CordisPulse

March 2023

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

This month's Pulse includes a series of reports about the cost of living crisis. Through our work as evaluators of the Back on Track Financial Shield project in Lambeth and Southwark, we're seeing the increasing impacts of the crisis on people's financial wellbeing, and the links this has to their physical and mental health. The Financial Shield project offers a promising model for supporting people manage the impacts of the costs of living crisis, and the potential benefits this may have for their wider health and wellbeing. For more information about the project, please visit the Financial Shield website.

In the area of criminal justice, HMICFRS have published the latest PEEL Assessment Framework for 2023 to 2025. At a time where public trust and confidence in policing is low, the importance of a robust framework to guide independent inspections of forces is key. We recently worked with HMICFRS to deliver an evaluation of their custody inspection programme, and our evaluation report identified a number of areas in which the programme could increase its impact on public confidence and understanding of forces' custody provision. Our evaluation report is available in full here.

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

Best wishes,

Dr Stephen Boxford
Director & Head of Research

If you would prefer not to receive future editions of the CordisPulse, please click ‘unsubscribe’ at the very end of this email. If you would like to discuss anything that arises from the Pulse (or if there are others who you think would like to receive copies) then please contact Dr Stephen Boxford on stephenboxford@cordisbright.co.uk or 020 7330 9170.

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

Telephone: 020 7330 9170

Email: info@cordisbright.co.uk @Cordisbright
Website: www.cordisbright.co.uk Cordis Bright

Cordis Bright News

Welcoming our new members: Dr Natalie Savona

Cordis Bright is growing our team and we're excited to be joined by four new Principal Consultants. This month, we'd like to introduce you to Dr Natalie Savona.

Natalie came to Cordis Bright from the London School of Hygiene and Tropical Medicine where she was an assistant professor in the Faculty of Public Health and Policy. Natalie has particular expertise in relation to:

Systems thinking

Natalie works with clients to help them identify and understand the different contributing factors to a particular challenge, then using this information to develop innovative and impactful solutions. Most recently, this has focused on:

- The education attainment gap. Helping to create a comprehensive map of the factors driving it, and what could be done to reduce it.
- Improving food security for 11-19 year olds using an integrated approach across a London borough to create system-wide change, i.e. ensuring consistent access to enough food for a person to live an active, healthy life.
- Those with no recourse to public funds, with a particular focus on improving support to prevent people falling into destitution or exploitation.

She is also running a series of workshops for Public Health Wales to skill-up staff on systems thinking.

Childhood obesity and food security

Natalie works with local areas, governments, and pan-government organisations to help address obesity. For instance, at LSHTM, Natalie led the systems mapping workstream for European Commission-funded, five-year, multi-site, multi-million-euro research on adolescent obesity. Natalie is co-author on the much-cited, award-winning Lancet paper *'Why we need a complex systems model of evidence for public health'*. She continues to work as a co-investigator on a National Institute of Health Research programme evaluating how local authorities could improve the effectiveness of interventions to address inequality in childhood obesity prevalence. She is keen to work with local public health teams and other organisations to develop evidence-based interventions or help assess the impact of practice on-the-ground.

Public health and improving population health

Natalie works with local authorities, VCS and funders on initiatives designed to improve population health. Currently, she is co-directing our evaluation of The National Lottery Community Fund and King's Fund programme, Healthy Communities Together (HCT). HCT is a complex piece of work, supporting five localities to increase partnership working across the voluntary/community and statutory sectors and the NHS, to improve population health outcomes.

Natalie says:

> *"I enjoy collaborating with local authorities, in partnership with the voluntary/community sector, to use systems thinking on issues as varied as obesity, food security and immigration. Systems theory is a way to 'cradle' the messy, interconnected, ever-changing parts that form a whole, in social and health issues. It helps us to make sense of all the moving parts, how they affect each other, to see ways forward and how any action or intervention may land."*

In the words of one of our clients:

> *"Natalie has helped to identify and cement the 'north star' in our work, and with her systems expertise, to get well on the way to reaching it."*

If you would like to discuss further, please don't hesitate to contact Natalie on nataliesavona@cordisbright.co.uk.

Adult Social Care and Health

Reports

NHS England. Case Studies to support integrated care systems to adopt and spread innovation.

The Accelerated Access Collaborative (AAC) has co-developed a series of case studies with AAC partners on the implementation approaches taken in local integrated care systems (ICS) to promote the adoption and spread of proven innovation.

ICSs have a statutory duty to support innovation adoption and spread. As illustrated in the collective case studies, there is no single way to meet this commitment. Ways in which ICSs can facilitate innovation include:

- Driving local leadership in innovation through clinical and care professionals and/or dedicated innovation roles.
- Working to foster a culture of innovation across local health and care organisations and partnerships.
- Implementing local organisational structures which support and promote the adoption of innovation.
- Working to tackle health inequalities through increasing equity of access to innovation or through the promotion of innovative products which reduce health disparities.
- Facilitating collaborative partnerships working towards the adoption and spread of innovation, including working with the voluntary, community and social enterprise (VCSE) sector.

NHS England. Case study: 20,000 plus people avoid hospital admissions in Birmingham thanks to new health approach.

A partnership approach to health and social care in Birmingham helped to prevent more than 20,000 people being unnecessarily admitted to hospital from March 2020-March 2022. The ‘Early Intervention’ approach, now considered ‘business as usual’ across the city, focusses on frail, vulnerable and older people and works to a ‘home first’ ethos. It helped reduce a person’s length of stay in hospital from an average of 12 days to four days, saving 120,000 bed days a year and ensuring that 45% of people are now more likely to go straight home when discharged from hospital instead of being admitted into long-term care, creating a financial benefit valued at £26.7m

NHS England. Case study: Warwickshire frailty service keeps half of patients at home after falls.

A partnership approach to caring for the frail and elderly in Warwickshire has led to a frailty service that is keeping 50% patients at home after a fall, with just 3% having to return to hospital at a later date, down from 15%.

When paramedics visit someone who has had a fall, they can call a frailty phone for advice from frailty consultants and Advanced Care Practitioners (ACP). Every discharged patient over 75 is called by a nurse and to support the service, a partnership with Warwickshire Fire and Rescue means they are assessing the risk of slips, trips and falls and bringing food bags to patients' homes, to prevent them going back to hospital.

Cost of Living Crisis reports.

This month there has been a range of reports about the costing of living crisis. These all show the impact the crisis is having on people. These include:

- **Office for National Statistics. Tracking the impact of winter pressures in Great Britain: 18 to 29 January 2023.** This document provides insights from the Winter Survey, examining how cost-of-living rises, and difficulty accessing NHS services are affecting people during the winter months. It was reported that around 1 in 11 (9%) adults stated they had often or sometimes run out of food and could not afford to buy more in the past month and around a third (34%) agreed (strongly agreed or agreed) that increases in the cost of living had negatively affected their mental health.

- **Office for National Statistics. Impact of increased cost of living on adults across Great Britain: September 2022 to January 2023.** This is an analysis of the proportion of the population that are affected by an increase in their cost of living, and of the characteristics associated with financial vulnerability, using data from the Opinions and Lifestyle survey. In this article, they have identified groups experiencing some form of financial vulnerability.

- **Sefydliad Bevan Foundation. A snapshot of poverty in Winter 2023.** This report provides an overview of how people in Wales are managing rising costs, looks in greater detail at the experiences of the groups that are being most affected by rising costs, and explores the impact of the cost-of-living crisis on people's health. The cost-of-living crisis is not affecting everyone in Wales equally. The extent of the hardship faced by some groups in Wales is worrying.

- **Joseph Rowntree Foundation. Destitution in the UK – income thresholds for October 2022.** The briefing outlines the level of income needed for different household types to prevent them living in destitution. These income levels are extremely low and people living just above these thresholds will still be experiencing significant hardship.

- **Shelter. February 2023 Homelessness Alert Briefing**. Shelter has produced a briefing in the response to alarming signs in their services that the continued freeze on housing benefits is pushing more and more private renters towards homelessness.

Public Health Wales. Time to Talk Public Health: January 2023 Panel Survey Findings.

The latest survey of the Time to Talk Public Health panel asked 1,072 people in Wales during January about action they take to protect and improve their mental well-being.

Nearly three-quarters of people (73 per cent) in Wales actively choose to help others in order to protect and improve their own mental well-being, according to a new survey released by Public Health Wales.

The survey found that nearly 9 in 10 people (87 per cent) currently take some form of action. Along with helping others, other popular activities were:

- Connecting with other people (72 per cent)
- Making time for hobbies (72 per cent)
- Connecting with nature (68 per cent)
- Being physically active (67 per cent)

The survey found that three in four people (75 per cent) of people 'strongly agreed' that it is important for people to take action to maintain and enhance their mental well-being.

The survey also asked people how often they feel lonely. Almost 1 in 5 people (18 per cent) in Wales said they feel lonely "always" or "often". Loneliness can negatively impact mental well-being, but small actions can make a big difference.

Office for National Statistics. Unpaid care by age, sex and deprivation, England and Wales: Census 2021.

This document is an analysis of unpaid care at country, regional and local authority level and by deprivation with comparisons to Census 2001 and 2011.

The key points are:

- On Census Day 2021 (21 March 2021) there were approximately 4.7 million unpaid carers in England and approximately 310,000 unpaid carers in Wales; when age-standardised this equates to 8.9% and 10.5% of the usual resident population, aged 5 years and over, in each country respectively.
- In both England and Wales, the percentage of people providing unpaid care was higher in females than males; in England 10.3% of females provided unpaid care compared with 7.6% of males, in Wales 12.0% of females compared with 9.0% of males provided unpaid care.
- In England, the region with the highest percentage of people providing unpaid care was the North East (10.1%) and the region with the lowest percentage was London (7.8%).
- There were approximately 120,000 young unpaid carers (aged between 5 and 17 years) in England (1.4% of 5- to 17-year-olds) and 8,200 in Wales (1.8% of 5- to 17-year-olds).

There was a higher percentage of people providing unpaid care in the most deprived areas in England and Wales (10.1% and 11.5% respectively) compared with the least deprived areas, which had the lowest percentage of people providing unpaid care in both England and Wales (8.1% and 9.7%, respectively).

Briefings

The Health Foundation. Briefing: Realising the potential of community-based multidisciplinary teams.

This briefing summarises evidence from IAU evaluations of three MDTs and wider evidence to inform current efforts to develop integrated care in England. It reflects on what this evidence means for local leaders looking to implement MDTs, as well as for national leaders seeking to support these models of integrated care.

Key findings include:

- Better integration between health and social care services is a longstanding policy objective in England and other countries. A common approach is the development of community-based multidisciplinary teams (MDTs), in which a mix of health and care professionals come together to plan and coordinate people's care.

- Despite widespread policy support, evidence on the impact of community-based MDTs is limited and mixed. This briefing summarises evidence from Improvement Analytics Unit (IAU) evaluations of three MDTs and wider evidence to inform current efforts to develop integrated care in England.

Tools and Guidance

Department of Health & Social Care. Care data matters: a roadmap for better data for adult social care.

Building on commitments set in the June 2022 health and care data strategy "Data saves lives", the Department of Health & Social Care has set a roadmap for achieving transformation of social care data. This document is primarily for local authorities and care providers and will be of interest to everyone in the adult social care sector who interacts with social care data. The DHSC want this roadmap to stimulate conversation about the collective priorities for data as a sector; they are seeking views on the data needed, as care providers, local authorities, unpaid carers or people who draw on care and support.

With a focus on improving use of data and digital technologies, they are aiming to deliver:

- More joined up care for people, with information shared effectively between professionals.

- More time and resources for people who provide and commission care and support, so that time can be focused on providing high quality, personalised care, and support.

- Greater understanding of people's care journeys - whether that be for people who draw on care or unpaid carers - where data is used to identify good practice, areas for improvement and research into how care is commissioned, provided, and integrated with healthcare.

- Better management and oversight of the health and care system at local, regional, and national levels, to in turn provide better care and make more effective use of resources.

NHS England. Reducing did not attends (DNAs) in outpatient services.

National guidance covering how providers can effectively reduce their DNA rates to release capacity for elective recovery and improve patient experience.

This guidance outlines initial steps providers should take to reduce their DNA rates, through:

- defining DNAs
- highlighting the main causes of DNAs
- listing the first actions providers should take to reduce their DNAs
- highlighting the benefits of reducing DNAs
- highlighting implications on health inequalities when reducing DNAs
- explaining how to measure DNAs
- highlighting risks and mitigations related to reducing DNAs
- case studies and support resources.

Future practical tools and support will be available as part of this focus on DNAs, drawn from current practical work and experience in providers.

NHS England. Workforce development framework for care co-ordinators.

This Workforce development framework for care co-ordinators has been developed to:

- set clear and consistent standards for care co-ordinators.
- demonstrate the benefits of care co-ordinators working in health and care.
- provide information about the training, support, supervision, and continuous professional development needed to enable care co-ordinators to succeed.
- support the development of a strong and capable workforce of care co-ordinators.
- support improved quality and consistency of care co-ordination and reduce variation in outcomes and access standards.

NHS England. Workforce development framework for health and wellbeing coaches.

This Workforce development framework for health and wellbeing coaches:

- sets clear and consistent standards for health and wellbeing coaches.
- demonstrates the benefits of health and wellbeing coaches working in the NHS.
- provides information about the training, support, supervision, and continuous professional development needed to enable health and wellbeing coaches to succeed.

- supports the development of a strong and capable workforce of health and wellbeing coaches.

- supports improved quality and consistency of health coaching and reduces variation in outcomes and access standards.

Children and Young People's Services

Reports

Department for Education. State of the nation 2022: children and young people's services.

The Department for Education published this report about children and young people aged 5-to 24-years old in England, though some of the indicators, for pragmatic reasons, relate to children and young people across Great Britain or the United Kingdom. In general, data reported is of two types – longer term trend data, with data pre-pandemic and continuing into the 2021/22 academic year, or more frequent data collections since the start of the pandemic, providing data for the 2021/22 academic year.

The data presented indicates a mixed picture as to the current state of children and young people's wellbeing during the 2021/22 academic year. Some measures suggest signs of recovery and positive experiences over this time, such as: some measures of subjective wellbeing; time use and participation in extra-curricular activities; obesity; physical activity levels; average happiness in a number of different areas of life. However, others indicate sustained poorer outcomes compared to before the pandemic or worsening over the past academic year including: mental health problems, especially for older young people; feelings of anxiousness; the percentage reporting low happiness for a number of the different areas of life.

Key findings focused on the following categories:

- Personal well being
- Mental and physical health
- Education and skills
- Relationships
- 'What we do'
- Self, society, and future.

Department of Health and Social Care. The best start for life: a progress report on delivering the vision.

This report sets out the progress that the government has made in implementing 'The best start for life: a vision for the 1,001 critical days' since its publication in March 2021, following the Early Years Healthy Development Review.

This progress includes:

- Announcing around £300 million to fund a new 3-year Family Hubs and Start for Life programme in the 2021 Autumn Budget and Spending Review. This programme will fund

new or transformed family hubs and a range of Start for Life services in 75 local authorities with high levels of deprivation in England

- Appointing 14 local authorities to become ‘trailblazers’ for the Family Hubs and Start for Life programme. These areas will lead the way in delivering the programme, making the fastest and most ambitious improvements to services for families, and sharing their learning with other areas

- Investing £10 million between April 2023 and March 2025 in innovative Start for Life workforce pilots in approximately 5 areas. These pilots will test ideas on how best to support the workforce to give babies the best start in life

- Investing £12 million in a separate family hubs transformation fund to support an additional 12 local authorities across England to move to a family hub model by March 2024.

- Setting up an in-depth evaluation of the £300 million Family Hubs and Start for Life programme, and the £12 million family hubs transformation fund, building the evidence base on ‘what works’

- Publishing guidance to support all local authorities to provide a Start for Life offer. This will help ensure that all areas in England can provide families with seamless support during the 1,001 critical days

- Publishing best practice guidance on establishing local parent and carer panels. This will help all local authorities in England to set up parent and carer panels, putting the needs of families at the heart of local services

- Putting in place additional training to support the Start for Life workforce to further develop their skills and capacity

Department for Health and Social Care & Department for Education. Trailblazers for the Family Hubs and Start for Life programme.

The Family Hubs and Start for Life programme will support 75 eligible local authorities in England to improve health and education outcomes for babies, children and their families.

Family hubs bring together services for families with children aged 0 to 19 years or 25 years for those with special educational needs and disabilities (SEND).

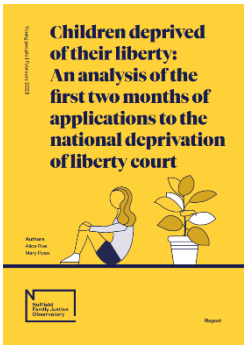
At its core, the programme has a great Start for Life offer.

Following a competitive bidding process, 14 local authorities have been selected as programme trailblazers. Trailblazers will:

- Lead the way in delivering the programme, making the fastest and most ambitious improvements to services for families

- Share learning and best practice with other areas, including those not receiving programme funding

Nuffield Family Justice Observatory. Children deprived of their liberty: An analysis of the first two months of application to the national deprivation of liberty court.



In July 2022 the President of the Family Division launched a national deprivation of liberty (DoL) court at the Royal Courts of Justice, which is running for a pilot period of 12 months. The pilot was set up partly as a way of managing the listing of the high number of applications coming into local family courts. From July 2022, all applications from England and Wales to deprive children of their liberty under the inherent jurisdiction of the high court were issued at this court.

This report highlights the key findings from an analysis of the first two months of applications issued by the national DoL court. The research aims to provide a better understanding of who the children subject to DoL applications are, to inform conversations at a national and local level about the type of care and provision they need.

The research aimed to respond to the following questions:

- What are the needs, characteristics and circumstances of children subject to DoL applications?
- What are the most common primary reason(s) for a DoL order being sought?
- Are there distinct cohorts of children with different needs, who may require different types of care?
- Who is making the applications, what forms of DoL are they seeking, and where are children being placed?

National Foundation for Educational Research. What was the impact of Key Stage 1 school closures on later attainment and social skills?

The research focuses particularly on young pupils, and explores how their learning and social skills are recovering two years on from the pandemic. They first collected data about the pupils when they were in Years 1 and 2, in the academic year 2020/21. This leaflet, for school leaders and teachers, follows the pupils into Years 2 and 3 in the academic year 2021/22.

Findings included that Year 2 children had, on average, caught up in maths; and Year 3 children had, on average, caught up in reading and in maths – to the level of attainment of pupils before the pandemic. However, whilst many children had caught up, younger children (in Year 2) were behind in their reading, and there were more very low attaining pupils in the typical classroom.

It highlights the key areas where pupils are struggling, particularly in their reading in Year 2 (such as explaining the sequence of events in texts), and the practical areas which schools are finding helpful to support learning (such as small group work, and a revised curriculum).

NSPCC Research. Building a community of a safeguarders.

This literature review identified evidence of a range of barriers and facilitators to action for members of the public who are worried about a child. Taken together, these provide a set of possible targets for intervention by the NSPCC and others to increase levels of formal reporting of significant concerns for a child by members of the public. It is, however, not certain that an increase in formal reporting by members of the public would follow through into improved outcomes for children and families. This depends largely on the ability of the authorities receiving the reports to adequately respond (Bekink, 2021) – authorities that are known to be under significant strain at present (Case for Change, 2021).

The review also points to a need to explore other types of responses (outside formal reporting) from members of the public that could help to meet the underlying needs of a child or family for whom they are concerned.

Action for Children. All worked out? The limits of work as a route out of poverty and hardship.

Action for Children analysed government income and poverty data for 2020/21 to produce estimates for the number of children in poverty and deprivation whose families face particularly obvious barriers to work or extra work.

The analysis is broken down by family type (couple-parent or single-parent) and work status (full-time, part-time, not working). They only include couple-parent families where at least one parent is already in work, but the family faces at least one barrier to working more. As single-parents are the main or sole carers for their children, our analysis includes both working single-parents and single-parents that are not in work.

The analysis reports that most of the children in poverty live in families with significant barriers to raising their incomes through work.

Briefings

NSPCC. Child Sexual Abuse Recovery Project briefing.

With support from the Home Office, through the Child Sexual Abuse Support Services Transformation Fund, the NSPCC has launched a new initiative that will give ten local authority areas in England and Wales access to a package of support and training to assist them in expanding the services they provide to children.

Local safeguarding partners can apply to join the programme for free. The NSPCC will first help them to undertake an audit of their local response to child sexual abuse (CSA) from a multi-agency perspective. This work will help partners to understand how, collectively, they can do even more to support young people.

Following the audit, local safeguarding partners will be offered a CSA awareness building training session to help embed best practice within the local area, and develop their understanding of CSA and the impact it has on children.

In addition to this, they will offer free advanced training to agencies within six of the selected local authority areas to support them to provide a holistic CSA therapeutic recovery service, Letting the Future In. The service makes use of creative outlets and play-therapy to help children express feelings they can't put into words. Agencies will be supported in their adoption of the service through the provision of implementation guidance and tools.

Tools and Guidance

Local Government Association. Must Know: Children's services guide to effective cross- council working.

Guidance has been developed for each of the following areas: finance, human resources (HR), information technology (IT) and legal. The intention is to further support and strengthen the development of a strong corporate and whole council approach to delivering effective services for children.

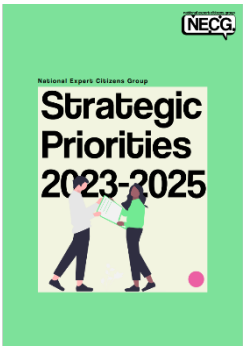
The following has been provided:

- A guide for chief executives and their corporate leadership team
- A guide for children's services and finance senior leaders for effective cross working
- A checklist for senior leaders and their teams: HR and children's services
- A guide and checklist for senior leaders and their teams: IT and children's services

Criminal Justice

Reports

Revolving Doors. National Expert Citizens Group: 2023-2025 strategic priorities.



The National Expert Citizens Group (NECG) acts as a representative group for people facing multiple disadvantage, to make sure those with lived experience are able to shape the systems and services that directly affect them.

This document sets out the approach and strategic priorities of the NECG for the period 2023-2025. These were developed between August and December 2022 and build upon the previous priorities (2020-2022). The priorities aim to capture the most important issues for people who have experienced multiple disadvantage.

The priorities include:

- Dual diagnosis
- Justice system
- Housing and homelessness
- Diversity and neurodiversity

Offender programme evaluations

Ministry of Justice. Post-release reoffending outcomes for individuals with offence-related sexual paraphilias.

- This report describes a study of clinical and reoffending outcomes for participants on the Healthy Sex Programme (HSP) which aimed to provide indicative reoffending rates for individuals with offence-related sexual paraphilias using a sample of individuals who had completed the Healthy Sex Programme (HSP).
- HSP is a high-intensity prison-based HMPPS accredited programme for adult men with offence-related paraphilias (unusual sexual interests that would victimise if acted upon).
- Amongst the HSP sample, 30% received some form of post-release reprimand. The proven sexual reconviction rate was 7% and a further 20% were recalled to prison for breaches of conditions of release (e.g., not disclosing electronic devices, unsupervised access to children, possession of pornography, or travel/curfew violations). The remaining 3% received a non-sexual reconviction or a conviction for a historical crime.

Ministry of Justice. Healthy sex programme: an exploration of pre to post psychological test change.

- This research report aimed to explore clinical outcomes for participants on the Healthy Sex Programme (HSP).

- The study examined 95 adult males who had completed HSP and explored whether post-programme scores on 13 key treatment targets indicated clinically significant and reliable change compared to pre-programme scores. Positive pre to post change was observed on 9 of the 13 individual assessment and on 3 of the 4 overall treatment targets.

Ministry of Justice. Horizon and iHorizon an uncontrolled before-after study of clinical outcomes.

- Horizon is a moderate-intensity accredited programme (psychological intervention) designed by HMPPS for adult men with sexual convictions. iHorizon is a shorter adapted programme, designed for individuals with convictions for downloading indecent images of children.

- This clinical outcome study aimed to establish whether there was pre- to post-programme positive change for participants on Horizon and iHorizon on relevant clinical treatment targets (e.g., problem solving, pro-criminal attitudes) over the duration of participation.

- For both Horizon and iHorizon pre-to-post effect was moderated by participant's existing strengths, with the pre-to-post effect diminishing for participants with pre-Horizon total SWM scores greater than 15 (60% of the total). The observed pre-to-post effect was also much larger for scores provided by participants than for scores provided by facilitators.

- For Horizon the pre-to-post effect was also higher for those with higher pre-Horizon motivation and for those who participated in custody, but the sizes of those differences were very small. For iHorizon, motivation did not affect pre-to-post change. Participants maintaining innocence did not affect their pre-to-post change on either programme.

- The findings provide promising evidence that participation in Horizon and iHorizon is associated with positive change in programme participants. They also identify groups with fewer existing insights and skills and higher motivation who may be able to benefit more from participation. Change was consistently observed across all treatment targets, particularly for problem solving, sexual interests, and purpose (e.g., structure and routine).

Home Office. Independent Review of Prevent's report and government response.

The government has published William Shawcross CVO, the Independent Reviewer of Prevent's report.

Recommendations include:

- Prevent should go back to first principles and reassert its overall objective of stopping people from becoming terrorists or supporting terrorism.

- Prevent needs to develop expertise and instil better levels of understanding of extremist ideology and radicalisation across the system.

- Prevent needs to enhance its approach to delivery.

- Prevent should create processes for responding to disinformation being spread about the scheme. Equally, Prevent should encourage public trust by improving transparency and establishing better oversight of how the strategy is implemented.

The government response, published alongside, sets out their commitments to implement his recommendations.

Ministry of Justice. Thematic inspection report on the experiences of black and mixed heritage boys in youth justice system.

This action plan is the MOJ response to the HM Inspectorate of Probation thematic inspection of the experiences of black and mixed heritage boys in the youth justice system.

In response to thematic reports related to the youth justice system, the MoJ will lead and coordinate development of action plans to address the priority and key concerns. Action plans provide specific steps and actions to address the priority and key concerns, that are clear, outcome focussed, measurable, achievable, and relevant with the owner and timescale of each step clearly identified. Action plans are sent to HMIP and published on the GOV.UK website. Progress against the implementation and delivery of the action plans will also be monitored and reported on.

Home Office. Violence Reduction Unites, year ending March 2022 evaluation report.

In 2019, the Home Office announced that 18 police force areas (PFAs) would receive funding to establish (or build upon existing) Violence Reduction Units (VRUs) as part of the Serious Violence Fund. The aim of VRUs is to lead and coordinate a preventative, whole-system approach to violence reduction, which comprises:

- multi-agency working
- data sharing and analysis
- engaging young people and communities
- commissioning (and delivering) evidence-based interventions.

The Serious Violence Fund also covers Grip (formerly Surge) activity, which is enforcement focused. Combined, VRU and Grip funding represents a total investment of £254 million across the years (1 April to 31 March) 2019 to 2020 and 2021 to 2022 to tackle Serious Violence (SV). The Home Office originally selected 18 areas and allocated funding amounts based on levels of SV between the years ending March 2016 to March 2018.

The aims of the evaluation were to:

- estimate the impact of VRUs on violence
- assess the progress made by VRUs towards a whole-system approach

The mixed-methods evaluation included desk-based research, qualitative research with a range of stakeholders in each VRU, and quasi-experimental designs.

Key findings include:

- There were no statistically significant impacts on the primary serious violence outcomes of hospital admissions for sharp object violent injury or homicides. However, there was a

statistically significant reduction in police recorded violence without injury offences, which was a secondary outcome of interest.

- Whilst not statistically significant, there were encouraging indications of reductions in homicides and hospital admissions resulting from any violent injury (for example, not just sharp object). Furthermore, analysis focusing on just violence 'hot spots' (within VRU areas) also indicated a potential impact on police recorded violence with injury offences.

- VRUs made good progress towards a whole-systems approach. Building on progress made in previous years, VRUs showed signs of maturing and becoming embedded in local responses to prevent violence.

Briefings

Prison Reform Trust. Invisible Women: Hope, health, and staff-prisoner relationships.

Published as part of the Building Futures programme, the briefing highlights the key themes raised by the women: maintaining hope, access to healthcare, and staff-prisoner relationships.

In relation to health specifically, many of the women spoke about the lack of specialist support and help available to meet the health needs of long-sentenced women. Many raised concerns about diet, access to exercise and the potential for long-term health problems to go untreated.

For some of the women, the constant worry of health issues felt like a secondary form of punishment, with many seriously concerned about whether they would be healthy, able-bodied, or still alive by the time they are due to be released.

The briefing provides clear recommendations, including for HMPPS to adhere to expectations set out by Public Health England in their 'Gender specific standards for health and wellbeing for women in prison in England'. The report also recommends governors of women's prisons prioritise women-specific health issues, and, where possible, involve women who are in prison in developing resources.

Tools and Guidance

HMICFRS. PEEL Assessment Framework (PAF) 2023 – 2025.

This is the assessment framework for the police effectiveness, efficiency and legitimacy (PEEL) programme for the 2023-2025 cycle. HMICFRS assess each police force in England and Wales, giving graded judgments across several core questions set out in this framework.

They assess police forces against the characteristics of good performance. The characteristics of good listed beside each core question in this framework indicate the performance a force needs to demonstrate to achieve a grade of good. They help inspectors to make consistent assessments across forces and for forces to see what they are being graded against. As with previous judgment criteria, they are not intended to be prescriptive or

exhaustive. They take account of existing national standards and guidance, College of Policing authorised professional practice, and evidence from research. New guidance, standards and research are considered when made available.

Ministry of Justice & HM Prison and Probation Service. Restorative Practice (incorporating Restorative Justice Services) Policy Framework.

This policy framework is to ensure that offender managers/probation practitioners (working in both community and prison settings) and victim liaison officers (VLOs) understand their professional responsibilities in the referral and suitability assessment process for engaging with restorative justice services. It will support regional commissioning of such services, ensuring it is evidence-informed and provides positive outcomes to victims, offenders and the wider public.

This framework will also provide guidance on how restorative practice more generally can be incorporated in the day-to-day interactions with victims accessing the Victim Contact Scheme and all people on probation/in prison.