



CordisPulse

February 2023

Welcome to February'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.

We're pleased to have published research we did last year with funding from the Home Office Domestic Abuse Perpetrator Fund 2021-2022. We built on findings from our [2020-2021 research](#) to explore: (1) How approaches to Domestic Abuse Perpetrator (DAPP) impact evaluation can be improved in the future, and (2) What analysis of domestic abuse perpetrator criminal histories can tell us about identifying future perpetrator behaviour and implications for early intervention/prevention.

We produced a range of outputs including: (1) a summary of findings from the research, (2) three evidence reviews. (3) an analysis of key stakeholder views, and (4) a DAPP impact evaluation toolkit. These can be seen [here](#). This research links well with the recently published Home Office [Standards for domestic abuse perpetrator interventions](#).

Linked to this research, and a range of other projects we've been doing in the field of domestic abuse, we're also facilitating a webinar on the 9th March at mid-day on Domestic abuse perpetrator programmes: what works. If you're interested please do [sign up](#) to the free event.

If you would like to discuss any of the issues raised in this month's Pulse, please do contact us on 020 7330 9170 or email stephenboxford@cordisbright.co.uk.

Best wishes,

Dr Stephen Boxford
Director & Head of Research



Cordis Bright News

Research on criminal histories on domestic abuse perpetrators and approached to DAPP impact evaluation.

We used Home Office Domestic Abuse Perpetrator Fund resource in 2021-2022 to build on the findings of our 2020-2021 research. This new research focused on exploring:

- How approaches to Domestic Abuse Perpetrator Programme (DAPP) impact evaluation can be improved in the future. This focuses on understanding what works, what is promising and the feasibility of improving impact evaluation approaches in the future. The research has a particular focus on exploring how existing routinely collected data, such as Police National Computer (PNC), data can be utilised in impact evaluation.
- What an analysis of domestic abuse perpetrator criminal histories can tell us about the potential for identifying future perpetrator behaviour and any implications for early intervention/prevention. This has a focus on whether and how PNC data can be utilised in developing this evidence base.

The research aimed to take an approach which is supportive of developing the evidence base of 'what works' in delivering DAPPs. We recognise that the field is evolving, and that individuals and organisations involved in this area are striving to achieve the best outcomes for victim/survivors, families, and perpetrators.

However, despite these shared goals, delivering DAPPs is a highly complex area comprising different perspectives and viewpoints, both about how to implement effective DAPPs but also best approaches to DAPP impact evaluation. There are passionate views, and the issues are contentious. Not everyone will agree with everything in this research. However, we hope it provokes discussion and critical challenge, so that greater knowledge can be developed to support the effectiveness of DAPPs and the best approaches to generating evidence about their impact.

As part of the research we produced the following outputs:

- Criminal histories and approaches to DAPP impact evaluation: key findings
- Rapid evidence review 1: Approaches to DAPP evaluation - what works and what's promising?
- Rapid evidence review 2: Criminal histories and domestic abuse perpetration
- Rapid evidence review 3: Data sources for DAPP evaluation – what works and what's promising?
- Approaches to DAPP impact evaluation – an analysis of stakeholder views
- A DAPP impact evaluation toolkit
- DAPP evaluation using administrative data: a potential method



HMICFRS joint custody inspection programme

Between February and August 2022, Cordis Bright worked with HM Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) to conduct an evaluation of HMICFRS's joint custody inspection programme.

The joint inspection team carries out the custody inspection programme and comprises colleagues from HMICFRS, HM Inspectorate of Prisons and the Care Quality Commission. We delivered a mixed methods evaluation, including a rapid literature review, force-level case studies with individual police forces, and interviews with the joint inspection team and wider national stakeholders.

The evaluation found that the joint custody inspection programme has led to improvements in the welfare and dignity of detainees, provides a valuable independent source of evidence for changes in custody provision, and has influenced changes to legislation and guidance at a national level.

The evaluation report also presents a series of evidence-led recommendations for the inspection programme, including in areas such as the make-up of the joint inspection team, the inspection methodology, and the dissemination of inspection findings. We worked closely with HMICFRS and other joint inspection team colleagues to ensure these recommendations are focused on supporting them to make improvements which will increase the impact of the custody inspection programme.

For more information, please contact [Matt Irani](#).

Researcher recruitment round

We currently have a recruitment opportunity for new researchers.

Please download an application pack from our website for further information about the role and about how to apply. We operate a blind shortlisting process so please ensure that you follow the instructions closely. Deadline for applications is 10am on Monday, 13 March 2023. We plan to hold an assessment centre on Wednesday, 22 March or Thursday, 23 March. The assessment centre will be held in-person at our London office. We will cover travel costs.

More information is available [here](#)

Adult Social Care and Health

Reports

Department of Health and Social Care. Workforce Recruitment and Retention Funds: outcomes and findings.

This report published by the Department of Health and Social Care evaluates the outcomes of the Workforce and Recruitment funds (WRRFs) by analysing monitoring information, surveys, workshops and focus groups with local authorities and providers. These funds (£462.5 million in total) were made available to local authorities to be spent on activities to address workforce capacity pressures in the adult social care sector through recruitment and retention activity between 21 October 2021 and 31 March 2022.

Key findings include:

- Local authorities reported that 23.2 million staff hours were generated by measures supported by the WRRFs. Of the 23.2 million hours generated, it was estimated that 2.9 million staff hours (12.5% of the total) were additional relative to what would have been expected without the funds.
- Local authorities reported that 109,000 recruits were generated by WRRF measures. Compared to the September 2021 baseline period, it was estimated that there were 7,000 fewer recruits generated by WRRF measures during the funded period than would be expected. This is supported by qualitative feedback which highlighted that the lead-in time or fund period was too short to have a tangible impact on recruitment activities.
- The report estimated a net growth of 33,000 staff relative to the baseline period. This net growth is driven by increased retention rather than improved recruitment and is a statistically significant improvement on the baseline period. Qualitative feedback also highlighted that the fund was most effective when used on retention methods or investment in the existing workforce (such as overtime, childcare costs and bonuses).

A breakdown of how local authorities spent the fund, lessons learnt from the WRRFs, and further in-depth qualitative findings are also included.

Joseph Rowntree Foundation. UK Poverty 2023.

The UK Poverty 2023 report by the Joseph Rowntree Foundation sets out recent trends in poverty across the UK, how levels of poverty differ between groups of people and regions, and the impact it has on people's lives and scrutinises data thoroughly to work out who is worst affected, determine how trends are changing over time and see what the future prospects are likely to be.

Key findings include:

- 13.4 million people were living in poverty in 2020/21, around 20% of the population. Of these 7.9 million were working-age adults, 3.9 million were children and 1.7 million were pensioners.





- There was a reduction in the headline poverty rate and numbers between 2019/20 and 2020/21 during the first year of the pandemic, with the largest reductions for pensioners and children due to the £20 universal credit uplift and a decrease in the relative poverty line.
- The latest data shows a similar picture to previous reports in terms of the groups more likely to be in poverty, but there have been reductions in poverty rates for some of the groups with the highest poverty rates, where the temporary coronavirus-related support is likely to have had a large effect.
- Looking at the geography of poverty, the latest data reflects a similar ranking, with Northern Ireland and Scotland having lower poverty rates than England and Wales and, within England, the North East and London having the highest rates.
- There remain huge variations in poverty rate by ethnicity. Around half of all people in households headed by someone of Bangladeshi ethnicity were in poverty in 2020/21, with rates for people in households headed by someone of Pakistani or Black ethnicity also having very high poverty rates of more than 4 in 10, more than twice the rate of people in households headed by someone of white ethnicity.
- The cost of living crisis is having a wide-ranging effect on poorer households. Across the poorest fifth of households over half are in arrears, around a quarter use credit to pay essential bills and around seven in ten families are going without essentials.
- Low income families are struggling to afford essentials. Almost a fifth of poor households and over a quarter of households in receipt of Universal Credit experienced food insecurity in 2020/21.

The report expresses concern that living standards are likely to have fallen since the latest official data covering 2020/21 and provides policy recommendations to reduce poverty.

Public Health Wales. Inequalities in access to healthcare services: Agile Scoping Report

This report presents an overview of the of UK and international evidence on inequalities in access to health services by the Evidence Service at Public Health Wales. This report aims to identify which population groups experience inequalities and face barriers when accessing healthcare.

The scoping review identified inequalities in access to healthcare across seven population characteristics. These were age, level of education, ethnicity or immigration status, gender, medical and lifestyle risks, rurality and social deprivation, and socioeconomic status.

The scoping review findings suggests the presence of inequalities in access, uptake and referral to health services within each population characteristic. However, the direction of this inequality is influenced by a number of factors including the type of population characteristic, its specific needs, type of health service being accessed and comparison group.

Several barriers contributing to the inequalities in access to healthcare services were identified. These were predominantly reported amongst ethnic minority populations, migrant populations, and older adults; and mainly comprised of factors relating to accessibility and affordability of the healthcare services.



The factors impacting the accessibility of the healthcare services included a lack of understanding of local healthcare services and entitlement; lack of culturally appropriate services; digital exclusion; and geographical inaccessibility.

Direct and indirect financial barriers relating to the affordability of a healthcare service identified included time and cost of travel, the requirement to take time off work, sourcing childcare provision, or competing priorities like family commitments.

Public Health Wales. Time to Talk Public Health: Panel Recruitment Survey

A new survey by Public Health Wales has highlighted that people in Wales are increasingly worried about money, with 37 per cent agreeing that they are 'only just managing' and a further 11 per cent 'not managing' to make ends meet.

While a previous survey in January 2022 showed 60 per cent of people were 'not at all' worried about their finances, in this latest survey this figure has more than halved to just 27 per cent of people. In addition, 26 per cent of people reported that they were worrying 'a lot' about their finances; an increase from 15 per cent in January 2022.

Of the 2,000 people that completed the first 'Time to Talk Public Health' survey between 7th November 2022 and 8th January 2023, nearly two in five (38 per cent) reported they were worrying 'a lot' about the cost of living. One in three (34 per cent) strongly agreed that they were cutting back on non-essential spending due to the cost of living, and one in four (25 per cent) strongly agreed that rising costs of living are reducing their quality of life.

Other key findings include:

- 60% of people agreed that the rising costs of living are reducing their quality of life.
- 74% per cent of people agreed that many people they know are struggling to cover their cost of living.
- 78% of people agreed they were cutting back their spending on non-essentials and luxuries to help with rising costs of living.
- 86% of people agreed that many people they know are cutting back spending on non-essentials and luxuries to help with rising costs of living.
- 87% of people agreed that they have worried about the cost of living in the last week.
- 68% of people are worried about the ability to heat their home.

Briefings

The Health Foundation. What is the outlook for health funding?

In this analysis, the Health Foundation looks at the outlook for health funding following the 2022 Autumn Statement, draws out some implications for clearing the NHS estate maintenance backlog and looks at the potential impact of pay and other cost pressures on NHS spending power.

Key highlights include:

- The 2022 Autumn Statement saw the Chancellor promise an extra £3.3bn for the NHS and £1.4bn for capital investment in 2023/24 and 2024/25. In cash terms, spending in 2024/25 will be almost £14bn higher than in 2022/23.
- Much of this additional spending will be needed to meet inflation. After accounting for inflation, real-terms funding in 2024/25 will be £6bn higher than in 2022/23.
- This means that in real terms, core day-to-day spending on the NHS will rise by 2% a year by 2024/25, while capital spending will grow by just 0.2%.
- Overall, the Department of Health and Social Care's funding settlement will increase by 1.2% a year in real terms over the next 2 years. This is higher than planned at the last Spending Review but far below the 3.6% long-term average growth rate.
- The NHS continues to face rising cost pressures that will erode the spending power of this settlement, with pay being the most significant. Health service inflationary pressures may be higher than the government estimates through the central GDP deflator forecast.
- The different methods used to estimate inflation for the whole economy show that the buying power of this settlement is uncertain. The unknown outcome of future pay negotiations and volatility in the cost of other key inputs add further uncertainty around the actual cost pressures the health care sector will face.

The Kings Fund. Independent health care and the NHS.

In this briefing, the Kings Fund set out some of the trends in public and private spending on independent sector health care providers. They consider what factors may be driving these trends, look at the impact this has on household spending among different groups, and consider some of the implications for the public and the NHS.

Key messages include:

- Spending on health care services is higher in households with the most disposable income. However, for the top decile, household spending on healthcare services as a proportion of disposable income is roughly equivalent to that seen in the least well-off households.
- In the five years before the Covid-19 pandemic, compared to households with higher disposable incomes, households with lower disposable incomes have seen a larger increase in the share of their disposable income that is spent on hospital services – from 0.3 per cent in 2015/16 to 0.8 per cent in 2019/20.
- People's motivations for self-funding their health care, rather than using the free-at-the-point-of-use NHS, are mixed. Polling data suggests that more people would now consider self-funding as a direct result of long waiting times and difficulties accessing NHS treatment. However, some market analysts have argued that economic conditions, including the rising cost of living and recession, may slow the rate of increase in private spending on health care.

Independent health
care and the NHS

Jonathan Holmes
January 2023



- The increase in the numbers of people choosing to self-fund health care may have serious implications for inequalities in health and access to services if people with lower disposable incomes are forced to choose between higher costs of health care or longer waits.

Tools and Guidance

NHS England. Dynamic support register and Care (Education) and Treatment Review policy and guide.

This new policy aims to prevent unnecessary hospital admissions for people with a learning disability and autistic people.

Dynamic support registers (DSRs) and Care (Education) and Treatment Reviews (C(E)TRs) are essential elements of the pathway providing people with a learning disability and autistic people with appropriate support and care at the right time – so that they can lead the lives they want to and meet their ambitions and aspirations; and can stay safely and healthily in the community or return to this as soon as possible.

This document provides policy and guidance on both, DSRs and C(E)TRs, for implementation from 1 May 2023 and updates to the Care (Education) and treatment reviews.



NHS England. Workforce development framework: Social prescribing link workers.

The purpose of the social prescribing link worker (SPLW) workforce development framework is to:

- Provide clear and consistent standards for SPLW practice, including their knowledge, skills and behaviours.
- Provide guidance on the support, supervision, and learning and development offer required from employers to support SPLWs.
- Promote the development of a strong and capable workforce of SPLWs and their future development.
- Support improved quality and consistency of social prescribing and reduced variation in outcome and access standards.
- Demonstrate the benefits of SPLWs working as part of a multidisciplinary team (MDT).

The framework includes core competencies for the role and links to resources to support employers to recruit and embed SPLWs in services. Organisations employing SPLWs, including primary care networks (PDNs), can use this framework to support recruitment and retention. It will help them develop a greater understanding of the role, its scope of practice and the training and development SPLWs need to enable them to practice safely and effectively.



Office for Health Improvement and Disparities. Healthy eating: applying All our Health.

The guide from the Office for Health Improvement and Disparities aims to help frontline workers use their trusted relationships with individuals, families and communities to promote the benefits of a healthy, balanced diet.

Within the resource there is also guidance on what a healthy balanced diet is, why healthy eating should be promoted in professional practice, core principles for health and care professionals, understanding local needs and recommendations of important actions that managers and staff holding strategic roles can take.

NHS England. Using the NHS Health and Wellbeing Framework successfully.

Between October 2021 and March 2022, NHS England supported 24 organisations and integrated care systems (ICSs) to engage with and use the revised Health and Wellbeing (HWB) Framework using a community of practice model.

The HWB Framework comprises a seven-element model that describes good workplace wellbeing in the NHS, and a toolkit that helps organisations to understand their needs, develop their strategy, and create an investment/implementation plan to help build a positive wellbeing culture.

This report is designed to share learning with others who are considering using the HWB Framework in their healthcare settings, to improve the health and wellbeing of their workforce and create a culture of wellbeing.

Children and Young People's Services

Reports

UK Health Security Agency. Childhood vaccines: parental attitudes survey 2022 findings.

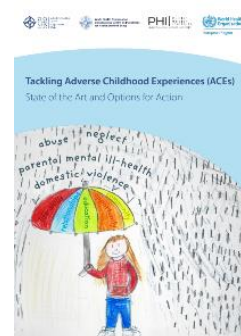
This survey by the UK Health Security Agency (UKHSA) addresses parental attitudes towards vaccination. UKHSA designed an online survey and commissioned the commercial parenting organisation, Bounty, to send an invitation email and survey link to parents registered with their organisation. A total of 1,485 surveys were completed among parents of children aged 0 to 4 years.

Key findings include:

- Parents had a high level of confidence in the vaccine programme. 95% of parents surveyed agree vaccines work, 91% think vaccines are safe and 90% agreed that they trust vaccines.
- Most parents came across information that made them feel vaccines were important for their baby or child. 74% of parents surveyed had read, heard or saw something that made them feel it was important for their baby, or young child to have their vaccines.
- Parents surveyed have a high level of trust in vaccination information received from healthcare professionals and the NHS.
- When asked to rank different sources of vaccine information 93% ranked the NHS in first to third place, 91% ranked health professionals (like their GP, practice nurse, midwife, health visitor) in in first to third place and 84% ranked pharmacists in in first to third place.
- Most parents said they had enough information to make an informed decision about vaccinating their child. 81% of parents agreed they had enough information to make an informed decision about vaccinating their child.

Public Health Wales. Tackling Adverse Childhood Experiences (ACEs). State of the Art and Options for Action.

Reducing the on-going impacts of Adverse Childhood Experiences (ACEs) across Europe is possible through prevention, building resilience, and engaging in trauma-informed practice, highlights a new report from Public Health Wales, in conjunction with the World Health Organization (WHO) Regional Office for Europe and Liverpool John Moores University.



This report brings together current evidence on ACEs and aims to inform a broad audience about the causes and consequences of ACEs and evidence-based options for their prevention and the moderation of their impacts on health across the life course.



The Sutton Trust. Equal Hours? The impact of hours spent in early years provision on children's outcomes at age five, by socio-economic background.

This report by the Sutton Trust explores the optimum number of hours of early years provisions, and whether this differs by socio-economic background. Using the Study of Early Education and Development dataset, the report looks in greater detail at the impact of the number of hours that young children have in early years education and care, with breakdowns by socio-economic background. The report also looks at how the quality of a child's home learning environment can impact on the effects of time spent in early years provision.

Key findings include:

- The report finds that the relationship between children's development between ages 3 and 5 and children's exposure to early childhood care and education is complex and differs substantially between children from disadvantaged families and their more advantaged peers.
- For children from disadvantaged families (those in the lowest 40% of the income distribution), there are benefits for cognitive development associated with early childhood education and care usage between the ages of 3 and 5 years. These benefits are on average substantially greater if the provision is of high quality.
- For children in more advantaged families (the upper 60% of the income distribution) early childhood care and education is less important than for disadvantaged children. For better off children, outcomes from attendance are more mixed, with both positive and negative associations, although there are fewer negative impacts for this group when provision is of high quality.
- There are some socio-emotional benefits but also some socio-emotional drawbacks linked with formal group early childhood education and care usage. The drawbacks largely concern externalising (or antisocial) behaviour. The association with externalising behaviour, behavioural self-regulation and emotional self-regulation is strong for better off children, whereas for internalising behaviour (children becoming easily upset or anxious) the association is stronger for disadvantaged children. However, these drawbacks are not found for disadvantaged children in high quality provision. It is also reduced, even at high levels of attendance, when a child is in a mix of individual and group provision.
- There will be little extra benefit to children's development of early years provision of greater duration than 15-20 hours per week, but if the provision is of high quality, there are unlikely to be adverse effects for disadvantaged children, and longer hours could bring wider benefits to families (e.g. by allowing parents to work).
- A high-quality home learning environment is beneficial for children, with higher family home learning environment (HLE) scores associated with better verbal ability at age 5 for both disadvantaged and better-off children. For disadvantaged children, a better home learning environment is associated with better behavioural self-regulation at age 5 and can also help to prevent the poorer socio-emotional outcomes which are otherwise associated with high use of lower quality early years provision.



REES Centre. Care leavers transition into the labour market in England

Care leavers' transition into the labour market in England

Dr Neil Harrison, Jo Dixon, David Sanders-Ellis,
Jade Ward and Poppy Askler

January 2023



The REES centre explores the risk and protective factors for care leavers as they enter early adulthood and begin their employment journeys. The report produces novel evidence, founded on large scale national datasets and qualitative exploration, to enable policymakers, practitioners and the research community to better understand transitions into early adulthood for care leavers and support a better-informed policy debate and lead to stronger policymaking and practice, both nationally and at the local level.

Key findings include:

- Care leavers were considerably more likely than other young people to be NEET at 20 years and 7 months. In their dataset, 28.6% of care leavers were NEET on the census date, compared to just 2.4% of the general population. This was a statistically significant difference that persisted even after a wide range of demographic and educational factors were accounted for.
- 13.3% of care leavers studied at Level 4+ (nearly always in the context of higher education), compared to 46.2% for the general population. However, their propensity to do so was not statistically different from that predicted by their demographic and educational background.
- There was a strong correlation between overall KS4 attainment for care leavers and their propensity to move into post-16 education and training, as well as the type (school or further education) and level of study.
- Care leavers were more likely to undergo disruption to their schooling, for example, through high levels of absence, exclusions or school moves. For example, 26.0% of care leavers were 'persistent absentees' at some point in KS3/KS4, compared to 9.3% in the general population.
- Care leavers made extensive use of further education, with 67.9% engaging at some point up to 20 years and 7 months. In contrast, they were much less likely to continue in school than the general population; for many, this was due to negative experiences of school.
- There was a strong statistical link between being economically inactive in early adulthood and being assessed with high levels of special educational needs during KS4, including attending a special school. This held for all young people, but it was particularly marked for care leavers, of whom 62.4% were identified as having a high level of need. For care leavers, this relationship reflects instances of mental health issues arising from traumatic experiences before, during or after being in care, as well as learning difficulties that may be diagnosed late due to conflation with other difficulties at school.
- Little direct relationship was found between metrics capturing elements of care experience (e.g. length of care or number of placements) and care leavers' outcomes at 20 years and 7 months. This suggests that these factors predominantly exerted their influence indirectly and earlier in time, for example, on attainment at 16 and progression into post-16 education and training.

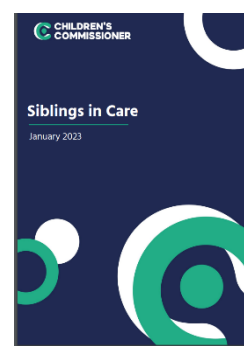
- 20.7% of care leavers were in precarious work at 20 years and 7 months – the most common outcome after economic inactivity. This was reflected in interviews with care leavers and professionals (undertaken during the Covid-19 pandemic), who reported that job opportunities were limited and often insecure and poorly paid; this is consistent with the findings of other studies of contemporary youth employment.
- Relatively few (5.7%) care leavers were unemployed for a period of three months or more at 20 years and 7 months, compared to the higher proportion who were economically inactive (38.8%). Efforts to reduce the number of NEET care leavers need to be cognisant of this distinction, with appropriately targeted interventions.

Further recommendations for national government, local policymakers, practitioners and employers and researchers and funders of research are also included.

Children's Commissioner. Siblings in Care.

This report from the Children's Commissioner estimates the number of children in care who are separated from their siblings and investigates the impact that this has on them. Their analysis reveals that:

- There are an estimated 20,000 children in care in England who have been separated from their siblings. This is more than 1 in 3 children in care (37%).
- Of the sibling groups who were split up, 39% were split between 2 different local authorities and 2% were split between 3 or more different local authorities.
- Certain characteristics are associated with a higher probability of being split up from siblings including: being in a larger sibling group, going into care at an older age, and going into a children's home or semi-independent accommodation.
- An estimated 26% of children with one sibling in care are separated from their sibling compared to 43% of children with 2 siblings, 57% of children with 3 siblings, and 64% of children with 5 siblings.
- Children placed in semi-independent accommodation or children's homes are much more likely to be separated from their siblings (93% and 78%) than children placed in foster care with a relative or friend (30%).
- Children in care because of socially unacceptable behaviour and children in care because of a disability are more likely to be separated from their siblings than children in care for other reasons. Among children in care with siblings who were separated, an estimated 46% of children went into care because of a disability compared to 37% of children who went into care because of abuse or neglect.



This report makes eight recommendations which would drive sufficiency of placements, improve practice on sibling placement and contact, and ensure that children's needs and voices are at the heart of decisions made about them.

Children's Commissioner. Findings from The Big Ask: Children in care.

This report presents a new analysis of The Big Ask, a national consultation exercise with children in England to ask them about their lives and priorities, aspirations and worries for the future. This report aims to enrich the existing analysis of responses to The Big Ask from children in England by exploring the data in the free-text responses written by the 2,261 children in care who responded to the survey.



In The Big Ask, children aged 6 to 17 were asked one free-text question about perceived barriers facing children in England, preventing them from achieving what they want to achieve in the future.

In response to these prompts, children in care most commonly cited macro-level barriers: high level societal and cultural issues. Children acknowledged that these were issues facing children across the country. Many children also recognised that these barriers were interconnected. Children frequently talked about Covid-19 and social restrictions and called for more health and wellbeing support. They mentioned jobs, financial limitations, a lack of support from school, and their online experiences. They discussed inequality, the environment, and government, law and crime.

Children also identified micro-level barriers, relating to their immediate environment: school, family life, friends and home and experiences of being in care. These are aspects of their life they directly interact with. Children spoke about the importance of family life and relationships for their future. They also talked about the potential impact of a negative family life on other aspects of their life. Children often reflected on being in care as a barrier to achieving their goals in future. Some identified their current living situation as a barrier to them being able to do certain things.

Briefings

COVID Social Mobility and Opportunities Study. Health Impacts and Behaviours.

This briefing explores the incidence of COVID-19 and long COVID among a sample of young people, as well as how many young people were asked to shield during the pandemic, comparing patterns by socio-economic background and considers how this has affected young people's education, including GCSE attainment using linked National Pupil Database (NPD) data.

Aside from COVID-19 directly, patterns in exercise, smoking, alcohol and drug use among young people are also investigated. Parent and guardian responses are also analysed relating to their health behaviours, as well as their behaviour in relation to self-isolation and COVID-19 vaccination.

Key findings include:

- Between October 2021 and March 2022, 48% of young people in the study reported having COVID-19. Of this group, 1 in 5 said they had long COVID (equating to 9% of the sample overall). 70% of these participants said that this limited their daily activities - 26% said activities were limited 'severely' (2% of the population overall).

- Those from the most deprived parts of the country (determined by IDACI quintile groups, an area-level measure for disadvantage) who had contracted the virus were more likely to report symptoms of long COVID, at 25% of those infected compared to 18% of those from the least deprived areas.
- 8% of participants said they were asked to shield at some point during the pandemic. Shielders were more likely to take part in catch-up activities like tutoring and weekend catch-up classes, compared to those not asked to shield.
- Controlling for background characteristics and prior attainment, suffering from long COVID that severely limits daily activities and being asked to shield were associated with lower teacher assessed GCSE grades. The experience of being seriously ill in hospital (not only due to COVID-19) is also negatively associated with teacher assessed GCSE attainment.
- Taking part in sports organised by school was considerably more common at independent schools (at 72% pre-pandemic) than in state comprehensives (26%) and grammars (32%). Provision by schools fell across all school types during the pandemic, although participation rates fell the least in independent schools, reducing by 9 percentage points, compared to 18pp in grammars and 14pp in state comprehensives.
- 23% of young people reported having smoked a cigarette, lower than the 33% who reported having used e-cigarettes. The use of e-cigarettes was more prevalent among young people from disadvantaged family backgrounds and state comprehensive schools compared to their more advantaged peers.

Tools and Guidance

The Local Government Association. Local government out of area placements guidance.

This guidance sets out best practice and procedure on out of area placements and suggested minimum standards which all councils should ideally agree to follow when making both temporary and long-term placements of households in another local authority area within England. This applies to accommodation used to meet the duties set out in homelessness legislation, as well as when a local authority is supporting a child under Section 17 of the Children Act 1989, where this support includes provision of accommodation. It particularly applies to local housing authorities and, where applicable, to children's services authorities.



NSPCC Learning. Research with children: Ethics, safety and promoting inclusion.

NSPCC details how to provide the right support and appropriate action to take to ensure children feel respected and can participate in research. Detail is provided about managing the risk of harm, obtaining informed consent and what researchers should do if they have concerns about a child.

Criminal Justice

Reports

Staff college. 'Just Fair': Leading in Colour. Spotlight on Youth Justice.

This Leading in Colour report by the Staff College on 'Just Fair' is a helpful resource to support and challenge leaders to find ways to enable black children to grow up safely and well in local communities and stay out of the youth justice system.

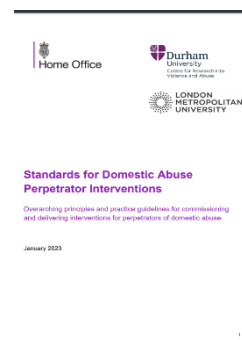


Contents include:

- Getting to 'Just Fair'
- Why You and Why Now? – a direct and personal challenge for professionals
- 'Just Fair' – challenges professionals to reflect on their contribution and commitment to being a racially just leader and the system challenges, conversations and commitments that are possible to lead.
- Six 'If Only' conversations and commitments to lead to change and impact:
 - with Self
 - with Early Years practitioners
 - with Schools
 - with Family Support services
 - with Children's Social Care
 - with local Youth Justice system partners
- Resources for professionals which include:
 - Conversations to support leaders in this work
 - Assurances and Commitments local leaders will want to seek
 - A Curated Resource of tools, approaches, blogs, podcasts and publications in this space

Home Office. Standards for Domestic Abuse Perpetrator Interventions.

This piece of work was commissioned by the Home Office to develop evidence-based standards for interventions with perpetrators of domestic abuse. Based on a literature review and practice-based evidence, seven standards have been developed:





1. The priority outcome for perpetrator interventions should be enhanced safety and freedom (space for action) for all victim-survivors, including children.
2. Interventions should be located within a wider co-ordinated community response in which all agencies share the responsibility of holding abusive behaviour in view, enabling change in perpetrators and enhancing the safety and freedom (space for action) of victim-survivors and their children.
3. Interventions should hold perpetrators to account, whilst treating them with respect, and offering opportunities to choose to change.
4. The right intervention should be offered to the right people at the right time.
5. Interventions should be delivered equitably with respect to protected characteristics that intersect and overlap.
6. Interventions should be delivered by staff who are skilled and supported in responding to domestic abuse.
7. Monitoring and evaluation of interventions should take place to improve practice and expand the knowledge base.

Each of the seven standards with linked practice guidelines are discussed in more depth in turn in this document.

The Ministry of Justice. Formal support needs of adult victim-survivors of sexual violence.

In 2021, the Ministry of Justice (MOJ) made a commitment in the Rape Review Action Plan to conduct “targeted research with rape victims to better understand their experiences and what they want from support services so that future provision meets need”. To meet this commitment and to fully inform the recommissioning of the Rape and Sexual Abuse Support Fund (RASAF), MOJ analysts and external contractors undertook 3 strands of research:

1. A literature review of existing evidence
2. A self-selecting survey conducted with adult victim-survivors
3. Qualitative research with disabled adult victim-survivors

The methodology, findings and recommendations have been outlined in the following 4 reports:

- Formal support needs of adult victim-survivors of sexual violence: A summary of findings and recommendations from the Ministry of Justice’s research programme.
- Formal support needs of adult victim-survivors of sexual violence: A literature review of existing evidence.
- Formal support needs of adult victim-survivors of sexual violence: Survey findings.

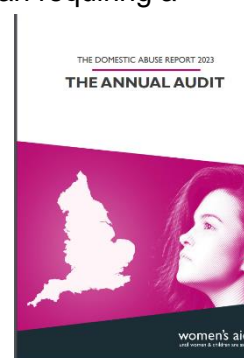
- Formal support needs of disabled adult victim-survivors of sexual violence: Qualitative research report.

Women's Aid. The domestic Abuse Report 2023: The Annual Audit.

This annual report by Women's Aid gives an overview of the domestic abuse support services available in England, including provision and usage, during the financial year 2021–22. This reporting period saw the introduction of the Domestic Abuse Act (2021) and explores the impact of the statutory duty placed on local authorities to fund support in safe accommodation for survivors of domestic abuse.

Key findings include:

- Many women struggled to access services equipped to meet their needs: Almost a quarter of survivors (22.3%) reported having a physical health disability. However, only 1.1% of refuge vacancies listed on Routes to Support in 2021-22 were suitable for a woman with limited mobility and just 0.9% of vacancies could accommodate a woman requiring a wheelchair accessible space. Whilst 4,611 (12.1%) service users were not British nationals and, of these, 30% did not have recourse to public funds (NRPF), only 9.1% of all vacancies could consider women with NRPF. Most women (62.0%) had children, with an average of 1.3 children per service user, and yet less than half of refuge vacancies could accommodate a woman with two children.
- Shortfalls persist in refuge bedspaces and vacancies: The increase shown in the number of bedspaces during 2020-21 (largely as a result of emergency Covid-19 funding) appears to have been sustained over 2021-22 and bedspaces have increased (1st May 2022) by a further 55. There is, however, still a 23.2% shortfall. Meanwhile, despite this increase in the number of spaces, 229 fewer vacancies were made available during 2021-22 overall compared to 2020-21, when vacancies were already at significantly lower levels due to the impact of the pandemic.
- Experiences of service providers around the implementation of the duty were mixed: Some reported feeling optimism for service expansion from the increase in dedicated funding (49.2% of respondents running refuge services had received funding as a result of the statutory duty), however, there were also significant concerns around the commercialisation of commissioning and variation in the way that local authorities were interpreting the regulations and guidance. Services were concerned about decommissioning of specialist services, particularly those run 'by and for' Black and minoritised women, in favour of competitive tenders, more generic housing-focused providers and taking services 'in-house'.



Office for National Statistics. The links between young people being imprisoned, pupil background and school quality.

This report investigates whether the quality of school, as rated by Ofsted, has a link with rates of imprisonment for young people. Utilising Office for National Statistics (ONS) analysis with qualitative analysis with students at risk of becoming involved crime this report considers elements such as poverty, urbanisation and growing up in care.

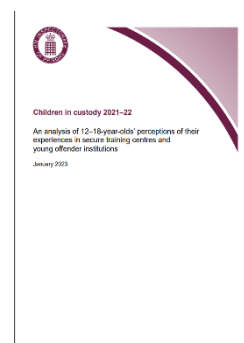
Key findings include:

- Analysis of the data confirmed that young people who were imprisoned were more likely to be from disadvantaged backgrounds and that the link between school quality and imprisonment is complex.
- Lower-rated state schools generally have more students with characteristics that are themselves associated with higher rates of imprisonment. Accounting for these differences in who attends schools, where the schools are, and the type and size of school explains most of the link between school ratings and imprisonment.
- Nevertheless, controlling for all these factors, school rating has a small effect. Students at lower-rated schools have 11% higher odds of going on to be imprisoned compared with students at higher-rated schools. In practice, a very small number of people go on to receive an immediate custodial sentence, so this is a difference of about 1 in 1,000 students.

HMIP. Children in custody 2021-22. An analysis of 12–18-year-olds experiences in secure training centres and young offender institutions.

This report draws from the inspections of, and surveys carried out in six Young Offender Institutions and two Secure Training Centres in England and Wales.

This report combines evidence from inspections and surveys of children conducted by HMI Prisons in 2021–22, along with published statistics.



The report focuses on:

- The types of children in custody and how their experiences of custody differ.
- The impact of the pandemic on children in custody.
- Children's experiences of purposeful activity in custody.

Briefings

Prison Reform Trust. Bromley Briefings Prison Factfile.

Within this annual briefing the Prison Reform Trust brings together the latest information about prisons and the people within them, with a specific focus on:

- The changing face of parole.
- Sentencing and the use of custody.
- The state of our prisons.
- People in prison.



- Health in prison.
- Rehabilitation and Resettlement.
- Other UK prison systems.