistent data, could hinder their ability to use additional funding effectively.

NHS England. Growing occupational health and wellbeing together: look back, look forward report

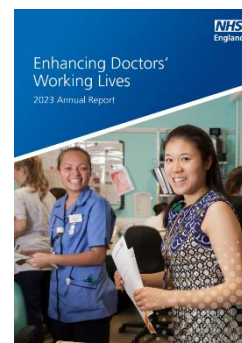
NHS England is committed to supporting and empowering its stakeholders, and to make growing occupational health and wellbeing (OHWB) together a reality. This report showcases the journey, investment, and progress NHS England has made in the first year since the launch of its Growing occupational health and wellbeing together strategy. It also provides insight into where NHS England needs to continue to invest to support the healthcare system, organisational and OHWB leaders to fully realise NHS England's shared vision in their local contexts, where they are in the driving seat for local change.

Growing OHWB relies on local, flexible implementation of the strategy, led by local leaders and OHWB professionals. Appreciating that the first year of the strategy needed national investment, this last year focused on supporting local healthcare system, organisational and OHWB leaders to 'level up' OHWB, while also learning from examples of outstanding practice. This initial investment by NHS England was designed to enable leaders and OHWB



professionals to sustain the momentum for growing OHWB together across the future years of the strategy and begin to demonstrate impact in their local context.

NHS England. Enhancing doctors' working lives – 2023 annual report



This report details new and developing initiatives which support the delivery of more integrated and person-centered care, and highlights those initiatives developed to reduce the impact the pandemic has had on training progression and wellbeing for NHS doctors.

The safe delivery of care by NHS services is dependent on a workforce of UK doctors in postgraduate training programmes. These doctors deliver essential care in community and primary care, in acute and mental health and Public Health and Local Authority settings. Over the last 7 years the Enhancing Doctors' Working Lives (EDWL) programme has delivered improvements in medical education and training, aiming to have a positive impact on the wellbeing and working lives of doctors training in England. This report highlights some of the work of this programme during the last year.

Improving flexibility in training is a key theme of the programme, recognising that this is important for both wellbeing and retention. The expansion of access to Less Than Full Time training, Flexible Portfolio Training and Out of Programme Pause along with developments in the Supported Return to Training (SuppoRTT) programme enable a much more individualised approach to the training pathway.

The Medical and Dental Recruitment and Selection programme has continued its focus on improving the quality, consistency, and equity in recruitment processes and reducing the risks associated with human error, while evaluating the changes to ensure processes are always improving.

Briefings

The Health Foundation. Briefing: Improvement as mainstream business



Low economic growth and rising inflation have exacerbated the NHS' already tough financial position and made it harder for the service to grapple with the severe workforce shortages and lengthening waiting lists it faces.

The emergence of new technologies and AI, coupled with the pressure to improve service productivity, have heightened the need to redesign existing care models and pathways, and to develop radical new ways of working.



The key points of the briefing are:

- Improvement approaches, which provide a systematic means of bringing about measurable improvements in the quality and outcomes of care for patients as well as care productivity, have been in common use in some health care settings for more than 20 years, often producing impressive results where they are deployed well.



- Approaches to improvement are far from being embedded into the core strategy and operations of every health care organisation or system-wide partnership of organisations. This briefing examines why this is still the case and argues that embedding improvement approaches across all health care settings is now vital.
- Improvement approaches are not just a mechanism for improving care processes and pathways and tackling variation. They are indispensable when it comes to tackling the biggest delivery and transformation challenges that health care faces, such as the need to make greater use of technology and tackle waiting times and winter pressures.

The briefing describes four key current 'improvement modes'. It also sets out the evidence for why the NHS and other care sectors cannot do without improvement approaches, and summarises the steps needed to overcome the barriers to their routine large-scale deployment across all health care settings.

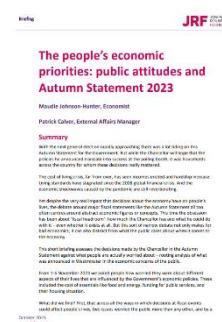
Joseph Rowntree Foundation. The people's economic priorities: public attitudes and Autumn Statement 2023

This briefing assesses the decisions made by the Chancellor in the Autumn Statement, against what people are actually worried about.

From 1-6 November 2023 researchers from Joseph Rowntree Foundation asked people how worried they were about different aspects of their lives that are influenced by the Government's economic policies. These included the cost of essentials like food and energy, funding for public services, and their housing situation.

Key findings from this piece of research were:

- Two issues worried the public more than any other. 73% of people were very, or fairly, worried about reduced funding for national public services like the NHS, the police and education, and 73% were also very or fairly worried about the cost of essentials. This cut across demographics and political perspectives, with funding for national public services and the cost of essentials the biggest worries for both those intending to vote Labour and those intending to vote Conservative at the next election. People who were undecided about which way to vote were more worried about cuts to public services than any other issue.
- The public was less concerned about high taxes. 49% of people were worried about the tax they pay on earnings from work and on the things they buy being too high – a significantly lower share than were concerned about national public services or the cost of essentials.
- People on low incomes were very concerned about the level of support provided by the social security system. After funding for public services (both national and local) and the cost of essentials, the fourth biggest worry for people in the bottom fifth of incomes was their income from benefits not being high enough.





Tools and Guidance

NHS England. National guidance to support integrated care boards to commission acute mental health inpatient services for adults with a learning disability and autistic adults

This guidance is intended to support integrated care boards (ICBs) to commission acute mental health inpatient services for adults with a learning disability and autistic adults. It is national guidance for ICBs to follow as they commission for their populations and sets out minimum standards and expectations to consider when commissioning high quality inpatient care.

People with a learning disability and autistic people should not be admitted to a mental health hospital unless there is a suspected or identified mental health need requiring inpatient care and support. This guidance will support delivery of the commitment outlined within the [NHS Long Term Plan](#) to focus on improving the quality of inpatient care across the NHS and independent sector, including for people with a learning disability and autistic people. When commissioning services, commissioners should be confident that these services are:

- Safe, caring, responsive and effective.
- Close to where people live.
- Integrated with community services.
- Focused on proactively encouraging independence, recovery, and swift discharge back to the community.

The guidance sets out principles for delivering services and how to apply these principles throughout the commissioning cycle. The guidance sets out an approach so that where an acute mental health inpatient admission may be required for an adult with a learning disability or an autistic adult:

- Services have been co-designed by people with lived experience and their families.
- Care, treatment, and support plans are co-produced with people and their families, with appropriate advocacy support.
- Any admission is appropriately supported by relevant specialists, for a specific indication for a mental health assessment and/or intervention that can only be delivered in an inpatient setting.
- Any admission is for the minimum time possible, and with timely discharge enabled through effective multi-agency working.

Children and Young People's Services

Reports

Local Government Association. High-cost children's social care placements survey

In October and November 2023, the Local Government Association sent an online survey to all councils providing children's social care in England. The purpose of the survey was to assess the frequency and costs arising from high-cost children's social care placements, as well as to explore reasons why the costs of certain placements are particularly high. A total of 124 councils responded to the survey – a response rate of 81 per cent.



Key findings are:

- Based on responses to the survey, local authorities across England spent approximately £4.7 billion on children's social care placements in 2022/2023, compared to a budgeted figure of £4.1 billion – an overspend of almost £670 million (16 per cent).
- It is estimated that English councils paid for approximately 120 placements costing £10,000 per week or more in the 2018/2019 financial year, compared to over 1,500 in 2022/2023.
- The most frequent factors cited as driving the high cost of certain placements were a lack of choice in providers, children in care exhibiting challenging behaviours, and complex or significant mental health needs.

Department for Education. Evaluation of family hubs

A commitment was made to champion family hubs in the 2019 Government manifesto. Family hubs are a place-based way of locally joining-up the planning and delivery of family services across the 0-19 age groups (and up to 25 years for children with special educational needs and disabilities (SEND)). They bring together services within local authorities and their partners, including health and the voluntary and community sector to improve access, improve the connections between families, professionals, services and providers, and put relationships at the centre of family support.

Department for Education

Family Hubs Innovation Fund Evaluation
Final research report

November 2023
Ecorys UK, Clarissa White Research, Starks Consulting

Government Social Research

The family hubs evaluation innovation fund is part of £2.5 million for research and the development of best practices around family hubs. Ecorys UK, Clarissa White Research and Starks Consulting were commissioned to deliver a national programme of research and evaluation of family hubs. The consortium partnership included five local authorities across England, each with a different family hub model and stage of maturity.

The key findings of the evaluation were:

- **Motivation for transformation:** All 5 LAs in the study had started to make the move to a family hub model prior to government policy guidance and funding. They were motivated by the need to address the fragmentation, inaccessibility and inconsistency of family services.
- **Place-based models:** Each LA mapped local needs and reviewed existing provision to inform their family hub model design. All models built on the strengths of the existing local service infrastructure.
- **Whole-system buy-in:** A clear message from strategic leads in LAs with more established models was that family hubs need a clear vision and remit, whether it be the types of services offered or priority families, informed by local needs and available resources.
- **Transition timelines and stages of development:** The timeframes for transition varied across LAs; strategic leads stressed that transformation could take at least 3 to 5 years without dedicated funding and staff capacity.

Department for Education. Short breaks innovation fund: year 1 evaluation

This report is based on findings from an independent evaluation of year 1 of delivery of the short breaks innovation fund. Short breaks are a Local Authority (LA) provision offered to young people with complex Special Educational Needs and Disabilities (SEND). Short breaks can include daytime or overnight care in the home or elsewhere, educational or leisure activities outside the home, or services to assist parent/carers in the evenings, at weekends and during the school holidays. The Short Breaks Innovation Fund (SBIF) allows DfE to award extra funding to Local Authorities (LAs) to provide additional short break provision, to improve access for underrepresented groups, and test innovative models of delivery.

 Department for Education

Short Breaks Innovation Fund Year 1 Evaluation

Research report
November 2023

Authors: IFF Research

 Government Social Research

The Department for Education (DfE) commissioned IFF Research to conduct a process evaluation of Year 1 of the SBIF, focusing on the implementation and delivery of the Fund across the 6 participating LAs, and exploring early evidence on short-term outcomes for parents/carers, young people and LAs.

Some of the key findings of the evaluation were:

- **The application process:** interviews from LA leads suggested that the amount of work required to complete the SBIF Year 1 application was considerable and LAs had to weigh up what they regarded as the relatively large amount of time involved in submitting a bid with the relatively small (but welcome) amount of funding they would receive if successful.
- **Reasons for taking part:** around seven-in-ten parents/carers who completed the survey took up short break provision to give their child a positive experience or activities to enjoy or wanted to improve their child's social skills. In addition, around six-in-ten wanted to improve their child's confidence, their child's independence, or give their child more opportunity to make friends.
- **Suitability of and satisfaction with activities:** Most parents/carers who took part in the research deemed the short breaks provision to be suitable and the majority of parents/carers who completed the survey reported high levels of satisfaction.



Office for National Statistics. Young people from disadvantaged backgrounds feel less in control of their futures

This report suggests young people from disadvantaged backgrounds are less likely than those from higher socio-economic backgrounds to feel in control of their futures.

The main findings are:

- Most young people (98.3%) agreed that their future careers are important, and this was broadly the same across different types of households.
- Parents in disadvantaged households were more likely to want their children to get a better education than they did, but also reported being less involved in monitoring their child's progress in school.
- Young people in households where the adults had never worked or were long-term unemployed were more likely to say that people like them didn't have much of a chance in life than those whose parents were in managerial, administrative and professional occupations (29.3% compared with 10.9%).

Ofsted. The multi-agency response to children and families who need help

This report examines the multi-agency response to children and families who need help, using information from five inspections of local authority areas. Ofsted reviewed the practices of individual agencies, as well as the effectiveness of multi-agency working arrangements, including across children's social care, health services, schools and the police.

The inspections took place between December 2022 and March 2023. All the areas were different in the way they were thinking about and delivering family help. The findings in this report consider the extent to which agencies work collaboratively with partners to identify children and families who need help, as well as how they intervened to support these children and deliver this help.

Not all children's needs will require a multi-agency response; nor will statutory social care services always be necessary. Rather, there is, or should be, a continuum of support in the local offer for families. Inspections of the 5 areas had varied outcomes, with each having a combination of good and less good practice across the agencies involved. Some of the good practice was tailored to meet a specific need or problem in an individual area.

The sample that this report is based on is not nationally representative and Ofsted cannot generalise from these findings to all areas. However, they do provide an indication of current practice. Some of the findings from the inspections were:

- Resource pressures across universal and targeted services in local partnerships make it hard to prioritise early help.
- Local resources are not consistently well understood or used between the services themselves or the community.
- In some cases, families should have been stepped up from early help to statutory social care earlier than they were.



- A responsive and skilled workforce with enough capacity is crucial for high-quality and child-centred practice.
- Some approaches in early help are too adult-focused. In developing a child-centred approach, areas must be both family-focused and child-centred.
- Early help services worked well when partners knew their communities well and tailored services to local need to make them accessible.

NHS Digital. Mental Health of Children and Young People in England, 2023 – wave 4 follow up to the 2017 survey

This report presents findings from the fourth (wave 4) in a series of follow up reports to the 2017 Mental Health of Children and Young People (MHCYP) survey, conducted in 2023. 2,370 children and young people who took part in the MHCYP 2017 survey took part in the wave 4 follow up.

The mental health of children and young people aged 8 to 25 years living in England in 2023 is examined, as well as their household circumstances, and their experiences of education and services and of life in their families and communities.

Comparisons are made with 2017, 2020 (wave 1), 2021 (wave 2), and 2022 (wave 3) where possible, to monitor changes over time.

Key findings included in the report are:

- In 2023, about 1 in 5 children and young people aged 8 to 25 years old had a probable mental disorder. This was 20.3% of 8 to 16 year olds, 23.3% of 17 to 19 year olds and 21.7% of 20 to 25 year olds.
- After a rise in prevalence between 2017 and 2020, rates of probable mental disorder remained stable in all age groups between 2022 and 2023.
- Among 8 to 16 year olds, rates of probable mental disorder were similar for boys and girls, while for 17 to 25 year olds, rates were twice as high for young woman than young men.
- More than 1 in 4 children aged 8 to 16 years (26.8%) with a probable mental disorder had a parent who could not afford for their child to take part in activities outside school or college, compared with 1 in 10 (10.3%) of those unlikely to have a mental disorder.
- 17 to 25 year olds with a probable mental disorder were 3 times more likely to not be able to afford to take part in activities such as sports, days out, or socialising with friends, compared with those unlikely to have a mental disorder (26.1% compared with 8.3%).



The Sutton Trust. Post 18 opportunities and aspirations

As part of the COVID Social Mobility and Opportunities (COSMO) study, The Sutton Trust, in partnership with other organisations, is examining the long-term impact of the pandemic on educational inequality and social mobility. This report analyses the aspirations of young people after finishing school, and the opportunities available to them.



The report's key findings are:

- Opportunities available to young people are not equally spread across the country. Those from the most urban areas are among the most likely to report there being good opportunities available to them (48%), while those from the most rural areas are more pessimistic (37%).
- Over four in five (85%) have now been able to access formal information, advice and guidance (IAG) since the beginning of Year 12.
- Only around one in twenty (6%) are currently engaged in an apprenticeship scheme. Attitudes to their apprenticeships are generally positive. But while the majority (54%) think that apprentice pay was either 'good' or 'very good', there is a risk that this may change if pay does not keep pace with the cost of living.
- Like for previous cohorts, the vast majority (68%) of young people say that they plan on studying at university.
- Those with parents in routine/manual occupations are twice as likely to have left education after Year 12 as those from professional/managerial households.

The Sutton Trust. Mental and physical health

Also part of the COSMO study, this report examines the increasing prevalence of psychological distress among young people.



The report's key findings are:

- 44% of young people in Year 13 (aged between 17 and 18) were classified as experiencing high psychological distress in 2021.
- A quarter of young people had sought some form of mental health support over the previous 12 months. Of those, 35% said they are either on a waiting list or have not received some of the support they have sought.
- Those in the most deprived parts of the country were 11 percentage points more likely to say they are still waiting or have not received the support they applied for, at 39% compared to 28% of those in the most affluent areas.
- When looking at differences by sexual orientation, LGBTQ+ young people were more likely to indicate signs of poor mental health. For instance, 47% of bisexual young people, 37% of gay/lesbian young people, and 44% of those with other sexualities reported having self-harmed, compared to 9% of heterosexuals.

- 17% of young people reported having a long-term illness that limits their daily activity.

Barnardo's. Scotland Welcome (Ukraine) Service Impact Report 2023

Barnardo's has proudly supported over 2000 children, young people and parents from Ukraine since 2022. When Russia invaded Ukraine, Barnardo's quickly mobilised resources to provide vital support to hundreds of displaced children and families across Scotland.



This impact report summarises the work and impact of the Scotland Welcome (Ukraine) Service so far as well as hopes for how the Welcome Service and provision of family support for displaced families in Scotland can be made available for all who need it.

The report examines the three tiers of support provided by the Scotland Welcome programme for Ukrainian refugees:

- Tier 1 involves advice, emotional support, and signposting.
- Tier 2 involves assessment and the development of a support plan, practical support including phones, toys and clothing, community integration help including benefits and employment support, and training for host families.
- Tier 3 involves tailored therapeutic support, 1-1 and group support, safety support for children and young people, and mediation for families and hosts.

Barnardo's. Reimagining Children's Social Care Services in Northern Ireland

Barnardo's and the Reimagine Children's Collective have jointly developed this paper to summarise their response to the Independent Review of Children's Social Care Services. Section 1 of the paper identifies areas which they consider to be immediate priorities requiring urgent action. Section 2 outlines five overarching themes that they believe to be essential to reimagining and reforming children's social care services in the light of the recommendations of the Review.



The key priorities highlighted in the report are:

- Addressing poverty – Northern Ireland urgently needs an Anti-Poverty Strategy.
- Reduce waiting lists - The Department of Health should develop an Action Plan to reduce waiting lists for children's social care services.
- Stabilising service provision - NI Executive Departments should seek to stabilise current service provision by temporarily suspending tendering/ commissioning processes related to established provision until an Executive can approve multi-year budgets and more collaborative forms of contract agreements can be developed.
- Tackling the workforce crisis - Action should be taken to address the children's social care workforce crisis.

- Improving communication with children, young people and families - Better communication from statutory services is critical to improving the experiences of children, young people, parents and carers.

NSPCC. Online risks to children: evidence review

This review looks at evidence that has been published since 2017 on the online risks and harms experienced by children in the UK. It spans the period (2017-2023) immediately before the implementation of the Online Safety Act 2023, providing an up-to-date picture of the evidence base and setting a baseline from which to assess any changes linked to the introduction of regulation in the online world.



The review focuses primarily on evidence concerning children's exposure to online sexual risks, in line with the NSPCC's priority work around child sexual abuse. It also reviews evidence on two other topics: children's exposure to other online risks, including pornography, self-harm and violent content; and the role technology plays in increasing or decreasing these risks. The scope of the review includes UK and international studies involving children of all ages.

The review identified six categories of content risk for children online:

1. Sexual content;
2. Self-harm, suicide and eating disorder content;
3. Violent content;
4. Challenges/Dares;
5. Hate-related content;
6. Extremist content and radicalisation.

The review also identified one conduct risk for children online, cyberbullying. The review examined a range of features and tools that can increase or decrease online risk and harm for children. The tools identified that can increase online risk and harm are:

- Algorithmically recommended content;
- Friend recommendation algorithms;
- Quantification of social activity and popularity (i.e. showing the number of 'likes').

Tools identified that can decrease online risk are:

- Age assurance;
- Parental controls;
- Content moderation;
- Detection tools;
- Reporting and safety tools.

The Children's Society. Feeling the strain

In this report, The Children's Society focus on the day-to-day impact of cost of living increases on children's lives. In addition, they have explored the impact parents and carers believe the current economic situation may have on their children's futures.

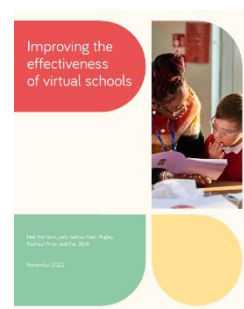


The report's key findings are:

- Overall, 82% of parents and carers taking part in The Children's Society's annual household survey in May to June 2023 indicated that they were 'very' or 'quite' concerned about the impact of the rising cost of living on their households over the next 12 months.
- One in ten (10%) parents and carers reported that they 'always' ran out of money before the end of the month (between January and March 2023), and a further one in seven (14%) reported that they ran out of money 'most of the time'.
- Less than half (44%) of parents and carers indicated that they had no difficulties paying electric, gas, and fuel bills in January to March 2023. Nearly 1 in 10 (9%) reported that they were either in arrears or unable to pay, while 45% had kept up on payments but it had been a struggle.
- Overall, 25% of parents and carers completing the survey scored below the midpoint on the measure of life satisfaction and would therefore be considered to have low overall wellbeing.
- While 10% of children reported low wellbeing overall, for children in households in financial strain this was 16%, compared to 8% of children in households that were not in financial strain.

Rees Centre. Improving the effectiveness of virtual schools

This report seeks to address the question of why children in care get markedly different educational outcomes depending on which local authority has responsibility for them. This is an important issue of fairness and the effectiveness of social policy.



Rees Centre, in collaboration with other partners, explore this question through the lens of the 'virtual school' – the team within each local authority tasked with supporting learning and held accountable for progress and attainment. Virtual schools have existed across England since 2014 and play a key role in advocating for young people, liaising with schools and delivering learning opportunities.

The report draws on expert interviews with key stakeholders, focus groups of virtual school heads and analysis of secondary data about local authorities and their virtual schools. It focuses on the concept of effectiveness as it relates to virtual schools and how this might be improved.

The report's key findings are:

- There are important differences in the ability of virtual schools to ensure that young people have stable school attendance, with many local schools actively resisting the admission of children in care. Differences in the availability of special school and alternative provision places and local school approaches to attachment, trauma and mental health needs are also contributory.
- The management of special educational needs and disabilities for children in care is unnecessarily complex and leads to delays in securing school places and the necessary learning support. This is intensified in geographically small local authorities.
- There were universal concerns about the availability of appropriate care placements and pressures on social workers. These factors were heightened in some areas (especially rural) and could lead to disruption and a deprioritising of education.
- The engagement of Ofsted in supporting the education of children of care appears to be limited and inconsistent, in both local authority and school inspections.
- Rees Centre found no evidence that any particular model of virtual school was inherently more effective. Effectiveness was, however, impacted by differences in the stability of funding, the skills/experience of the virtual school head and their relationships with key decision makers.

Children's Commissioner. Missing Children, Missing Grades

This paper looks at the relationship between school absenteeism and Key Stage 4 results. It provides new analysis looking at post-pandemic patterns of absenteeism and academic results. The results of the report provide evidence that pupils who attend regularly and those whose attendance improved are more likely to pass their GCSEs in Year 11, compared to their peers who had low attendance across both Years 10 and 11.



The report finds that:

- School absence has become endemic in Key Stage 4. Over the last couple of years, over a third of all pupils in Key Stage 4 were either persistently or severely absent for at least one year.
- Poor attendance has a dramatic relationship with GCSE results. While 78% of all children who were rarely absent in both years passed at least 5 GCSEs including English and maths, only 36% of children who were persistently absent in both years and just 5% of children who were severely absent in both years reached this same standard.
- Poor attendance has a dramatic relationship with GCSE results. While 78% of all children who were rarely absent in both years passed at least 5 GCSEs including English and maths, only 36% of children who were persistently absent in both years and just 5% of children who were severely absent in both years reached this same standard.

Recommendations to tackle school attendance and support children back into school cover:

- Setting a culture of regular school attendance;

- Tackling persistent and severe absenteeism;
- Developing a multi-agency approach to attendance; and
- Putting the right support in place to sustain attendance.

Children's Commissioner. Homeless 16- and 17-year-olds in need of care

This report examines some of the drivers of youth homelessness, among those aged up to 24. The latest government statistics show that over the past year 55,250 young people aged between 16 and 24 presented as homeless in England, of which 2,340 (5%) were aged 16 or 17. If this group of 16- and 17-year-olds are not being provided with the care that they are entitled to, it will only store up difficulties in the long-term. To address youth homelessness, we need to start here. The young people who are the focus of the report are all vulnerable and are all children.



Key findings of the report are:

- In 2022-23 a total of 6,469 children aged 16 and 17 sought help from their local authority, or were referred by another person or agency for help, because they were homeless or were threatened with homelessness.
- Local authorities did not accommodate all the children who presented as homeless - 41% (1,978) were not accommodated. Of the children not accommodated, 45% were 'not judged to be homeless' by the local authority and 45% were 'supported to remain at home and/or with family'.
- Local authorities should usually take children into care under section 20 of the Children Act, but only 39% of those accommodated were given this status. Most children accommodated (61%, 1,200) were instead accommodated under housing legislation or under section 17 of the Children Act without becoming 'looked after', and there was notable variation in practice around the country.
- When children were accommodated by the local authority many had to share accommodation with adults or to live independently.
- More girls presented as homeless than boys. For non-asylum-seeking children, 2,617 (54%) girls and 2,175 boys (45%) presented as homeless.
- The most common cause of presenting as homeless was family breakdown. Family breakdown was the cause of homelessness for 47% of children.

Tools and Guidance

Office for Health Improvement and Disparities. Promoting healthy weight in children, young people and families

This resource aims to support local authorities, NHS commissioners and providers, voluntary and community sector organisations to take action to reduce obesity. The resource is made



up of briefings and practice examples to promote healthy weight for children, young people, and families as part of a whole systems approach. It helps to:

- Make the case for taking action to reduce childhood obesity.
- Give examples of actions that can be taken.
- Provide key documents that form the evidence base and other useful resources.

The complex nature of obesity demands a whole systems approach, in order to reduce prevalence and give children a healthy start in life. The resources included in this document can be used at various stages of the whole systems obesity process, which requires a coordinated, collaborative approach in order to make a positive difference for children and their families at both scale and pace.

Public Health Wales. Strategies to prevent Adverse Childhood Experiences are vital, says new handbook for professionals

A team of researchers from Public Health Wales have developed a handbook to guide professionals and organisations on how to implement work to prevent Adverse Childhood Experiences (ACEs). Working in collaboration with the World Health Organization Regional Office for Europe and Liverpool John Moores University the researchers developed the guide to help professionals to take action to build resilience in children, and develop trauma-informed organisations, sectors and systems.

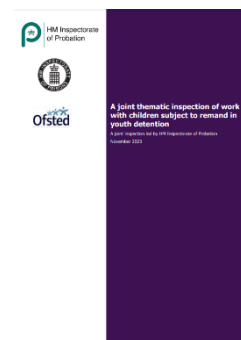
The handbook brings together evidence, resources and case studies from across Europe and internationally. As well as highlighting strategies and information on preventing ACEs, building resilience and developing trauma-informed systems, it presents a series of steps that can be used to put strategies into action. These include:

1. Assessing the current situation and collecting data
2. Raising awareness, gaining commitment, and advocating for change
3. Developing partnership working
4. Selecting, adapting, or developing interventions based on evidence and resources
5. Providing training, support, and a culture for change
6. Evaluating action
7. Scaling up, embedding, and sustaining effective action.

Criminal Justice

Reports

His Majesty's Inspectorate of Prisons. A joint thematic inspection of work with children subject to remand in youth detention



Children who are remanded in youth detention are some of the most vulnerable in our communities. Numerically they are a small group, typically between 200 and 250 at any one time, and around 1,200 in a year. Many have experienced neglect, abuse and trauma. They have often missed out on schooling and have a diagnosis of learning needs and disabilities. Some have been victims of exploitation. For many of them, there have been missed opportunities to intervene earlier in their lives.

This report is based on a sample of children on remand in England and Wales, with research conducted collaboratively by HM Inspectorate of Prisons, HM Inspectorate of Probation, and Ofsted.

The inspection found:

- A quarter of the children were released on bail before being sentenced, and inspectors judged that more of them could have been safely managed in the community.
- Nearly half of the children in the cases reviewed had no previous convictions and some of the remands were long, lasting more than a year.
- In many cases children made no comment at the police interview but this was not always to the child's benefit as admitting the offence at that stage might have made bail more likely.
- In just under three-quarters of cases the Youth Justice Service did not offer a bail programme at the child's first remand hearing.

His Majesty's Inspectorate of Prisons. Children in custody 2022-23



This report provides an analysis of 12-18-year-olds' perceptions of their experiences in secure training centres and young offender institutions. The message is clear: the progress delivered in young offender institutions (YOIs) and secure training centres (STCs) immediately after the COVID-19 pandemic has stalled and in key areas things have got worse. Just 46% of children reported feeling cared for by staff, and 32% of children did not have a single member of staff they trusted to help them if they had a problem. This is concerning not only because children in prison rely on staff for every aspect of day-to-day life, but because there is a link between good, trusting relationships and effective behaviour management.

Findings from HMIP's inspections show the key challenge in both YOIs and STCs is to reduce the conflict and violence that prevent children from spending time out of their cells in purposeful activity, including education and offending behaviour interventions. In this context



it is unsurprising that just 55% of children thought their experiences of custody made them less likely to offend in the future.

This report highlights the impact of several years of failings in children's custody. Despite the significant resources at their disposal, leaders in the Youth Custody Service are unable to guarantee basic services for children. Many spend most of their sentence locked up alone in their cell with very little human contact. Despite employing hundreds of staff and dozens of managers, most sites are unable to deliver one meaningful conversation with each child a week.

Addressing these failings will require an absolute focus on rebuilding the trusting relationships that are fundamental to managing behaviour successfully and addressing conflict. If this is not achieved institutions holding children will continue to be characterised by unpredictable violence, unwieldy keep apart lists and long periods of lock up.

Ministry of Justice. Evaluation of integrated advice hubs in primary healthcare settings – Progress report

This progress report provides an update on Ministry of Justice's (MoJ) commissioned evaluation of integrated advice in primary healthcare settings from January 2022 to June 2024. This report provides a progress update on the implementation phase of the evaluation, including interim findings from the research undertaken to date (between June 2022 and May 2023).



Evaluation of Integrated Advice Hubs in Primary Healthcare Settings
Progress report

Jane Thompson, Henry Allingham, Lilla Morris,
Emily Clark, Jo Hasdon, Nick Hux, Dianne Wright
JF Research & York Health Economics Consortium

Ministry of Justice Analytical Series
2023

The MoJ [Legal Support Action Plan](#) outlines a commitment to delivering smarter, better forms of legal support and initiatives. To achieve this, co-locating legal and health support services are identified as one strategy as part of a holistic approach. There is evidence to suggest that 'Health-Justice Partnerships (HJPs)' can "improve access to legal assistance for people at risk of social and health disadvantage; positively influence material and social circumstances through resolution of legal problems; and improve mental wellbeing". To further test and evaluate the provision of HJPs in England and Wales, an external evaluation was commissioned by the MoJ.

The key progress findings were:

- Intuitive and direct booking systems between Health-Justice Partners were key to the successful referral of patients/clients and the delivery of advice.
- Clients of HJPs tended to be aged 45 or older (65%), female (64%), white (92%), tended to be from E socio-economic grade (55%) and have a long-term health condition (71%).
- Clients most commonly presented with issues to do with government payments (35%) and treatment for mental health issues (31%).
- There is a considerable variation in the scale of the service models meaning that the incremental annual running costs range between £7,000 per annum to £225,000 per annum.

NHS England. A review of health and social care in women's prisons

The National Women's Prisons Health and Social Care Review was established by HM Prison and Probation Service (HMPPS) and NHS England in January 2021, support by the Association of Directors of Adult Social Services (ADASS). The review was mainly undertaken during the COVID-19 pandemic and was extended to 2023 to ensure all stakeholders had sufficient opportunity to participate.

Some of the review's main findings were:

- Health and social care services across the 12 women's prisons are inconsistent, not always gender specific or sensitive to women with protected characteristics. The prison environment is experienced as unfit for purpose by many women and health and social care providers.
- Acutely mentally ill women are still being sent to prison. Prisons are ill equipped to provide the necessary treatment and care for acutely mentally ill women.
- For many women, reception into prison and the early days in custody was traumatic, deeply distressing and bewildering. This was especially the case for mothers separated from their children and pregnant women.
- Most women coming into prison require medication. Medicines management, especially around communication with women and between healthcare and prison staff requires improvement.
- The national substance misuse service specification is not gender specific.
- Improvements have been made in pregnancy and perinatal care and social care support for women who have been separated from their children, but more needs to be done to drive forward meaningful change.

Prison Reform Trust. Equality incapacitated: the disproportionate impact of PAVA spray on Black, Muslim and disabled prisoners

This briefing brings together evidence that, Prison Reform Trust argues, casts doubt on the legality of the use of PAVA spray in prisons.

The first section describes the expansion of PAVA availability in adult male prisons. The second discusses the evidence of disproportionate use of PAVA by race, religion and disability. Third, Prison Reform Trust shows how disproportionate use of PAVA has become the norm. Fourth, they explain the legal context, and argue that the current provision of PAVA spray to prison establishments does not comply with HMPPS' legal obligations. Fifth, they re-examine arguments that PAVA spray contributes to prison safety. Finally, building on evidence, the briefing makes recommendations designed to reduce the disproportionate use of PAVA. These recommendations include calling on HM Prison and Probation Service to:

- Suspend further expansion of PAVA.
- Publish its data on use of force and PAVA.

PRISON REFORM TRUST Equality incapacitated: the disproportionate impact of PAVA spray on Black, Muslim and disabled prisoners



Introduction
The use of force in prison is the subject of a legal prohibition in the circumstances, necessity and proportionality.
This briefing brings together evidence that, use of PAVA, casts doubt on the legality of the use of PAVA spray in prisons.
The first section describes the expansion of PAVA availability in adult male prisons. The second discusses the evidence of disproportionate use of PAVA by race, religion and disability. Third, it shows how disproportionate use of PAVA has become the norm. Fourth, they explain the legal context, and argue that the current provision of PAVA spray to prison establishments does not comply with HMPPS' legal obligations. Fifth, they re-examine arguments that PAVA spray contributes to prison safety. Finally, building on evidence, the briefing makes recommendations designed to reduce the disproportionate use of PAVA.



- Publish the steps it has taken to reduce disparities.
- Document any changes it has introduced in governance to eliminate indirect discrimination.
- Commission the Race Action Programme to re-examine policy and make changes that can reduce disparities.
- Commission further research in live sites specifically to determine the reasons for disparities in the use of PAVA, by protected characteristic.