

April 2014

Welcome to April'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., children and young people's services, criminal justice, and adult social care and health.

During March we were pleased to see the NHS confederation briefing on violence and health and well-being boards which outlined the role that health and well-being boards can play in tackling and preventing violence. We were also interested in the Child Health Profiles 2014 published by Public Health England. These profiles provide a picture of child health and well-being for each local authority in England.

We were also pleased to see guidance from the Education Funding Agency on the Youth Contract for 16-17 years olds and the National Audit Office report on Adult Social Care in England.

If you would like to discuss any of the issues raised in this month's Pulse please do contact us on 020 7330 9170.

Best wishes,

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.



Children and young people's services

Policy

DfE: Early years foundation stage framework

The framework is provided to: set standards that all early years providers must meet to ensure that children learn and develop well, ensure children are kept healthy and safe, and ensure that children have the knowledge and skills they need to start school. This statutory framework comes into force from 1 September 2014, and is for school leaders, school staff, childcare providers, and childminders.

[To access this guidance, please click here](#)

DfE: Universal infant free school meals

All infant children in state-funded schools in England will be entitled to a free school meal from September 2014 and the government has set out its plans on how it intends to support schools. Departmental advice has been provided to detail schools' obligation to provide free school meals to all pupils in reception, year 1 and year 2.

[To access this press release, please click here](#)

[To access this guidance, please click here](#)

DoH: School nursing – public health services

This guidance supports effective commissioning of school nursing services to provide public health for children and young people from 5 to 19 years. It also explains how local school nursing services can be used and improved to meet local needs. Reports are provided on the following topics: Maximising the school nursing team contribution to the public health of school-aged children; Promoting emotional wellbeing and positive mental health of children and young people; Developing strong relationships and supporting positive sexual health; Supporting the health and wellbeing of young carers.

[To access this guidance, please click here](#)

Education Funding Agency: Youth Contract – 16 and 17 year olds

The purpose of the Youth Contract programme for 16 and 17 year olds is to engage young people who are hardest to reach and support them into education, training, or a job with training. This guidance gives information to local authorities and institutions about how the Youth Contract affects them.

[To access this guidance, please click here](#)

Ofsted: New blueprint for inspecting good and outstanding schools

Ofsted's Chief Inspector proposed a new way of inspecting the great majority of schools in England, arguing that those schools currently judged good by Ofsted (60%) should no longer be subject to full routine inspections. Instead, they should receive more frequent, but light-touch visits every two to three years by an Ofsted inspector, whose job would be to engage in professional dialogue with senior staff. The details for the planned changes will be developed over the next 18 months.

[To access this news release, please click here](#)



Reports

DfE: The SEND pathfinder programme evaluation

This report presents commentary and analysis on self-reported progress made by 31 pathfinder areas against a Common Delivery Framework in the context of the evaluation of the Special Educational Needs and Disability (SEND) Pathfinder Programme. In the last six months the most progress (in terms of reaching full implementation) was reported in terms of: the commitment across services to share resources; developing and implementing change management; the development of a planning pathway; the local offer and peer support.

[To access this report, please click here](#)

Tools

DfE: Early years benchmarking tool

This tool provides statistical information on important indicators of early education services, and supporting user guidance. The benchmarking tool covers all local authorities in England and can be used to compare local systems and outcomes against those of other authorities throughout the country. Local authorities can use these comparisons to support improvements in fairness and increase value for money.

[To access this tool, please click here](#)

DfE: Research priorities for education and children's services

The DfE has listed research priorities by policy area, to help ensure improvements to education and children's services are informed by evidence. The collection of research priorities and questions papers identify the priority evidence gaps across the department's key areas of work. They provide a coherent strategic context for the research community, sector bodies, and practitioners and support planning and prioritisation of research. Research priorities and questions are available on a wide variety of areas including children in care, early education and childcare, social work and child protection, and special educational needs and disability.

[To access this tool, please click here](#)

Public Health England: 2014 Child Health Profiles

The Child Health Profiles 2014 present a picture of child health and wellbeing for each local authority in England using 32 key health indicators. They contain data on a wide range of issues about and affecting child health, from levels of childhood obesity, MMR immunisation rates, teenage pregnancy, and underage drinking, to hospital admissions, educational performance, and youth crime. Local government and health services can use these as a tool to help understand the needs of their community, assist in improving the health and wellbeing of children and young people, and reduce health inequalities.

[To access this press release please click here](#)

[To access this tool, please click here](#)



Criminal Justice

Policy

NHS Confederation: Violence and health and wellbeing boards

This briefing provides information and guidance on the role that health and wellbeing boards can play in preventing and tackling violence, in collaboration with community safety partnerships and other local partners. Co-ordination across local services is necessary to address the complex needs of those at risk of causing violence, at risk of experiencing violence, and victims of violence. Effective joint strategic working between health and wellbeing boards and community safety partnerships will support improved local commissioning to achieve better health outcomes for those affected by violence.

[To access this guidance, please click here](#)

Reports

Centre for Crime and Justice Studies: UK Justice Policy Review – Volume 3

The third in an annual series tracking year-on-year developments in criminal justice and social welfare across the UK, offering an overview of UK-wide developments. Analysis of the main developments was combined with key data on issues such as spending, staffing, and the numbers going through the criminal justice system. Key findings include: in 2012/13 the UK spent £31.5 billion on public order and safety, a reduction of 15% over five years; and the criminal justice system continued to shrink across the United Kingdom, with a decrease in staff and fewer crimes being reported and fewer people prosecuted and punished. However, numbers in prison stabilised, but did not fall.

[To access this report, please click here](#)

Commission on Devolution in Wales: Part II Report (Chapter 10 – Policing and justice)

On the basis of significant evidence on policing and justice matters, the Silk Commission has recommended the devolution of a number of policing and justice powers to the Welsh Government. Although they suggest that there is no broad consensus in favour of wholesale devolution of the justice system, they recommend the devolution of policing and the youth justice system, and suggest there ought to be an implementation review for devolving probation and prisons.

[To access this report, please click here](#)



Tools

YJB: AssetPlus Speech, language, communication and neuro-disability screening tool

The speech, language, communication and neuro-disability screening tool is the first of the AssetPlus early practice change tools for youth offending teams. It is now available, along with supporting guidance. YOTs can use the tool to access a nationally standardised set of questions that have been researched with local, government, and specialist organisations.

[To access this tool, please click here](#)



Adult social care and health

Policy

House of Lords: Mental Capacity Act 2005 – post-legislative scrutiny

An inquiry into the Mental Capacity Act has determined that vulnerable adults are being failed by the Act designed to protect and empower them. Social workers, healthcare professionals, and others involved in the care of vulnerable adults are not aware of the Mental Capacity Act, and are failing to implement it. The Committee is recommending that an independent body is given responsibility for oversight of the Act in order to drive forward vital changes in practice.

[To access this scrutiny report, please click here](#)

Reports

Bevan Foundation: The future of the voluntary sector

The reliance of the voluntary sector on public sector funding has serious implications for the structure and operation of third sector groups. This report examines the role and shape of the third sector in Wales, and looks with a critical eye at the current relationship between the state and the sector and how that relationship has inhibited innovation and reduced the ability of the sector to provide a challenge to public policy. It examines how the sector might broaden its resource base and seek to build a relationship with the public sector that is less focused on funding and more on achieving common, core goals.

[To access this report, please click here](#)

DoH: NHS and social care – public perceptions 2013

A 'tracker' survey was commissioned by the Department of Health to explore public attitudes towards, and perceptions of, the NHS and social care services. The Winter 2013 survey found that although the public is positive about the NHS in general, there are concerns about the future funding of the NHS. Public opinion is divided on the future of the NHS and on the involvement of the private sector.

[To access this report, please click here](#)

JRF: How does money influence health?

This study looks at 272 wide-ranging theories to consider how income influences health. There is a graded association between money and health – increased income equates to better health – but the reasons are debated. This research identifies four main ways money affects people's wellbeing: Material (money buys goods and services that improve health); Psychosocial (managing on a low income is stressful); Behavioural (people on low incomes are more likely to adopt unhealthy behaviours, while those on higher incomes are more able to afford healthier lifestyles); and Reverse causation (poor health leads to low income).

[To access this report, please click here](#)



Monitor: NHS foundation trust directory

A listing of NHS foundation trusts is provided, including their current ratings and links to trust documents. Explanations of what ratings mean and details on foundation trusts are also provided.

[To access this transparency data, please click here](#)

National Audit Office: Adult social care in England overview

The central government auditor has reported that national decisions on adult social care are being based on incomplete information. Problems include the Department for Work and Pensions' failure to supply the Department for Communities and Local Government with its estimates of how benefit changes for disabled people would burden local authorities. Adult social care has experienced a 8% real-terms cut between 2010/11 and 2012/13 despite rising demand for its services. They also found that over the past decade councils have raised care thresholds so that 87% of adults now live in areas where local authorities only provide care to people with 'substantial' or 'critical' needs. The Care Bill may also add to the pressure, because of a lack of evidence about effective approaches and the short timescale for implementation.

[To access this report, please click here](#)

National Inclusion Health Board: Hidden needs – identifying key vulnerable groups in data collections – vulnerable migrants, gypsies and travellers, homeless people, and sex workers

This report identifies where to find good data, and the gaps in information and data where the burdens of ill health and untimely death are greatest for vulnerable groups. It is for data providers, healthcare professionals, commissioners, and others working to improve the health of the vulnerable groups. It concludes that: the health needs of some of the most vulnerable people in society continue to be invisible to health commissioners and the wider health system planners, the health needs of the vulnerable groups sometimes place heavy and unpredictable demands on the health service, and the data gaps prevent effective monitoring of health care use and seriously undermine local efforts by NHS and local government to understand and prioritise the local needs of the vulnerable groups.

[To access this report, please click here](#)

Quality Watch: Social care for older people

An investigation by the Nuffield Trust and Health Foundation partnership found real-terms spending on social services for the elderly in England plunged by 15% between 2009-10 and 2012-13, resulting in 245,855 fewer older people getting publicly funded care. Quality Watch reports that gaps in data gathering meant that neither the government or the NHS understood how cut-backs in taxpayer-funded social care support was affecting the health of older people. It notes that a third of women and a fifth of men over the age of 65 report having unmet care needs that affect their day to day lives. The report recommends that the government start collecting data on the health and wellbeing of those who pay for their own care so that policy makers fully understand the levels of unmet need and how that increases pressure on the NHS.

[To access this report, please click here](#)

Shared Lives Plus: The State of Shared Lives in England

The first ever large scale report into Shared Lives care in England has shown how almost 10,000 disabled and vulnerable adults are enjoying improved lives as a result of living in Shared Lives arrangements. Many have been shown to be enjoy more fulfilling lives, with over 90% making new friends as a result, half going on holiday for the first time, and over a quarter of users joining a club not exclusively for disabled people for the first time in their lives. Shared Lives has also been



independently proven to provide significant savings compared with traditional forms of adult care – and the report estimates that if every region in England were to catch up with same the level of Shared Lives provision as the highest performing area, then savings of £150m per year could be realised.

[To access this report, please click here](#)

St Mungo's: Rebuilding shattered lives – the final report

This report indicates that both national and local services are often designed by and for men and so can frequently fail to effectively support women, who accounted for 26% of people who use homelessness services. The report found that while 57% of homeless men had mental health needs, 70% of women had mental health issues, and around a quarter of the charity's female clients had been involved in prostitution compared to just 2% of men. Around half had experienced domestic violence and 32% said it was a key factor in them ending up on the streets. Almost half of the charity's female clients were mothers and 79% of them had had their children taken into care or adopted, and the report noted that fear of losing contact with their children can make homeless women fearful of asking for help from substance misuse and mental health services. The report makes several recommendations for how the support available to homeless women can be improved.

[To access this report, please click here](#)

The King's Trust: Making our health and care systems fit for an ageing population

This report makes the case for whole-system changes being needed to deliver the right care at the right time, and in the right place, to meet older people's care preferences and goals. The nine main components of care covered by the report are as follows: Healthy, active ageing and supporting independence; Living well with simple or stable long-term conditions; Living well with complex co-morbidities, dementia, and frailty; Rapid support close to home in times of crisis; Good acute hospital care when needed; Good discharge planning and post-discharge support; Good rehabilitation and re-ablement after acute illness or injury; High-quality nursing and residential care for those who need it; and Choice, control, and support towards the end of life. The report concludes with a discussion of how to make integrated care happen.

[To access this report, please click here](#)