Criminal Justice Partnership



Child CENTRED POLICING

2026

Cumbria Child-Centred Policing Team Evaluation: Extended Research Report

Rebecca Hibbin and Deborah Powney

University of Lancashire

10/22/2026

University of Lancashire

FOREWORD



Chief Constable Darren Martland

Cumbria Constabulary

I am delighted to introduce the evaluation of our child-centred policing strategy, conducted by our academic partners from the University of Lancashire.

Our fundamental duty as police officers is to protect vulnerable people, and there is no group more deserving of our protection, care, and understanding than children and young people. Every interaction a child has with the police can shape their perspective on justice, authority, and safety for the rest of their lives, which is why Cumbria Constabulary introduced a child-centred policing approach—ensuring that the rights, voices, and needs of young people are at the heart of our operational decisions.

An evaluation, to be truly effective, is only as valuable as the changes and improvements that it inspires. We accept the recommendations and embed a culture that views children through a lens of safeguarding rather than solely enforcement.

I would like to thank Rebecca and her research team for their thorough and insightful analysis, and extend my personal thanks and appreciation to the children, families, and partners who shared their experiences to help us improve.

I want to provide my commitment, on behalf of Cumbria Constabulary, that we will continue to build a safer, more supportive environment where every young person feels protected and heard.



Darren Martland

Chief Constable | Cumbria Constabulary

Table of Contents

FOREWORD **1**
Table of Contents **2**
List of Acronyms **4**
Executive Summary **5**
Introduction **11**
Defining Child-Centred Policing 12
Barriers, Impact and Future Directions 13
Aims of the Report 14
Methodology **14**
Qualitative element 16
Quantitative element 16
Ethics and GDPR 17
Findings **19**
Schools **19**
Barriers 19
Facilitators/Supports 23
Prevention and Early Intervention 25
Missing, Exploited and Trafficked 27
Overall Impact of Multi-Agency Working Through Schools 29
Third Sector **32**
Barriers 32
Facilitators/Supports 34
Third Sector Intervention 35
Overall Impact of Multi-Agency Working Through Third Sector Support 37
Youth Justice and Complex Safeguarding **40**
Barriers 40
Facilitators/Supports 43
Overall Impact of Multi-Agency Working Through Youth Justice and Complex Safeguarding 44
Policing **47**
Barriers 47
Facilitators/Supports 62
Overall Impact of the CCPT and METCO Role 65
Voice of the Child Survey **70**
Awareness, Engagement and Experiences of the CCPT 71
CCPT Compared with Wider Policing 71
Missing Episodes and Return Home Interviews 72
Referrals to Support Services 73
CYP Recommendations for Improvement 73
Summary 73
Quantitative Findings: Patterns of Contact, Vulnerability and System Demand **75**

Gender and Recorded System Contact 75
Geographic Variation in Recorded Incidents Across the CCPT Footprint 76
Age as an Independent Predictor of Escalating System Contact 76
Socio-Economic Context (IMD Analysis) 77
Youth Justice Outcomes: Diversionary and Justice Pathways 77
Quantitative Synthesis: Patterns of Escalation, Complexity and System Demand 79
Implications for Practice Emerging from Quantitative Findings 80
Data Quality and Multi-Agency Recording: Structural Challenges 81
Considerations for Future Impact Assessment 82
Discussion 83
A Relational and Socio-ecological Approach Focused on Trusted Connections 83
Multi-Agency Processes for a Public Health and Whole-Systems Response 85
Culture Change for a Child-Centred and Preventative Approach 87
Final Synthesis 89
Conclusion 91
Recommendations 95
Cross-Cutting Recommendation 1: Earlier Intervention for Children Experiencing Escalating System Contact 95
Cross-Cutting Recommendation 2: Integrated Data Systems to Support Early Identification of Cumulative Vulnerability 95
Schools 96
Third Sector Organisations 97
Youth Justice and Complex Safeguarding 98
CCPT and the METCO Role 100
Custody (including L&D) and Response Officers 104
Whole Force and Response Policing 106
Research Recommendations 107
References 108

List of Acronyms

Acronym	Meaning
ACEs	Adverse Childhood Experiences
CAMHS	Child and Adolescent Mental Health Services
CCE	Child Criminal Exploitation
CCPT	Child-Centred Policing Team
CJS	Criminal Justice System
CLA	Children Looked After
CPOMS	Child Protection Online Management System
CS	Complex Safeguarding
CSE	Child Sexual Exploitation
DSL	Designated Safeguarding Lead
HCP	Health Care Practitioner
IMD	Index of Multiple Deprivation
L&D	Liaison and Diversion
METCO	Missing, Exploited and Trafficked Co-ordinator
MFH	Missing From Home
PRU	Pupil Referral Unit
RHI	Return Home Interview
SH	Safeguarding Hub
SPOC	Single Point of Contact
UNCRC	United Nations Convention on the Rights of the Child
VOTC	Voice of the Child
YJS	Youth Justice Service

Cumbria CCPT Evaluation Report

Executive Summary

The Cumbria Child-Centred Policing Team (CCPT), established in July 2020, represents one of a small number of dedicated child-centred policing teams operating in England. Its integrated approach to early intervention, diversion, child exploitation and multi-agency safeguarding provides an important example of how Child First[1] (Haines and Case, 2015; YJB, 2021, 2022) principles can be operationalised within a public health approach to policing, to reduce harm, divert children and young people (CYP) from the criminal justice system, and respond effectively to exploitation, missing episodes, and low-level offending.

Quantitative Overview

Analysis of service data provides insight into the complexity of children and young people coming into contact with the CCPT, patterns of repeated system contact, and the extent to which diversionary outcomes feature within recorded case disposals.
Key quantitative findings include:

- **44.3%** of children experienced repeated contact with the service, highlighting the importance of identifying escalating vulnerability early and maintaining trusted relationships over time.
- Only **2.7%** of cases resulted in a charge, demonstrating that most children entering police contact presented with safeguarding, welfare or vulnerability needs rather than requiring formal prosecution.
- **24.4%** of cases were resolved through diversionary approaches, reflecting the CCPT's strong emphasis on prevention, early intervention and avoiding unnecessary criminalisation.
- The remaining cases were resolved through evidential decisions, public interest considerations or other procedural outcomes, further illustrating that many children require support rather than formal justice responses.
- Partner organisations also reported significant positive outcomes following intervention, including reductions of up to **66% in re-referrals** for children receiving third sector support.

[1] **Child First** is an evidence-informed approach to working with children and young people that prioritises their rights, needs, strengths and developmental status over their offending behaviour. Underpinned by the principle that children should be treated as children first, rather than defined by their involvement in the Criminal Justice System, it emphasises positive relationships, meaningful participation, prevention of unnecessary criminalisation and the promotion of positive outcomes. The Youth Justice Board identifies four central principles: seeing children as children, developing pro-social identity, collaborating with children, and promoting diversion from stigma and unnecessary contact with the Criminal Justice System.

Taken together, these findings reinforce the evaluation's central conclusion that early intervention, relationship-based practice and effective multi-agency working provide the strongest opportunities to reduce repeat police contact and improve outcomes for children and young people.

Key Qualitative Findings

1. A Distinct, Child-Centred and Preventative Model of Practice

The CCPT is seen by partners as a highly innovative service on a national basis with a child-centred ethos within a dedicated team that aims to uphold Child First as a core principle.

There is evidence of the CCPT successfully diverting low-level offenders from the Criminal Justice System, particularly through partnerships with third sector organisations who have reported reductions of up to 66% in repeat referrals coming back into their service.

Success was also apparent through the gatekeeping and filtering function of the CCPT that restricted referrals going to youth justice whilst simultaneously taking referrals from complex safeguarding, resulting in a highly preventative approach based on early intervention for low-level offending that avoided net widening effects for CYP who could be better diverted into community-based services.

2. Multi-Agency Collaboration and Public Health Integration

Strong partnerships exist with education, third sector organisations, youth justice and complex safeguarding, and the conditions for effective multi-agency work were observed.

In Schools:

- **Early intervention works best** in primary settings, preventing escalation into offending.
- **Strong relationships enable success**; PRUs showed the most effective collaboration with the CCPT due to well established multi-agency links.
- **Schools are safe spaces** for trauma-informed work, allowing trusted engagement with CYP.
- **CCPT visibility in schools** helps reframe policing for families and young people, building trust and reducing stigma.
- **Flexible, relational approaches** were valued, but short-term interventions limited long-term impact.
- **Information sharing is vital**, particularly for identifying hidden vulnerabilities and risks.
- **Routine collaboration is needed**; schools want more structured engagement and ongoing support.
- **Barriers include:** an unclear and inefficient referral system; reactive policing over prevention and early intervention; short-term engagement; capacity and resourcing gaps; parental consent and perceptions of policing; lack of shared training and awareness; systemic instability due to long waiting lists and service churn/visibility.

In Third Sector Organisations (TSOs):

- **Strong collaboration with CCPT** allowed TSOs to deliver early help interventions that diverted young people from formal justice pathways.
- **Child-centred and trauma-informed approaches** were central, focusing on root causes and relationships rather than behaviours.
- **Joint visits focused on praise for good behaviour** reframed negative perceptions of the police among families and CYP.
- **Third sector agencies influenced police culture**, contributing to more child-focused language and practice in CCPT officers.
- **Measured impact showed success**, with over half of referred CYP avoiding further police contact after intervention.
- **Positive relationships supported trust** between TSOs and families, encouraging them to seek help voluntarily.
- **Barriers included:** Restrictive referral and eligibility criteria; disruption due to service thresholds relating to levels of risk; fragmented multi-agency communication; unclear lead agency roles with schools; stigma and parental disengagement; systemic instability due to long waiting lists for mental health services such as CAMHS.

In Youth Justice and Complex Safeguarding:

- **The CCPT is seen as nationally innovative**, with a strong focus on child-centred, relational practice.
- **The Safeguarding Hub** is widely praised for facilitating timely triage and joined-up decisions.
- **Joint working supports prevention**, with CCPT seconded officers embedded in youth justice teams strengthening system integration; and with Monthly Turnaround meetings and Child Exploitation Pathway panels supporting information sharing between multi-agency teams.
- **Return Home Interviews and safeguarding responses** benefit from relational continuity and child voice and choice.
- **Voice of the child is central**, embedded in assessments, planning, and feedback throughout youth justice processes.
- **Children who are looked after receive targeted support**, with the CCPT and youth justice offering specialist insight into high-risk, care-experienced young people.
- **Contextual safeguarding expertise** is strong due to Cumbria's unique context with a comparatively high number of out-of-county placements and care homes across a large rural footprint.
- **Barriers: Fragmentation and inflexibility in multi-agency co-ordination;** strict eligibility thresholds vs. needs-based support; high complexity regarding care-experienced CYP including out-of-county cases; limited out-of-hours coverage for CYP in custody; parental consent and engagement barriers; unenforceable behaviour agreements

3. Barriers and Challenges in Child-Centred Policing Systems

The lack of a fit-for-purpose and unified digital tracking of cases impedes efficient coordination across services, hampers effective triage, causes missed context, increases duplication of effort and impedes the ability to monitor outcomes.

Referral pathways remain inconsistent across sectors, with duplicated or inappropriate referrals for non-criminal matters being observed from schools in particular. However, this situation has improved since the inception of the CCPT due to training, communication and the strong gatekeeping approach taken by the CCPT.

Geographic and funding inequalities result in uneven service access, with some interventions such as the highly successful RISE project discontinued due to the churn of services resulting from new funding priorities.

Training and specialisation gaps limited access to in-depth, trauma-informed, and child-centred training. This impeded officer readiness to support diverse, complex needs.

Cultural challenges such as compassion fatigue, and the adultification of children in the custody context can weaken a public health approach to policing and Child First as a core principle, resulting in inconsistency and conflicting narratives.

4. Trauma-Informed Practice

Officers use informal, flexible and bespoke strategies to build trust with CYP, highlighting active listening, calm communication and a trauma-informed understanding of behaviour as communication.

A socioecological approach is taken by the CCPT, seeing the child in the context of their whole life, with a focus on the wider family.

Care is taken to tailor communication styles and officer assignment to CYPs' needs, including choosing civilian clothing and flexible locations when engaging with them.

5. Gaps in Training and Resources

Training for officers (especially around neurodiversity and trauma) is limited, infrequent, and geographically constrained.

Custody and response officers can lack a trauma-informed outlook and there was evidence from the Liaison and Diversion service that language sometimes used by officers about CYP doesn't always support a Child First approach.

6. Inconsistencies in the Custody Context

There is a cultural divide between the CCPT's Child First approach and "business as usual" custody processes, with concerns around adultification of CYP in a custody context.

The liaison and diversion health services reported a lack of feedback loops and follow-up, particularly for CYP detained out-of-hours or for voluntary attendees. In relation to CYP who are subject to an out-of-hours service in custody, this represents a critical gap in an otherwise joined-up child-centred approach which requires particular attention, to ensure that CYP are not falling through the cracks of an inconsistent and variable response during non-standard hours.

CYP can be detained for prolonged periods when emergency placements are unavailable which does not support a child-centred approach. However, this appears to be a result of the comparatively high numbers of CYP who are looked after in Cumbria, which creates an unavoidable and intractable situation for complex safeguarding and the police.

7. Specialist Roles and Innovation

Missing Exploited and Trafficked Co-ordinators provide a strong, problem-solving presence for high-risk CYP, and the Philomena Protocol is well embedded locally, if not nationally.

Education-based programmes such as 'Build My Skills', 'Your Life, You Choose', and 'Future Pathways' were positively evaluated, but vulnerable to resource constraints resulting from the short-termism of funding priorities.

8. Cultural Change in Policing

While L&D observed less child-centred language from some response officers, third sector practitioners reported a shift in police language and practice toward child-centredness, particularly within the CCPT with whom they work closely.

Procedural justice is promoted through 'Praise Visits', restorative conversations, and strength-based interventions.

9. Voice of the Child

Officers and practitioners reported genuine efforts to embed the voices of CYP into their assessments and reports.

Practitioners reported that young people are beginning to request Return Home Interviews from familiar Child Exploitation workers and share feedback through structured tools such as STAR outcomes. However, some CYP also reported that the Return Home Interview had not helped to reduce episodes of going missing from home.

Some CYP reported benefits from the CCPT including increased rapport based on active listening and effective forms of communication; a difference between the CCPT and 'normal officers'; and a clear benefit of third sector support services for CYP who had been referred.

Some CYP also reported negative themes including more aggressive police tactics from response officers; a lack of visibility and awareness of the CCPT; and a lack of follow-up communication and feedback after CCPT involvement.

Conclusion

Cumbria's Child-Centred Policing Team (CCPT) represents a nationally innovative example of child-centred policing that strongly aligns with a public health approach to reducing youth offending and vulnerability (Christmas & Srivastava, 2019; Sidebottom & Tilley, 2023). Through the integration of a dedicated team working with schools, third sector organisations, youth justice and complex safeguarding, the CCPT seeks to prevent harm rather than responding punitively to offending behaviour (van Dijk & Crofts, 2017), through intervening early with lower risk behaviours to prevent escalation into more serious offending over time. Alongside early intervention, the CCPT is strongly rooted in relational approaches, through a well-developed understanding of underlying causes where behaviour is viewed as communication of causative factors such as past trauma, unmet mental health needs, and social exclusion. This approach supports a preventative agenda through building relational safety and trust with CYP and their wider families, to reframe the negative perceptions of policing that can undermine procedural forms of justice. Finally, Child First is the cornerstone of the CCPT's child-centred response, orienting both the dedicated team and the wider multi-agency system towards a view of children and young people (CYP) as children first and foremost, and as offenders second (Haines and Case, 2015). By embedding voice of the child into systems and processes that involve and affect them, CYP's voices can be heard and their rights upheld in a way that provides them with a degree of agency and control (UNCRC, 1989).

The CCPT represents an outstanding, leading-edge example of a public health approach to policing that upholds Child First (Haines and Case, 2015) as a core and guiding principle. Through relational and child-centred practice that aims to tackle low-level offending through a dedicated team, as well as supporting the most vulnerable CYP through the Missing Trafficked and Exploited Coordinator role, it provides a systemic and innovative model for reducing offending and diverting CYP from the Criminal Justice System. Its holistic focus on prevention and early intervention, strong interagency collaboration, and bespoke relational support, demonstrates meaningful diversion from criminalisation for vulnerable CYP who are at risk. However, system-wide issues - such as digital fragmentation, inconsistent referral pathways, workforce limitations, and irregular organisational processes that impede a Child First agenda and limit procedural forms of justice – are in evidence and must be addressed if a Child First ethos is to be fully realised. Such challenges require sustained investment and clearer national alignment, to maintain and scale this unique, critically important and highly laudable model of preventative policing.

Introduction

Cumbria's Child-Centred Policing Team (CCPT) was established in July 2020 as part of a wider initiative to adopt a Child First (Haines and Case, 2015), public health approach to policing (Christmas and Srivastava, 2019) including elements of trauma-informed practice (Youansamouth et al., 2020) in response to youth offending and vulnerability including child exploitation. This model was developed to enhance early intervention, active prevention and multi-agency collaboration, reducing the criminalisation and promoting diversionary pathways for children and young people (CYP) who are at risk of offending. It is important to recognise that, while child-centred policing strategies have been adopted by other police forces across England and Wales, Cumbria remains one of a small number of forces to have established a dedicated Child-Centred Policing Team (CCPT), reflecting its commitment to embedding Child First principles within operational policing practice.

Initially, Sergeants and CCPT officers were assigned to different geographical areas (South, West, and North), and they were given responsibility for working closely with schools, complex safeguarding, and youth justice in Cumbria's two-tier system of local government consisting of one County Council and six district Councils. In January 2023, Cumbria underwent a major internal restructure as part of the Local Government Reforms. This led to the establishment of two new unitary authorities – Cumberland Council and Westmorland and Furness.

Since 2024, there has been further integration of the CCPT with multi-agency safeguarding arrangements, with close working relationships being evident between the CCPT and youth justice services, children's social care, education, and health services, ensuring a robust multi-agency approach to safeguarding vulnerable CYP. In particular, a focus on child exploitation has been effectively developed in Cumbria due to the high numbers of out-of-county children looked after (CLA) and this is managed by Missing, Exploited, and Trafficked Coordinators (METCOs) who are a key part of Cumbria's Safeguarding Children Partnership. This robust response can be understood as being strongly supportive of a public health approach to policing (Christmas and Srivastava, 2019). This public health approach has been recognised in a recent HMIP inspection of Westmorland and Furness Youth Justice Services, with reference to multiple instances of effective multi-agency working including case management, information sharing for contextual safeguarding, the delivery of services and interventions to keep CYP safe, and joint decision-making protocols:

"*Cumbria Police had a child-centred approach to policing, which was a significant strength across the partnership….police attended the YJS high-risk meetings, carried out joint visits with case managers if required, and worked directly with children and families… There was evidence of effective multi-agency working with the child-centred policing team… This set out the importance of understanding a child's circumstances and prioritising opportunities for prevention and intervention*." (HMIP, 2025)

Defining Child-Centred Policing

Child-centred policing is an approach that prioritises the rights, needs, and best interests of CYP in all police interactions. This model aligns with UN Rights of the Child (1959) and the UN Convention on the Rights of the Child (1989) as well as more recent commentaries on Child First (Haines and Case, 2015) as a key principle, which emphasise treating children as children first and foremost, aiming to minimise their involvement in the Criminal Justice System (CJS) and prevent their unnecessary criminalisation. It also incorporates trauma-informed practice, recognising the impact of adverse childhood experiences (ACEs: Felitti et al., 1998; Bellis et al., 2014) on the behaviour of CYP, and ensuring that police engagement is sensitive to past trauma, promoting positive outcomes rather than punitive responses. Alongside the prioritisation of multi-agency working that is central to the success of child-centred policing through consistent and well-established relationships over time, the emphasis on trauma-informed practice (Felitti et al., 1998; Bellis et al., 2014) and Child First (Haines & Case, 2015; YJB, 2021, 2022) as a philosophical foundation is indicative of a strongly public health approach to policing (Christmas and Srivastava, 2019) which has become an increasingly dominant perspective resulting from the growing attention to the impact of health inequalities on populations who also experience high levels of social harm (Carpenter et al., 2016). Such populations include "the mentally ill, disabled, asylum seekers and illegal immigrants, pupils facing bullying at school including cyber-bullying, sexual harassment and stalking, and domestic violence particularly against women and children" (van Dijk and Crofts, 2017; p.267). As suggested by Sidebottom & Tilley (2023), a public health approach to policing is "now widely advocated in Britain by politicians, practitioners and academics" (p.1) as evidenced by the Home Office providing eighteen force areas across the UK with the highest levels of serious violence with funding to establish (or build upon existing) Violence Reduction Units (VRUs) that would "support a 'public health' approach to tackle serious violence and its root causes" (Craston et al., 2020; p.20). Two further VRUs were added in 2022.

As suggested by Sidebottom & Tilley (2023), "references to a public health approach also appear in key policy documents including the [NPCC] Policing Vision 2030 and the Government's Beating Crime Plan and Serious Violence Strategy" (p.1) alongside clear endorsement from the College of Policing (Christmas and Srivastava, 2019) and the National Police Chiefs' Council (NPCC, 2015, 2021, 2024). Key elements of CCPT's multi-agency, public-health approach include:

- **Partnership with Youth Justice Services (YJS)**: Ensuring that at risk youth receive tailored interventions before entering the formal justice system
- **Liaison with Schools and Education Providers**: Providing preventive education and early intervention in school settings
- **Collaboration with Social Services and Safeguarding Hubs**: Sharing intelligence and safeguarding concerns through established referral pathways

- **Joint Training and Information Sharing**: Engaging in joint professional development with health and social care professionals, youth justice, care homes, and third-sector Organisations such as Barnardo's

Cumbria CCPT is grounded in these principles, working to prevent harm, protect vulnerable CYP, and divert them from criminalization. This approach acknowledges that many young people who come into contact with the police have complex needs, often linked to exploitation, neglect, or mental health issues. As such the CCPT operates with a clear focus on preventing youth crime, intervening early to support at risk CYP, and diverting them from the formal criminal justice system. The team engages young people through tailored interventions, educational programs, and multi-agency collaboration. Key aims include:

- **Prevention**: Identifying CYP at risk of offending or victimization and providing proactive support through educational programs and community outreach.
- **Early Intervention**: Engaging CYP who display warning signs of vulnerability, such as exposure to exploitation, missing episodes, or association with anti-social behaviour
- **Diversion**: Where appropriate, ensuring that CYP avoid formal criminal justice pathways by providing alternatives such as restorative justice, mentorship, and support services.

The CCPT's work is particularly vital in cases involving child exploitation, missing CYP, and youth involved in anti-social behaviour. It works closely with complex safeguarding, youth justice services, and third-sector organisations to provide comprehensive support. By adopting this multi-agency and trauma-informed approach, CCPT aligns itself with best practices in youth justice and complex safeguarding, ensuring that CYP receive the most appropriate support rather than a criminalizing response.

Barriers, Impact and Future Directions

Despite its apparent successes, CCPT has faced several challenges, some of which are specific to the area in which the CCPT is located and provide a rationale as to why a discrete team in Cumbria focused on taking a child-centred approach is so important. Cumbria experiences high demand for services due to the numbers of CYP in residential care in Cumbria, with 1283 CYP being CLA representing an average rate of 47.3 CYP per 10,000 of the population across Cumbria as a whole (DfE, 2024), and in Cumberland more specifically, a rate of 88 CLA per 10,000 population which is significantly above the national average. This situation is complicated by Cumbria's large rural footprint and comparatively small population which results in a smaller number of officers needing to manage the needs of CYP including a comparatively large number of CLA over similarly large distances of travel, resulting in officers being spread thinly. As a result, levels of vulnerability among children and young people in Cumbria are considerable. Many are care-experienced, and those living in residential care are known to face disproportionately high risks of child criminal exploitation (CCE) owing to the complex trauma, instability and safeguarding vulnerabilities that frequently characterize populations from a background of residential care (Department for Education, 2015). This has led to the creation of the Missing, Trafficked and Exploited Co-ordinator

role in Cumbria's police force, and this role is operationally linked to the CCPT as a key element of the child-centred policing strategy.

Barriers to a strong preventative approach therefore exist, and despite the CCPT's apparent successes, several challenges hinder the full realization of a strongly preventative model. Key barriers that will be explored and unpacked throughout this report include:

1. **Resource limitations** – Funding constraints mean that early intervention programs are not always sustainable, and there are often insufficient personnel to meet demand
2. **Gaps in multi-agency communication** – While collaboration is a strength, inconsistent information sharing and siloed working can limit effectiveness
3. **Perceptions of the police among young people and parents** – Many young people have negative views of law enforcement due to past experiences, affecting engagement with CCPT initiatives
4. **Capacity issues in safeguarding and youth services** – A shortage of social workers, mental health practitioners, and alternative provision placements can result in CYP not receiving timely support
5. **Policy and procedural challenges** – The transition from a reactive to a proactive approach is complex, particularly when balancing legal frameworks and operational demands

Aims of the Report

Therefore, this evaluation seeks to assess how effectively the CCPT meets its objectives of prevention, early intervention, and diversion. It will explore and evaluate the strengths of the public health and multi-agency model, while also identifying areas for improvement. By analysing qualitative insights from practitioners, multi-agency partners, and young people themselves, the report will provide recommendations to enhance Cumbria's child-centred policing approach and strengthen preventative policing efforts across the county.

The report is divided into discrete sections focused on multi-agency partners that are indispensable to Cumbria CCPT's diversionary and preventative multi-agency approach, namely: schools, TSOs, youth justice and complex safeguarding, alongside focusing on the CCPT more closely through the Missing, Exploited and Trafficked (METCO) role, the CCPT that manages low-level offending, and the custody context (including the role of L&D through health), where children who have reached a higher threshold of risk through their offending behaviour are interviewed and detained. In addition, consideration is given to the whole force through exploration of the day-to-day response to CYP through street-level policing.

Methodology

This was a mixed methods evaluation undertaken between November 2023 and June 2026, qualitatively exploring the perceptions of a broad range of stakeholders working with the CCPT in education, the third sector, complex safeguarding and youth justice in relation to questions about

impact and effectiveness. In addition, we surveyed justice-involved CYP through a trusted adult-led survey that aimed to explore how the impact of the CCPT on the recipients of its approach, as well as their general feeling about the police.

Finally, we quantitatively analysed a dataset provided to us by Cumbria Police of their referrals over 3 years using descriptive and advanced statistical techniques to examine patterns in children's contact with the CCPT and identify factors associated with offending and vulnerability.

The research questions that the evaluation addressed were:

1. How do different stakeholders perceive the CCPT in terms of its overarching aims and its effectiveness in reducing/preventing unnecessary criminalisation of children and young people?

2. How do children and young people more specifically feel about the police as a result of the CCPT?

3. What are the barriers and facilitators to effective multi-agency partnership work for reducing/preventing the criminalisation of children and young people at risk of offending or already involved in offending?

Recruitment for the qualitative element of the evaluation was through Cumbria Constabulary who acted as gatekeepers to the research participants, capitalising on the close relationship they have with external partners. Cumbria Constabulary provided the research team with a list of contacts within the sectors we were interested in talking to in:

- Schools and pupil referral units
- Third sector organisations
- Cumbria County Council (Westmorland and Furness and Cumberland) including complex safeguarding teams and youth justice

This initial purposive sampling strategy resulted in a further snowball sampling approach where contacts that were understood to be important to the evaluation were contacted and invited to take part in the study. This recruitment process included members of Cumbria Constabulary who had not originally been considered for the purpose of evaluation, including members of the Missing Exploited and Trafficked Coordinator (METCO) team, custody staff, L&D service staff, and care home staff.

Recruitment of professional participants was facilitated through Cumbria Constabulary, which acted as a gatekeeper by identifying relevant contacts across partner organisations. While this enabled access to practitioners with direct experience of the CCPT and its multi-agency arrangements, it may also have introduced an element of selection bias, potentially favouring participants with established working relationships with the team. Consequently, the findings may not fully capture the perspectives of less-engaged or more critical stakeholders. However, the

identification of both positive experiences and significant operational and systemic challenges across the participant groups provides some reassurance that a range of perspectives was represented.

Qualitative element

Overall, approximately 60 individuals were invited to take part in the research across the four main sectors, and we were able to secure interviews with:

- 5 x School participants (1 x primary mainstream, 3 x secondary mainstream, 1 x pupil referral unit)
- 1 x Care home participant
- 4 x Third sector participants
- 2 x Youth justice participants
- 1 x Complex safeguarding Team Manager (Cumberland LA)
- 6 x Cumbria Constabulary participants (including members of the CCPT, METCOs, a Custody Sergeant, and a CE Detective)
- 2 x Liaison and Diversion participants

Overall, we undertook 19 semi-structured interviews and focus groups with a total of 25 research participants across policing, complex safeguarding, youth justice, education, public health, residential care and the third sector that have focused on key areas related to the CCPT's overarching aims in preventing unnecessary criminalisation of CYP. In particular, the broad areas we have focused on within the interviews are:

1. Training
2. The referral process
3. Multi-agency approaches
4. Missing from home
5. Children looked after and complex safeguarding
6. Impact on CYP and their families
7. Outcomes, improvements and monitoring impact

In addition, we surveyed 9 CYP who were justice-involved, through a trusted-adult led survey to capture voice of the child which was viewed as being an essential element of capturing and evaluating impact.

Quantitative element

The quantitative analysis used administrative data supplied by Cumbria Constabulary and linked through a unique person identifier. The data included information relating to CCPT referrals alongside recorded police contact across crime, safeguarding, missing person and stop-and-search records. Overall, the cohort comprised 548 unique children and young people (CYP).

Before analysis, the data were checked and reconciled across the datasets provided. Children with no recorded incidents within the linked incident datasets were retained within the cohort and recorded as having zero incidents, rather than being excluded from the analysis. Geographic categories were also standardised to ensure that the four CCPT areas were represented consistently. Age at first referral was calculated in completed years using the recorded date of birth and earliest available CCPT referral date. Where demographic information was missing, contradictory or chronologically inconsistent, records were checked against the available source data. For 15 CYP, a reliable age at first referral could not be established and these cases were therefore excluded only from analyses requiring age, resulting in a sample of 533 for the age-adjusted analyses. Missing ages were not imputed, and conflicting dates were not amended where the available records did not provide sufficient evidence to do so. A separate methods log was retained securely by the research team to document these data checks and analytical decisions.

Descriptive statistics were used initially to examine the distribution and frequency of recorded incidents across the cohort. One-way Analysis of Variance (ANOVA) was then used to examine differences in mean incident frequency by gender and across the four CCPT geographic areas. Multivariable linear regression examined the relationship between total recorded incident frequency and age at first referral, gender and geographic area, while controlling statistically for the other variables in the model. Given that incident frequency was count data and was positively skewed and over dispersed, negative binomial regression was also undertaken. This provided an analysis more suited to the distribution of the incident data and enabled the findings from the linear regression to be checked using an alternative modelling approach.

Socio-economic context was examined using the Index of Multiple Deprivation (IMD 2019) for CYP where suitable postcode linked deprivation information was available. Linear and negative binomial regression models were used to examine the relationship between deprivation and recorded incident frequency while accounting for age and gender. As postcode information was incomplete for part of the cohort, this analysis was based on the available postcode linked sample and is interpreted with this limitation in mind.

The administrative data capture recorded system contact rather than continuous observation of individual CYP. In addition, the available records included incidents occurring both before and after first CCPT referral. Total incident frequency should therefore be understood as cumulative recorded contact within the dataset available for the evaluation, rather than as a measure of incidents occurring solely during CCPT involvement. Accordingly, the quantitative findings identify patterns and associations within recorded system contact but do not on their own establish developmental trajectories, causation or the effect of CCPT intervention on subsequent outcomes.

Ethics and GDPR

Ethics approval was gained from the Central Ethics Committee at the University of Lancashire on the 9/03/2023 with two conditions, requiring:

- The researcher interviewing CYP to be DBS checked.

- Any gatekeeper permissions for research with CYP to be forwarded onto the Central Ethics Committee going forward.

Ethical concerns were addressed in the usual ways (anonymisation, de-identification and the secure storage of data) to ensure risk to participants was minimised. The management of such risks included the gathering of informed consent through participant information sheets and consent forms for the three main participant groups (multi-agency stakeholders; Parents and Carers; and CYP) detailing the purpose of the study, the withdrawal mechanism for participants, and how their data would be stored.

Attention was given to accessibility for the CYP in particular, where age-appropriate forms were produced for the younger and older cohorts. Consent forms were similarly tailored to each participant group. Anonymity was ensured by removing all identifying details from the dataset, including names, locations and chains of events that might potentially identify an individual through triangulation. All data was held securely on password protected University of Lancashire devices and within a secure Teams data portal that was created for the purposes of data storage.

Findings

The findings are organised around the perspectives of key professional groups involved in child-centred policing, including schools, third sector organisations, youth justice and complex safeguarding practitioners, and police officers working across the CCPT, METCO and custody contexts.

Analysis was informed by a series of interconnected themes, including barriers and facilitators to effective practice; the quality of multi-agency partnerships; the referral process; prevention and early intervention; missing children, children looked after and exploitation; training and professional development; Child First and trauma-informed approaches; the perceived impact of the CCPT; and opportunities for improvement.

Findings are presented in an integrated manner, drawing connections between professional perspectives and highlighting areas of convergence and divergence. The initial sections, covering schools, third sector organisations, and youth justice and complex safeguarding, provide a focused synthesis of the principal findings, supported by selected participant quotations.

The subsequent policing section provides a more detailed examination of practitioner accounts, incorporating longer interview extracts where these offer important contextual or explanatory insights. This reflects the primary focus of the evaluation on Cumbria Constabulary's CCPT, while retaining the wider multi-agency context within which the team operates.

Together, these perspectives provide a layered understanding of the CCPT's operation, its contribution to child-centred policing, and the organisational and partnership factors influencing its effectiveness.

Schools

Barriers

Referral Process Challenges: Lack of Clarity and Formal Structure

The official referral process from schools to the CCPT, via Microsoft Forms, was described as cumbersome and unclear, with concerns about referrals disappearing “into the ether” (**Head Teacher: Primary School**). This uncertainty led some schools to bypass formal referral routes in favour of more informal email contact with designated officers.

A lack of flexibility in referral options was also identified as a barrier. A Designated Safeguarding Lead (DSL) in one secondary school described how the previous opportunity to speak directly with someone for an initial consultation had been removed. This left schools with limited options for discussing cases that did not clearly meet referral thresholds or seeking advice before submitting a formal referral. Instead, schools reported being advised to “just open your own Early Help” or “put another form in” (**DSL: Secondary School**), potentially creating additional administrative work and inefficiencies.

Delays in information sharing were also reported as limiting opportunities for earlier intervention. One DSL suggested that, had they received relevant information "a month ago" (**DSL: Secondary School**), they might have made a referral before the situation escalated. This highlights the potential consequences of communication delays for timely identification and intervention.

Overall, participants described a reliance on personal relationships and informal communication rather than consistently effective formal referral processes. While established relationships with designated officers were generally viewed positively, their importance also highlighted limitations within the official system.

Related concerns were raised about the perceived *ad hoc* nature of information sharing and engagement between the CCPT and schools. One primary school head teacher suggested that closer and more structured liaison would provide opportunities to identify emerging concerns about children and families at an earlier stage. This points to the potential value of more consistent communication arrangements and sustained professional relationships between schools and the CCPT.

Resource and Staff Limitations

Resource and staffing limitations were identified as barriers to consistent and proactive engagement between the CCPT and schools. One secondary school DSL described a "little bit of a scatter-gun approach" (**DSL: Secondary School**), suggesting that capacity constraints meant engagement was often reactive, with schools having to initiate contact rather than receiving regular communication about the support available. This was further compounded by the absence of key officers with whom schools had established relationships, creating gaps in continuity of service provision.

Similar concerns were raised within a pupil ueferral Unit (PRU), where a Safeguarding and Family Liaison Officer described inconsistent engagement linked to limited resources and competing demands. In particular, the CCPT was reportedly "being asked to deliver so many sessions in school" (**Safeguarding and Family Liaison Officer: PRU**), despite classroom teaching not necessarily being within the skillset of all officers. This highlights potential tensions between the demand for educational input, available staffing capacity and the specialist skills required for effective delivery

Limited Active Prevention and Early Intervention

A perceived lack of emphasis on early intervention and proactive prevention, relative to more reactive and diversionary responses to offending behaviour, was identified as a significant barrier to reducing the likelihood of later criminal justice involvement. As one participant explained, early intervention was essential "so that they don't get to the point of being in court…because what normally happens is they get on that cycle and… find it very, very difficult once you're in that to break that" (**Deputy Head: PRU**). Participants also highlighted that some of the greatest successes had been achieved through intervention with younger, primary-aged children, before behaviours escalated to the point of court orders or formal referrals.

Concerns were also raised about the limited reach of preventative intervention within primary education. A Safeguarding and Family Liaison Officer at a PRU reported receiving relatively few referrals involving Key Stage 2 pupils, despite evidence of earlier concerns emerging in some children's histories. Reflecting on historical records, the participant described finding concerns about children and their families that appeared not to have been adequately addressed, with difficulties becoming more entrenched over subsequent years: “I just don't see anything done… and then you get this young person…5-6 years down the line” (**Safeguarding and Family Liaison Officer: PRU**). This suggests potential missed opportunities for earlier identification and support, before difficulties escalate and more intensive intervention becomes necessary.

Perceptions of the police

A lack of parental engagement and consent was identified as a significant barrier to CCPT involvement, with one Deputy Head Teacher describing the “biggest barrier” as a “lack of parental engagement to agree for the CCPT to be involved” (**Deputy Head Teacher: PRU**). This created difficulties in progressing referrals, even where schools had identified a clear need for support. One primary school Head Teacher described a Year 6 pupil considered at risk of criminal involvement, whose parents did not engage with the proposed intervention and who was subsequently excluded from secondary school.

Parental reluctance was particularly evident within alternative provision settings, where participants suggested that negative experiences of policing, sometimes spanning generations, contributed to mistrust of police-led interventions. A Safeguarding and Family Liaison Officer at a PRU described high “levels of paranoia” (**Safeguarding and Family Liaison Officer: PRU**) surrounding police motives, alongside perceptions that involvement was largely a procedural exercise offering limited meaningful support. Such concerns could persist despite schools' efforts to reassure families about the supportive intentions of the CCPT and attempts by officers to reduce perceived power imbalances through a less visible uniformed presence.

These difficulties were further compounded by families' previous experiences of statutory services. One participant suggested that parents may “feel so let down by agencies that they've maybe tried when their child was younger” (**Safeguarding and Family Liaison Officer: PRU**), contributing to reluctance to engage with subsequent offers of support. Consequently, school practitioners sometimes needed to invest considerable time in building trust and encouraging parents to consider CCPT involvement. This highlights how parental consent, while essential to voluntary engagement, can also present a barrier where previous experiences of statutory intervention have undermined confidence in services.

Lack of Training

Participants identified a lack of formal training opportunities between schools and the CCPT, with one Head Teacher reporting “no structured training sessions for [school] staff” (**Head Teacher: Primary School**). This was partly attributed to differences in professional responsibilities, with one DSL suggesting that there was limited overlap in training needs because “they’re dealing with the criminality side and we’re dealing with the education side” (**DSL: Secondary School**). The need for

schools to fulfil and demonstrate compliance with statutory education requirements was also identified as a potential constraint on opportunities for joint training and knowledge sharing.

Some examples of training and practical support were reported, particularly within PRUs, where safeguarding demands were perceived to be greater. This included guidance from CCPT officers and METCOs on completing referrals, identifying safeguarding concerns and navigating multi-agency submission processes. However, such opportunities appeared to be inconsistently available across educational settings.

Participants also identified opportunities for more structured engagement, including annual updates on changes to CCPT processes and practices relevant to education. One secondary school practitioner suggested that regular contact would be particularly valuable where schools had recruited new staff or undergone changes in team structures, recognising that "it's not always easy…to pass on that training and that information" (**DSL/Inclusion Manager: Secondary School**). This highlights the potential value of more consistent knowledge sharing and targeted training opportunities, particularly to support staff induction and maintain continuity of understanding between schools and the CCPT.

Short-Term Interventions

The short-term nature of CCPT interventions, typically delivered over four to six weeks, was identified by schools as a potential barrier to meaningful engagement with children and young people (CYP). Participants suggested that building trust and establishing relationships could take longer than the intervention period allowed, potentially limiting their effectiveness. As one Deputy Head Teacher explained, "if you're only doing three sessions, by the time the third session is done, they don't particularly open up" (**Deputy Head Teacher: PRU**).

Related concerns were raised about the clarity and consistency of support available through the CCPT. One secondary school DSL described difficulties understanding "what they're offering…because things change so quickly" (**DSL: Secondary School**). This was considered particularly problematic for highly vulnerable CYP at risk of exploitation, where schools emphasised the importance of understanding how they could work collaboratively with the police to prevent further harm. Together, these findings highlight the importance of both sufficient time to establish trusting relationships and clear communication about available interventions.

Systemic Barriers

Waiting Lists, Short-termism and Knowing What's Available

Wider systemic barriers included funding and resource constraints that contributed to limited service capacity and lengthy waiting lists. As one participant explained, "services are limited, waiting lists are long, parents are desperate" (**DSL/Inclusion Manager: Secondary School**). These pressures were particularly evident in mental health provision, where third-sector organisations (TSOs) and services such as Child and Adolescent Mental Health Services (CAMHS) were reported to be operating at capacity, with waiting times sometimes extending to several months. Participants suggested that these delays could contribute to parental disengagement and create

difficulties for school practitioners attempting to manage families' expectations, particularly where children and young people required more immediate support.

The short-term nature of funding was also identified as a barrier to maintaining awareness of available services. One participant explained that “some services are only 12 months long and then they disappear” (**DSL/Inclusion Manager: Secondary School**), highlighting the instability of provision and the difficulties schools experienced in keeping up to date with changes to programmes and referral pathways.

A lack of clarity about available interventions was particularly concerning in cases involving vulnerable CYP at risk of exploitation. One secondary school DSL described difficulties identifying appropriate support for a young person with known vulnerabilities to child sexual exploitation (CSE), despite the need for coordinated preventative action. The participant suggested that knowledge of available programmes often depended on personal relationships with individual officers or practitioners, referring to services that were difficult to identify “until you know someone” (**DSL: Secondary School**). This reliance on informal professional networks highlighted wider limitations in the accessibility and communication of information about available support, potentially creating additional barriers to timely intervention.

Facilitators/Supports

Multi-Agency Safeguarding Hub

The Safeguarding Hub (SH) in Cumbria provides a centralised mechanism for coordinating safeguarding referrals, risk assessments and multi-agency responses to concerns about children and young people (CYP). Bringing together information from schools, police, social care, health and youth justice services, the SH supports the identification of appropriate interventions, including Early Help and statutory safeguarding responses. This approach facilitates information sharing, joint decision-making and coordinated support for children and families, reducing the potential for fragmented or duplicated interventions.

Participants highlighted the value of a centralised approach in improving communication and clarifying professional responsibilities across agencies. One secondary school DSL described how, without effective coordination, schools, youth justice services and social care might each initiate separate Early Help processes, resulting in provision that was “too disjointed” (**DSL: Secondary School**). The SH was therefore viewed as an important mechanism for identifying existing agency involvement, reducing duplication and ensuring that safeguarding concerns were directed to the most appropriate professionals.

The availability of a central point of contact for both urgent safeguarding concerns and Early Help referrals was also considered beneficial, enabling cases to be triaged according to risk and coordinated across relevant services. As one participant explained, this supported agencies to “work together to try and ensure that the child and the family are supported” (**DSL: Secondary**

school). These findings highlight the perceived value of structured multi-agency arrangements in promoting more coherent and coordinated safeguarding responses.

Operation Encompass

Operation Encompass was identified as an important mechanism for sharing information about domestic abuse incidents involving children and young people (CYP). Participants highlighted the benefits of timely communication from the police, enabling schools to better understand children's circumstances and respond proactively to potential changes in their behaviour or wellbeing. As one DSL explained, schools "would get the call from the police the next day to say 'you might have a wobble at school you're gonna have to keep an eye on them'" (**DSL: Secondary School**). This information also supported ongoing monitoring, with schools encouraged to report changes in behaviour or attendance that might indicate emerging safeguarding concerns.

Formalised information sharing also enabled schools to develop a more comprehensive understanding of children's circumstances through their safeguarding recording systems, including CPOMS – the Child Protection Online Management System. Participants described how information relating to domestic incidents, safeguarding referrals, police involvement and family circumstances could be brought together to identify patterns of concern and inform appropriate safeguarding responses. This highlights the value of structured information sharing in supporting both immediate intervention and longer-term safeguarding oversight.

Strong Trusting Relationships: Information Sharing, Consent, and Procedural Justice

The importance of strong and trusting relationships between schools and the police was consistently highlighted by participants, with the CCPT identified as playing an important role in developing and sustaining these relationships. The benefits extended beyond individual interventions, supporting information sharing, parental engagement and consent, and opportunities to challenge negative perceptions of policing among children, young people (CYP) and their families.

Trust was particularly important in facilitating effective information sharing between schools and the police, where concerns about data protection and confidentiality could otherwise create barriers. Participants valued the CCPT's approachable and pragmatic approach, which supported the exchange of relevant information for "the prime benefit of the young person and their safety" (**Safeguarding and Family Liaison Officer: PRU**). These relationships were often developed over time, with one primary school Head Teacher describing how mutual trust had strengthened through sustained contact with a designated CCPT officer, enabling greater confidence in sharing intelligence and safeguarding concerns.

Trust-building was also considered essential for securing parental engagement, particularly where families had previous negative experiences of policing or wider statutory services. Within PRUs, this was further complicated by a frequently changing cohort of pupils and families, limiting opportunities to establish sustained relationships. Participants described the importance of a

holistic, multi-agency approach, with schools, family liaison and other professionals working together to build confidence, address concerns and encourage consent for CCPT involvement.

Positive relationships between CCPT officers and school staff also provided opportunities to challenge negative perceptions of policing among CYP. Participants suggested that children who trusted their teachers could observe constructive relationships with officers, creating opportunities for informal conversations that challenged assumptions about police intentions and behaviour. As one practitioner explained, this involved "letting the young people know that just because they're a police officer, they're not a bad person" (**Safeguarding and Family Liaison Officer: PRU**). Such interactions were viewed as particularly valuable for CYP whose previous experiences of policing had contributed to mistrust.

Finally, participants highlighted the role of education and awareness raising in broadening families' understanding of policing beyond enforcement. One secondary school practitioner described how some families had previously associated the police primarily with "kicking doors in or driving around in panda cars and pulling kids over" (**DSL/Inclusion Manager: Secondary School**). However, following engagement with the CCPT through Early Help, some expressed surprise at the preventative and supportive work undertaken by officers, reporting that they had not realised the police provided "that kind of thing" (**Ibid.**). These accounts suggest that sustained, relationship-based engagement may contribute to more positive perceptions of policing and greater willingness to engage with preventative support.

Prevention and Early Intervention

Supporting Parents and CYP

As highlighted in the Barriers section, participants identified a perceived lack of emphasis on early intervention as a significant obstacle to preventing CYP from entering the CJS. Greater emphasis on proactive prevention at an earlier age was considered important, particularly through support for parents in recognising emerging concerns, accessing appropriate services and developing effective parenting strategies. One participant suggested that some parents "don't know how to ask for help" (**Safeguarding and Family Liaison Officer: PRU**), highlighting the importance of accessible and timely family support.

Although wider parenting support falls largely outside the direct remit of policing, participants identified opportunities for the CCPT to contribute through targeted preventative education. Examples included positively received work with CYP and their parents around online safety and digital activity. However, one practitioner suggested that such interventions "probably needed to have been done four or five years earlier" (**Safeguarding and Family Liaison Officer: PRU**) to maximise their preventative potential. This highlights the perceived value of engaging with children and families before risks and behaviours become more established.

Participants also emphasised the importance of sufficient time to build relationships and deliver meaningful interventions with CYP already at risk of criminal justice involvement. Reflecting on the

CCPT's typical four-to-six-week intervention period, one Deputy Head suggested that “the more time…and the more direct works that can be done with…these young people, the more chance you have a success” (**Deputy Head: PRU**). Greater flexibility in intervention duration was therefore viewed as potentially beneficial, particularly where CYP required more sustained support to address complex needs and reduce the likelihood of further offending.

Role of schools as Neutral Ground for Early Intervention

Participants highlighted the role of schools beyond education, identifying them as important settings for multi-agency safeguarding and intervention. schools provided familiar environments in which professionals could undertake mental health assessments, social work engagement and child protection activities. This was considered particularly valuable for children and young people (CYP) who might feel more comfortable discussing sensitive concerns in a familiar setting. As one DSL explained, schools could provide “a place…to speak to the child in a safe environment…where they can control it” (**DSL: Secondary School**). This reflects trauma-informed principles of emotional safety, familiarity and giving CYP greater control over their interactions with professionals.

schools were also viewed as valuable settings for identifying and understanding safeguarding concerns, providing opportunities for practitioners to gain “a good insight into what's going on behind closed doors at home” (**DSL: Secondary School**). Participants contrasted this with home visits, which could sometimes provoke defensive or hostile responses from parents, particularly where families had negative perceptions of the police. These findings highlight the potential value of schools as accessible and trusted environments for multi-agency engagement, while reinforcing the importance of positive relationships with CYP and their families in facilitating meaningful communication and effective safeguarding.

Educational Outreach Work in schools

Greater integration between schools, third-sector organisations (TSOs) and the CCPT was identified as an opportunity to strengthen early preventative approaches. One primary school Head Teacher advocated bringing together existing good practice and embedding it more consistently within everyday school provision, rather than relying on isolated interventions. This was described as requiring “rethinking everything…and drawing together…best practices and making them more consistent and a normal part of schooling” (**Head Teacher: Primary School**).

The *Build My Skills* programme, delivered through the Furness Education and Skills Partnership (FESP), provided an example of this approach in practice. Through collaboration with schools and the CCPT, the programme enabled officers to engage with primary-aged children in a familiar educational environment, allowing them to “go into a variety of [Primary] schools in a non-threatening manner and let the children see that look, we are here, we're working with you” (**FESP: Build My Skills Programme**). Using the Citizenship curriculum as a vehicle for engagement, the programme incorporated preventative education around antisocial behaviour, social media risks and substance misuse.

Embedding CCPT involvement within wider educational provision was therefore viewed as a promising approach to earlier intervention, while providing opportunities for children to develop familiarity with officers outside enforcement contexts. Such partnerships may help challenge negative perceptions of policing and support more positive relationships over time, although their longer-term impact on attitudes and behaviour would require further evaluation.

Missing, Exploited and Trafficked

Children Looked After

schools generally reported fewer CCPT referrals involving children looked after (CLA), which participants attributed to the relatively small numbers of care-experienced CYP attending their settings. However, one Deputy Head Teacher at a PRU described "a significant increase in the number of children looked after" (**Deputy Head: PRU**) following the establishment of a social, emotional and mental health (SEMH) provision for pupils with education, health and care plans (EHCPs).

Participants suggested that missing-from-home (MFH) episodes were more frequently encountered among CYP living in residential care than those in foster placements or family homes. One secondary school practitioner highlighted the particular challenges experienced by older children in residential settings, suggesting that "peer pressure can be quite intense" (**DSL/Inclusion Manager: Secondary School**). Residential care was therefore perceived by some participants as a setting in which CYP might be more likely to experience missing episodes and require additional safeguarding support, although this reflected practitioner experience rather than a systematic comparison of placement types.

A further concern related to delays in communication between residential care providers and schools following missing episodes. One PRU Deputy Head explained that, where a child had "been missing overnight and they're going be turning into school at 9:00 o'clock the next day [it] would be hugely beneficial to us as a staff body to know that" (**Deputy Head: PRU**). However, participants reported that such information was not always shared promptly, potentially limiting schools' ability to recognise emerging concerns, respond sensitively to children's experiences and provide appropriate safeguarding support.

Return Home Interviews

Return Home Interviews (RHIs) were frequently conducted within schools, reinforcing their role as familiar and potentially trusted environments for multi-agency safeguarding intervention. Participants reported that RHIs were undertaken by the local authority, although changes from previous third-sector provision had reportedly affected the consistency of follow-up support. As one practitioner explained, the service "was really good, then it was non-existent, and now it's getting somewhere in between" (**Safeguarding and Family Liaison Officer: PRU**). This highlighted concerns about continuity of provision and the potential implications for CYP requiring ongoing safeguarding support.

Repeated missing episodes were also identified as a trigger for increased involvement from the CCPT and wider social care agencies, including opportunities for professionals to engage directly with CYP within school settings. For young people experiencing multiple missing episodes, participants emphasised the importance of continuity in the practitioner conducting successive RHIs. As one Safeguarding and Family Liaison Officer explained, "it worked because it was one person [and] they had a chance then to build a relationship" (**Safeguarding and Family Liaison Officer: PRU**). This suggests that consistent practitioner involvement may support trust, encourage disclosure and strengthen opportunities to identify and respond to underlying safeguarding concerns.

Sexual and Criminal Exploitation

PRUs reported close working relationships with the CCPT and METCO teams in identifying children and young people (CYP) at risk of criminal or sexual exploitation. Participants described receiving regular intelligence updates concerning emerging local risks, including organised fights, weapon-related offences, drug possession and sextortion. These updates were valued for providing insight into local patterns of harm and emerging safeguarding priorities, with one Deputy Head describing communication as "quite good [allowing them] to see what the priorities are [of] the CCPT in our area" (**Deputy Head: PRU**).

However, the consistency of intelligence sharing appeared to vary across educational settings. One primary school Head Teacher described concerns about local county lines activity and the potential recruitment of young people, suggesting that schools would benefit from more proactive, geographically relevant updates. In particular, the participant advocated communication about emerging local risks "so that we could be aware of it and start to look for the impact on our kids" (**Head Teacher: Primary School**). This highlights the potential value of extending regular intelligence briefings beyond specialist and alternative provision settings to support earlier identification of exploitation risks within primary education.

Participants also raised concerns about gender differences in the identification and communication of exploitation risks. One PRU practitioner suggested that girls were more frequently assessed as being at heightened risk of sexual exploitation, while concerns relating to boys were more commonly associated with criminal exploitation. The participant expressed particular concern about the potential harms facing boys who went missing, suggesting that the quality of intelligence sharing around criminal exploitation was not always sufficient. As they explained, "the quality of intelligence isn't as high as what it should be in that communication between services" (**Safeguarding and Family Liaison Officer: PRU**). These accounts suggest a need for greater consistency in recognising and communicating different forms of exploitation risk, including where gendered assumptions may influence safeguarding responses.

Positive examples of multi-agency intelligence sharing were also reported by secondary schools. These included police communication about individuals presenting potential sexual safeguarding risks near school premises, enabling schools to respond appropriately and share relevant information internally. Participants also described coordinated responses to incidents of peer-to-

peer sexual harassment occurring outside school, involving collaboration between schools, British Transport police, local police and youth justice services. Such examples demonstrated the perceived value of timely intelligence sharing and coordinated responses to safeguarding concerns extending beyond the school environment.

Overall Impact of Multi-Agency Working Through Schools

A Public Health Approach in Mainstream and Alternative Educational Settings

schools with established relationships with the CCPT generally reported positive experiences of multi-agency working, particularly within PRUs, where children and young people (CYP) often presented with complex and overlapping needs. One Deputy Head highlighted the importance of established partnerships, explaining that "really strong relationships with so many different agencies and the CCPT are part of that… as part of the core group… it does work for us" (**Deputy Head: PRU**). This suggests that sustained professional relationships and integrated multi-agency arrangements can support more coordinated responses to CYP with complex safeguarding needs.

In contrast, participants from mainstream schools described a more "ad hoc" approach (**Head Teacher: Primary School**), where engagement was often driven by immediate concerns rather than ongoing collaboration. One primary school Head Teacher suggested that regular termly or half-termly meetings with the CCPT and relevant agencies could provide opportunities to share emerging community safeguarding concerns, strengthen professional relationships and support earlier identification of risk. This highlights the potential value of extending more structured multi-agency engagement beyond specialist educational settings to mainstream schools.

Diversion From Criminalisation: The Intersection with Early Intervention

Schools emphasised the importance of early intervention in preventing escalation into criminal behaviour, with the "biggest successes" reportedly occurring among "younger…more primary-age pupils" (**Deputy Head: PRU**). The same participant suggested that by the time children reached later stages of schooling, opportunities for effective intervention had sometimes diminished, particularly once they had entered the criminal justice system: "once [they] have been in court… the amount of times they reappear, it's frightening" (**Ibid.**).

The CCPT was also valued for bringing a degree of "gravitas" to preventative engagement (**DSL: Secondary School**). This participant considered the presence of uniformed officers particularly useful in challenging perceptions that CYP could engage in harmful behaviour without consequences, describing police involvement as a means of reinforcing behavioural expectations and communicating "what's looming" if offending continued (**Ibid**.). While this reflects the perceived deterrent value of police involvement, it also highlights a potential tension between enforcement-oriented messaging and the relational, preventative emphasis of Child First practice.

Child First and Trauma-Informed Approaches

The extent to which the CCPT embedded trauma-informed practice and upheld Child First principles was an important element of the evaluation, with schools reporting both positive

examples and areas for improvement. Opportunities for children and young people (CYP) to express their views were valued, particularly where feedback was gathered at the beginning and end of interventions to understand their experiences and perceived outcomes. However, one secondary school practitioner highlighted the absence of a mechanism for providing this feedback directly to the CCPT, reporting that they did not have "a way of giving [their] evaluation direct to the CCPT" (**DSL/Inclusion Manager: Secondary School**). This represented a missed opportunity to incorporate the voice of the child into service evaluation, intervention development and future resourcing decisions.

Participants also highlighted the importance of recognising how previous experiences of trauma and policing could influence CYP's responses to officers. Within a PRU, practitioners described reassuring young people that engagement with METCO officers was intended to be supportive rather than enforcement-focused, although some CYP remained anxious during these interactions. Officers were nevertheless perceived as recognising the potential influence of adverse childhood experiences (ACEs), recent events and the stigma associated with police involvement. This suggested an awareness of the need to contextualise CYP's behaviour and emotional responses rather than interpreting them solely through an enforcement lens.

Positive examples of relationship-based intervention were also reported. One primary school Head Teacher described a child who had experienced domestic abuse and a police drug raid at home, resulting in significant fear of officers. Through sustained engagement between the school, family and the police, the child reportedly moved from being "really quite terrified whenever he saw the police or heard sirens" to "being quite relaxed around the police and seeing them as a place of support" (**Head Teacher: Primary School**). Another participant described a successful, extended CCPT intervention with a young person whose involvement in low-level offending contrasted with their presentation within school. These examples highlight the potential value of sustained relationships and multi-agency information sharing in developing a more holistic understanding of CYP's experiences, needs and behaviour.

However, participants also reported inconsistencies in the extent to which wider police responses reflected trauma-informed and Child First principles. One PRU practitioner contrasted officers who took a holistic approach, considering family circumstances, safeguarding concerns and available support, with others who questioned why schools had requested police assistance. Concerns were particularly evident where CYP presented with escalating offending behaviour, with the participant suggesting that the response could shift towards a view that "we need to criminalise" (**Safeguarding and Family Liaison Officer: PRU**). This was perceived as a departure from a child-centred approach focused on understanding the underlying reasons for behaviour and identifying appropriate support.

Nevertheless, participants acknowledged the challenges officers faced in balancing safeguarding responsibilities, public protection and responses to repeated incidents, particularly where wider services were unable to provide timely or effective intervention. As one practitioner reflected, the challenge was "to strike that balance" (**Safeguarding and Family Liaison Officer: PRU**). These

findings suggest that while trauma-informed and Child First approaches were evident in aspects of CCPT engagement, their consistent application across wider policing responses remained an important area for consideration.

Third Sector

Barriers

Referral Process Challenges: Eligibility Criteria

Strict eligibility criteria and limited service capacity were identified as barriers to accessing third-sector support, potentially excluding children and young people (CYP) who would otherwise benefit from early intervention. Participants reported that referrals were required to come through the CCPT, with CYP needing to be known to the police before accessing particular interventions. This restricted opportunities for schools and families to seek support directly, even where emerging concerns had been identified. Capacity constraints further limited access, with one practitioner reporting that their service could "only take 75 in a year" (**Youth Offending Practitioner: TSO**), despite potentially much greater demand. Consequently, eligibility thresholds and referral arrangements were described as necessary mechanisms for managing demand, but also as potential barriers to preventative engagement.

Further challenges arose where CYP's circumstances changed during an intervention, particularly when emerging safeguarding concerns required statutory social care involvement. Participants described how eligibility criteria excluding children open to Social Work could require third-sector practitioners to withdraw from established interventions. One practitioner explained that this was particularly difficult when they had already been working with a child for several weeks but then "physically have to step back" (**Complex Cases Senior Practitioner: TSO**). Such transitions were perceived as potentially disruptive to relationship-building and trust, particularly where the practitioner had become a significant source of support for the CYP. Participants also described the emotional and professional challenges of withdrawing from these relationships, while emphasising their efforts to identify alternative provision and facilitate appropriate transitions rather than leaving children without support.

The complexity of these arrangements was further highlighted by the holistic nature of third-sector interventions, which often involved engagement across school, home and family environments. Practitioners described how the initial presenting concern could represent only "the tip of the iceberg" (**Complex Cases Senior Practitioner: TSO**), with more complex safeguarding needs emerging as relationships developed and a fuller understanding of the child's circumstances became apparent. This highlights the importance of flexible, coordinated responses that recognise the evolving nature of safeguarding concerns and support continuity of care when CYP move between Early Help and statutory services.

Multi-Agency Barriers: Communication with Schools, Lead Agency Status and Waiting Lists

Inconsistent communication between schools, the CCPT and third-sector organisations (TSOs) was identified as a barrier to effective multi-agency working. Participants described difficulties obtaining timely responses from schools, alongside incomplete referral information concerning existing safeguarding arrangements and Early Help plans. In one example, a practitioner

discovered through the SH that a child was already subject to a plan, despite this not having been communicated by the school or identified during the referral process. Such gaps created additional administrative work, delays and uncertainty, with practitioners reporting that they sometimes found themselves "chasing school" (**Team Manager: TSO**) to arrange meetings and coordinate support. Participants suggested that these difficulties could reflect a lack of clarity about the TSO's role within existing plans, although they also acknowledged the considerable workload pressures experienced by school staff.

Further challenges arose where TSOs assumed responsibility for coordinating support in the absence of an established lead professional or agency. Participants described situations in which they became the primary point of contact for families, particularly during school holidays when schools holding Early Help responsibilities were closed. As one practitioner explained, "quite often…there isn't anybody else working with the family" (**Youth Offending Practitioner: TSO**). In other cases, TSOs found themselves coordinating multiple agencies and interventions, creating additional demands on practitioners and highlighting the importance of clearly defined responsibilities.

These difficulties were particularly pronounced where CYP presented with complex and overlapping needs, including criminal exploitation, significant mental health difficulties and suicidal behaviour. Participants suggested that specialist services such as Child and Adolescent Mental Health Services (CAMHS) were sometimes better placed to coordinate support, but lengthy waiting lists could prevent timely involvement. One practitioner described the implications of a six-month wait for a young person requiring urgent mental health support, emphasising that "that's a long time for a young person that's really struggling with their mental health" (**Complex Case Senior Practitioner: TSO**). These findings highlight the challenges of maintaining coordinated, needs-led support where communication is inconsistent, lead agency responsibilities are unclear and specialist provision is difficult to access.

Stigma and Parental Disengagement

The impact of stigma presented a complex challenge for third-sector organisations (TSOs) working in partnership with the CCPT. Participants reported that some children and young people (CYP) were reluctant to engage with interventions because of their association with the police, particularly where they belonged to peer groups involved in offending. One practitioner described CYP being "worried about the stigma that would come with working with somebody like [the TSO]…because we are closely linked to child-centred policing" (**Team Manager: TSO**). However, this association could also provide opportunities to challenge negative perceptions of policing and support desistance. For example, participants suggested that formal restrictions, such as Acceptable Behaviour Contracts, could provide CYP with a means of resisting peer pressure by explaining that they were not permitted to associate with particular individuals. This was viewed as a potentially useful strategy for distancing themselves from offending behaviour.

Parental reluctance was also identified as a barrier to engagement, echoing findings from schools concerning the influence of previous experiences and negative perceptions of policing.

Participants described instances where CYP were willing to accept support but parental consent was withheld. Practitioners suggested that this could reflect mistrust of the police or concerns about the potential consequences of wider agency involvement, although the precise reasons for disengagement were not always clear.

To address these barriers, participants proposed more accessible opportunities for family engagement, including informal workshops to raise awareness of antisocial behaviour, its potential consequences and the support available. One practitioner suggested that developing such provision in partnership with the CCPT "would be a real positive to explore" (**Youth Offending Practitioner: TSO**). These findings highlight the potential value of preventative education and relationship-building in reducing stigma, improving parental confidence and encouraging earlier engagement with support services.

Facilitators/Supports

A Flexible and Proactive Multi-Agency Approach

The flexible and proactive approach adopted by third-sector organisations (TSOs) was identified as a strength of partnership working with the CCPT. Rather than relying solely on referrals received, practitioners described actively identifying other children and young people (CYP) who might benefit from intervention and liaising with the CCPT to explore their eligibility for support. As one participant explained, they were "constantly working to look at other people that we know about who could maybe reach the criteria" (**Team Manager: TSO**). This extended beyond the individual CYP initially referred, with practitioners considering the needs of siblings, intimate partners and others within their wider social networks. Such approaches reflected an awareness of the interconnected relationships and circumstances that could influence CYP's experiences of risk and vulnerability.

Participants also described referrals originating through a range of policing and safeguarding pathways, including L&D, community resolutions and Victim Support. These provided opportunities to identify CYP requiring additional support following contact with the criminal justice system or the identification of concerns within their home circumstances. Although eligibility criteria remained restrictive, practitioners described some flexibility in how potential referrals were identified and brought to the attention of the TSO and CCPT.

Proactive multi-agency coordination was particularly important where CYP presented with complex needs and delays in accessing specialist services, including mental health provision. Participants described convening meetings with relevant professionals, including social workers and Children and Families assessors, to develop coordinated interim responses. One practitioner emphasised the importance of considering the "child holistically, what's going on for them and what can we do individually as services" (**Complex Case Senior Practitioner: TSO**). These findings highlight the value of practitioner initiative, flexible identification pathways and collaborative problem-solving in supporting CYP whose needs might otherwise remain unmet while awaiting specialist intervention.

Close Collaboration and Training with the CCPT

Participants highlighted the benefits of close working relationships between third-sector organisations (TSOs) and the CCPT, particularly through shared training opportunities, professional communication and collaborative case management. Practitioners described being invited to attend conferences and training alongside CCPT officers, with additional opportunities facilitated through the police and Crime Commissioner (PCC). These arrangements were valued for supporting professional development, strengthening relationships and encouraging a shared understanding of practice across agencies.

Regular communication and information sharing were also identified as important strengths of the partnership. Participants described how CCPT officers would "reach out to practitioners and just have case discussions" (**Youth Offending Practitioner: TSO**), often before formal referrals were submitted. This provided opportunities to clarify concerns, consider the suitability of interventions and identify relevant contextual information at an early stage. The physical presence of TSO practitioners within police stations was also considered beneficial, enabling informal discussions and clarification of referral information where additional detail was required. As one practitioner explained, "if those conversations are needed…we do have that presence which…does help the referral process" (**Youth Offending Practitioner: TSO**).

Communication was further supported through the sharing of intervention outcomes. Participants reported that STAR Outcomes were incorporated into closure feedback forms and shared with the CCPT through the Tile system, providing information about the work undertaken with CYP. Collectively, these findings suggest that established professional relationships, accessible communication channels and shared information supported more coordinated referral processes and partnership working between the CCPT and TSOs.

Third Sector Intervention

Addressing Root Causes

Third-sector practitioners emphasised the importance of understanding the underlying circumstances contributing to CYP's behaviour rather than focusing solely on offending or other behaviours of concern. This involved exploring family relationships, experiences of trauma, mental health difficulties and unmet needs to develop a more holistic understanding of the child. As one participant explained, the priority was to "get to the root cause…of what is actually happening before we do any work with the young person" (**Team Manager: TSO**).

Practitioners also highlighted the relationship between CYP's wider social circumstances and behaviours that could increase their vulnerability to involvement in the youth justice System. One participant emphasised the importance of recognising the connection between the "social care aspect of every young person's life" and "their level of extreme behaviour, or risk-taking behaviour that may lead them into the youth justice system" (**Youth Offending Practitioner: TSO**). These findings reflect a trauma-informed and Child First orientation that seeks to understand behaviour

within the context of CYP's lived experiences, identify unmet needs and prioritise appropriate support rather than responding through enforcement alone.

Building Protective Factors

Third-sector practitioners described adopting a strengths-based approach that focused on developing protective factors, resilience and emotional wellbeing among children and young people (CYP). This was supported by the use of STAR Outcomes, informed by the CSSO Framework[2] which incorporates child-directed, strengths-based, system-focused and outcome-informed ways of working. CYP were encouraged to assess their experiences and progress using five-point scales linked to the aims of their intervention, including family relationships, risk-taking behaviour and emotional wellbeing. Practitioners reported that these assessments provided opportunities for CYP to reflect on their experiences while supporting the monitoring of perceived changes over time.

Participants described generally positive changes in CYP's self-reported outcomes, with one practitioner explaining that "the majority of the time, those points of the star have increased…they've built the resilience to be able to manage…more effectively" (**Youth Offending Practitioner: TSO**). Alongside identifying perceived improvements, the approach also enabled practitioners to recognise fluctuations in wellbeing and explore the circumstances influencing CYP's responses. As one participant explained, "the graph reflects…the turmoil that that young person's gone through or…the positives that have happened during [the] intervention" (**Youth Offending Practitioner: TSO**). These findings suggest that STAR Outcomes provided a structured means of incorporating CYP's perspectives into intervention delivery, supporting reflective conversations and developing a more holistic understanding of their changing needs.

Long-Term Support

Third-sector practitioners emphasised the importance of ensuring continuity of support for children and young people (CYP) following the completion of their 12-week intervention. Where additional needs remained, practitioners described proactively identifying alternative services and establishing appropriate support arrangements before closing cases. This was particularly important where interventions ended because of contractual timescales or changes in CYP's circumstances and levels of risk. As one participant explained, "we try and just help that [young] person in any way that they need if we feel like there's a need there, we don't just ignore it, we…try and fill that gap somehow even if it's not us" (**Team Manager: TSO**).

This approach reflected a broader commitment to holistic, relationship-based practice that extended beyond the immediate intervention. One practitioner emphasised that it was not "just about the time we're with them, it's about what's next – what they've got in place after we go" (**Complex Case Senior Practitioner: TSO**). Participants perceived this emphasis on transition planning as preventative, suggesting that ensuring appropriate support was in place before case

[2] CSSO Framework: Child Directed, Strengths Based, System Focused and Outcome Informed.

closure could reduce the likelihood of subsequent referrals. These findings highlight the value of planned transitions and coordinated follow-on provision in supporting CYP with continuing needs, particularly where fixed intervention periods may not align with the complexity or duration of the support required.

Overall Impact of Multi-Agency Working Through Third Sector Support

Positive Perceptions of the police

Third-sector practitioners described how the CCPT's child-centred approach helped challenge negative perceptions of policing among children and young people (CYP) and their families. Participants emphasised the importance of officers clearly explaining their roles and presenting police involvement as a source of support rather than solely enforcement. This was perceived as helping to build trust and strengthen relationships, with one practitioner describing how CYP would independently ask during home visits, "'is the officer coming?'", because "they've actually felt listened to, they've actually felt heard" (**Complex Case Senior Practitioner: TSO**). Such experiences suggest that positive, relationship-based engagement could help CYP develop greater confidence in individual officers and their supportive role.

Joint visits involving the CCPT and third-sector practitioners were also identified as an important mechanism for building trust, enabling officers to introduce the policing element within an established supportive relationship. As one participant explained, these visits allowed the CCPT to "feed the police aspect in, but [with] a bit of a cushion" (**Youth Offending Practitioner: TSO**). Participants also highlighted the use of 'Praise Visits', during which officers and third-sector practitioners recognised CYP's progress and reinforced positive behavioural changes. In some cases, this included reviewing and removing restrictions attached to Acceptable Behaviour Contracts where CYP had demonstrated sustained progress. These approaches were perceived as reinforcing positive relationships and recognising CYP's achievements rather than focusing exclusively on offending behaviour.

Practitioners further suggested that these experiences could influence families' willingness to seek police assistance. Participants described families who had previously been reluctant to contact officers because of concerns about potential consequences becoming more comfortable requesting support or reporting safeguarding concerns, including missing episodes. One practitioner attributed this change to positive interactions and conversations through which families became "happy to reach out for that service support because it's not stigmatised" (**Youth Offending Practitioner: TSO**). These findings highlight the potential value of consistent, supportive police engagement in reducing perceived stigma, strengthening relationships and encouraging earlier communication with families.

Influencing police Culture

Building on the strengths-based and trauma-informed approaches described earlier, third-sector practitioners emphasised the importance of understanding CYP's previous experiences of professional intervention and how these could influence their willingness to engage with support. Rather than accepting behavioural descriptions at face value, practitioners described reflecting on the circumstances and relationships that might have contributed to CYP's mistrust of professionals. As one participant explained, a recurring question was "what's happened before me, what has gone on…why are you so against professionals?" (**Complex Case Senior Practitioner: TSO**). This was particularly relevant where referral information presented CYP primarily through their challenging behaviour, with one practitioner describing referrals that talked about young people "like they're a monster" (**Complex Case Senior Practitioner: TSO**). Participants emphasised the importance of challenging such deficit-based narratives and encouraging professionals to consider how repeated negative interactions, exclusion and punitive responses could influence CYP's behaviour and relationships with services.

This reflective approach was also perceived to influence professional practice within the CCPT. Participants described challenging the language used by officers when discussing CYP and their families, alongside encouraging more contextualised and child-centred assessments. One practitioner reported noticeable improvements in "the way that they put the referral forms in, their language that they use…is so much better" (**Team Manager: TSO**). This was viewed as a shift away from predominantly enforcement-focused descriptions towards greater recognition of CYP's experiences, vulnerabilities and support needs.

Participants also suggested that this influence extended beyond the CCPT to wider policing practice through informal discussions and professional interactions within police stations. Practitioners described observing greater consideration of CYP's needs during discussions about incidents, including domestic abuse, and an increased emphasis on placing children at the forefront of decision-making. These findings suggest that close partnership working with TSOs may contribute not only to individual interventions but also to the development and reinforcement of more child-centred, trauma-informed approaches within policing.

Reducing Criminalisation

Third-sector practitioners highlighted the perceived preventative and diversionary benefits of their partnership with the CCPT. One participant reported that "66% of those children that we'd worked with haven't come back into the police's attention" (**Team Manager: TSO**), suggesting that a substantial proportion of CYP supported through the intervention had not subsequently been recorded as coming to police attention. Practitioners viewed this as encouraging evidence of the partnership's potential to support CYP and reduce further involvement with policing.

Participants also emphasised the importance of communicating these outcomes to frontline response officers to strengthen confidence in preventative approaches and encourage appropriate referrals. This required challenging perceptions of CYP as simply "getting up to no good" (**Team Manager: TSO**) and promoting greater recognition of the underlying needs and circumstances

contributing to their behaviour. These findings highlight the perceived value of the CCPT–TSO partnership in supporting early intervention, alongside the importance of wider police engagement in sustaining a child-centred, diversionary approach.

Youth Justice and Complex Safeguarding

Barriers

Fragmentation in Multi-Agency Co-ordination Across Cumbria

Despite generally positive relationships between the CCPT, YJ and CS services, participants identified continuing challenges in multi-agency coordination, referral processes and information sharing. Early help referrals through Targeted Youth Support were described as unnecessarily complex in some cases, requiring practitioners to progress through the SH even where the need for intervention had already been identified. Participants also reported difficulties meeting prescribed timescales following referral notifications, particularly where cases required worker allocation or the coordination of Strategy and Child Exploitation meetings. As one practitioner acknowledged, services were "rarely meeting [the] deadline…for the first meeting" (**Team Manager: Complex Safeguarding**). These findings suggest that procedural requirements and competing operational demands could delay coordinated responses to CYP with emerging or complex needs.

Geographical consistency was another concern, particularly following local government restructuring that resulted in two separate youth justice services operating across Cumbria. Participants highlighted differences in organisational arrangements and referral pathways, emphasising the importance of "making sure that it's uniform across our area, so that we're clear on what the different pathways are" (**Practice Manager: Youth Justice**). One practitioner also observed that there was "more [geographic] consistency across the CCPT…than there is between the youth justice services" (**Team Manager: Youth Justice**). This reflected the distinction between a single county-wide police Constabulary and two local authorities, creating additional challenges for agencies working across administrative boundaries. However, participants also described efforts to improve consistency through regular CCPT standardisation days, which sought to promote more equitable responses and reduce geographical variation in outcomes for CYP.

Further gaps were identified in the assessment and information-sharing arrangements for CYP entering police custody outside normal working hours. Participants reported that Liaison and Diversion Youth Specialists were not routinely available overnight or at weekends, meaning that CYP could be assessed by alternative healthcare providers who might not have access to the same contextual information. This was perceived as creating "potentially a little bit of a gap" (**Practice Manager: Youth Justice**) in understanding CYP's circumstances and support needs. Practitioners also suggested that the initial assessment information normally shared with youth justice services to support subsequent intervention and court preparation was less consistently available following out-of-hours custody episodes. These findings highlight the potential implications of discontinuity in specialist assessment and information sharing for CYP entering custody outside standard service hours.

Complex safeguarding practitioners also highlighted the challenges of meeting time-sensitive safeguarding requirements, particularly in relation to return home interviews (RHIs) following missing episodes. Participants described a 72-hour timeframe for completing interviews, which

could be difficult to achieve when CYP returned during weekends or Bank Holidays. These pressures were viewed as reflecting wider limitations in service availability rather than difficulties specific to the CCPT. Collectively, the findings suggest that while effective professional relationships supported multi-agency working, structural differences, procedural requirements and gaps in out-of-hours provision continued to constrain the timeliness and consistency of support for CYP.

Children Looked After: Complexity and Safeguarding Challenges

Out-of-county placements for children looked after (CLA) presented additional safeguarding and coordination challenges, particularly where placements were intended to protect CYP from CCE and other contextual risks. Participants described Cumbria as receiving a substantial number of CLA placements from other local authorities, creating additional demands on local services. youth justice (YJ) practitioners reported undertaking caretaking responsibilities on behalf of originating YJ services, including maintaining face-to-face contact with CYP subject to YJ orders. One participant described historically managing "quite high numbers…of caretaking cases…because there are quite a lot of placements within Cumbria" (**Practice Manager: Youth Justice**). This arrangement placed additional demands on local caseloads while requiring effective communication with the originating authority.

Participants also highlighted differences between YJ and children's services in managing cross-boundary responsibilities. While YJ services could undertake local caretaking functions, CYP placed in Cumbria generally remained the statutory responsibility of their originating local authority. Practitioners reported that communication between originating social workers and Cumbria's Children's Services was not always consistent, potentially limiting local oversight of emerging safeguarding concerns. The number of residential placements was also described as placing considerable pressure on complex safeguarding capacity, with one participant explaining that there were "too many care homes in Cumbria to allocate a worker" (**Team Manager: Youth Justice**). Consequently, local support was described as being prioritised according to identified concerns, rather than routinely allocated to every placement.

Further challenges arose in relation to RHIs for Cumbria's CLA who went missing while placed elsewhere in the country. Participants reported that notifications from police forces outside Cumbria were not always received promptly, potentially delaying opportunities to undertake RHIs and gather safeguarding information. Geographical distance also meant that interviews were sometimes conducted virtually rather than "face-to-face unless by exception" (**Team Manager: Complex Safeguarding**), which practitioners regarded as the preferred approach. These findings highlight the importance of timely cross-force notifications, clear inter-authority communication and coordinated safeguarding arrangements for CLA placed across geographical boundaries.

Referral Pathways and Eligibility Criteria vs. Needs-Based Support

Alongside structural changes across Cumbria, YJ practitioners identified challenges in navigating an increasingly complex landscape of preventative and diversionary interventions. Participants emphasised the importance of ensuring that CYP were directed towards the most appropriate

support, whether through the CCPT, Turnaround programme, Support and Intervention Programme or third-sector provision. However, changing service availability, short-term funding arrangements and overlapping referral pathways made it difficult to maintain an up-to-date understanding of available interventions. Practitioners also described "grey areas in terms of who fits what criteria" (**Practice Manager: Youth Justice**), highlighting the need for clearer eligibility guidance and more streamlined referral arrangements.

Particular concerns were raised about the thresholds governing continued CCPT involvement following offending behaviour. Participants suggested that relatively low offence-based thresholds could result in CYP moving beyond the CCPT's remit, even where established relationships and ongoing preventative work might remain beneficial. One practitioner reflected that "these are kids and they don't always get it right first time" (**Team Manager: Youth Justice**), emphasising the potential value of allowing greater flexibility for continued engagement where appropriate. These findings suggest that rigid eligibility boundaries may limit opportunities to sustain relationship-based intervention and respond proportionately to CYP's changing needs.

Practitioners also highlighted the importance of avoiding unnecessary formal involvement in YJ services, recognising that "even at a target prevention level, it's not impact free for children" (**Team Manager: Youth Justice**). Participants suggested that the CCPT could play a valuable role in identifying CYP's needs and directing referrals towards appropriate community-based provision, particularly where formal youth justice intervention was not required. This highlights the potential importance of proportionate referral pathways that prioritise preventative support, preserve opportunities for diversion and minimise the risk of net-widening.

Consent and Non-Enforceable Behaviour Contracts

The consent-based nature of preventative support was identified as a further barrier to early intervention, particularly where children and young people (CYP) were considered to be at relatively low risk but practitioners recognised the potential for escalating concerns. Participants described instances where families declined support, sometimes because of stigma or negative perceptions associated with statutory services and policing. Echoing findings from schools and third-sector organisations, one practitioner identified reluctance to "be associated with Children's Services…or the police" (**Team Manager: Complex Safeguarding**) as a significant barrier to engagement. This could limit opportunities to address emerging needs before concerns became more serious, with participants reporting that situations sometimes had "to get to a higher level" (**Team Manager: Complex Safeguarding**) before further intervention could be considered. Practitioners emphasised the importance of appropriate safeguarding escalation where concerns warranted a statutory response.

Similar challenges were identified in relation to Acceptable Behaviour Contracts (ABCs), which practitioners described as lacking direct enforceability. Participants reported cases where CYP repeatedly breached agreed behavioural expectations without additional support being introduced, potentially allowing concerns to escalate until a more formal justice response became necessary. As one practitioner explained, the preference was to intervene earlier by "pulling

together…a multi-agency package of support" (**Team Manager: Youth Justice**), particularly where individual agencies were struggling to respond effectively to persistent or complex behaviours. These findings highlight the importance of coordinated, needs-led responses that seek to address emerging concerns before CYP reach thresholds for more formal statutory or criminal justice intervention.

Facilitators/Supports

Effective Joint Working and Integrated Systems

Strong professional relationships between the CCPT, YJ and CS were identified as important facilitators of a public health approach, supporting coordinated intervention, information sharing and joint decision-making. Participants described regular multi-agency meetings, including monthly discussions between Child Exploitation practitioners, METCO officers and safeguarding detectives, alongside Turnaround meetings attended by the CCPT. These arrangements were complemented by Child Exploitation Pathway meetings, Multi-Agency Child Exploitation (MACE) meetings, Contextual Safeguarding Scrutiny Meetings and quarterly Child Exploitation Champions meetings. These forums provided opportunities to share intelligence, review concerns and coordinate responses to CYP experiencing or at risk of exploitation.

However, participation was not consistent across all agencies. Complex safeguarding practitioners described difficulties securing attendance from Health professionals, particularly CAMHS and GPs, even where they were involved with individual CYP. One participant reported that "CAMHS are really, really difficult to get along to meetings" (**Team Manager: Complex Safeguarding**). This was perceived as limiting opportunities for fully integrated planning and information sharing, highlighting continuing challenges in securing consistent engagement across the wider safeguarding partnership.

Beyond formal meetings, participants emphasised the value of joint visits, shared professional development and flexible operational collaboration. CS practitioners described a "really joined up approach" that enabled them to "offer support and advice to families and…joint visits as well where needed" (**Team Manager: Complex Safeguarding**). This was complemented by the joint delivery of Level 2 Child Exploitation training through the Cumbria Safeguarding Children Partnership. Established relationships also enabled practitioners to respond flexibly to emerging training needs, with one participant explaining that where additional input was required, they could "just contact [the METCO] and we'd look at that and look at deliver[ing] something" (**Team Manager: Complex Safeguarding**). These arrangements were valued for supporting shared understanding of professional roles and reinforcing collaborative approaches to safeguarding.

Integration was further strengthened through the presence of a full-time seconded CCPT officer within youth justice. Although police secondments were an established feature of youth justice provision, participants highlighted the additional benefits of having an officer drawn specifically from the CCPT. As one practitioner explained, "for a lot of areas and for us in the past it was just a police officer who was seconded…But ours is…seconded from this CCPT" (**Practice Manager:**

Youth Justice). This arrangement supported direct communication between services and enabled early consideration of CYP who might benefit from diversion or require referral to formal decision-making processes. Participants described the officer reviewing police crime records and providing advice on appropriate pathways, supported by continuing supervisory links with the CCPT Sergeant. These findings suggest that embedding CCPT expertise within youth justice strengthened operational coordination and provided opportunities for earlier, more informed diversionary decision-making.

Training, Development and Practice Sharing

Although youth justice (YJ) and the CCPT largely maintained separate training arrangements, participants identified areas of overlap, particularly in relation to child-centred and trauma-informed approaches. This included intervention-focused training and professional development associated with the Adverse Childhood Experiences (ACE) Champion role within YJ, through which learning was cascaded across teams. Such opportunities supported a shared understanding of the influence of trauma and adverse experiences on CYP's behaviour and responses to professionals.

A particularly valuable example involved collaborative learning around children looked after (CLA) who experienced repeated missing episodes and subsequently came into police contact following incidents involving assault or assaults on emergency workers. Participants described how the CCPT and YJ had undertaken "some really good work" (**Team Manager: Youth Justice**) in supporting training for frontline response officers. This included reviewing "body cam footage [to identify] learning points and then deliver training around why children would respond in that way when they're distressed" (**Team Manager: Youth Justice**). These findings highlight the value of reflective, practice-based training in helping officers contextualise CYP's behaviour, recognise distress-related responses and consider more trauma-informed approaches during police encounters.

Overall Impact of Multi-Agency Working Through Youth Justice and Complex Safeguarding

A Child-Centred Approach Based on Child First

YJ and CS practitioners regarded the CCPT as an innovative approach to child-centred policing, established with an explicit focus on recognising CYP's emotions, experiences and individual needs. Participants highlighted the importance of sustained, relationship-based engagement, including the allocation of officers to individual schools and children's homes to support familiarity, trust and continuity. One practitioner described the value of:

"*...having individual officers almost case holding and going out and working with these children and children beginning to develop those positive working relationships with at least one member of the police force, being treated with respect and shown that they're valued and have value by...police, who recognise that and are focused on the safeguarding aspects*." (**Team Manager: Youth Justice**)

The importance of consistent professional relationships was also evident within complex safeguarding. Participants described how established relationships with Child Exploitation workers had encouraged some CYP to contact practitioners during missing episodes, suggesting increased confidence in seeking support. This relational approach was also reflected in arrangements for RHIs, where CYP receiving support through the Child Exploitation pathway could choose to have their existing worker undertake the interview. As one practitioner explained, this meant "they've got the same person" (**Team Manager: Complex Safeguarding**), potentially supporting trust, continuity and more meaningful engagement.

The voice of the child (VOTC) was similarly emphasised as a central feature of Child First practice within youth justice. Participants described expectations that CYP's views would inform initial assessments, intervention planning, regular reviews and end-of-disposal feedback, alongside contributions from parents and carers. Practitioners also highlighted the importance of ensuring that children's rights and perspectives were reflected in case notes, assessments and court reports. This was described as an approach "very much…centred around the kind of VOTC and their family, and developing a plan based on their needs" (**Team Manager: Youth Justice**). These findings highlight the importance of sustained relationships, professional continuity and meaningful participation in supporting child-centred responses across policing and partner services.

Gatekeeping for Early Intervention and Diversion

YJ and CS practitioners identified the CCPT's gatekeeping role as an important facilitator of early intervention and diversion. Participants described a deliberate effort to establish the CCPT as the first point of contact for CYP presenting with lower-level concerns, enabling preventative support without unnecessarily drawing children into formal YJ processes. As one practitioner explained, the intention was to avoid "sweep[ing CYP] into the system" by establishing the CCPT as "an effective gatekeeper [who would] only refer on if it's necessary" (**Team Manager: Youth Justice**). This represented a shift from previously fragmented referral arrangements towards a more coordinated pathway, with the CCPT receiving and reviewing early referrals from a wider range of partner agencies.

The flexibility of this approach was particularly valued by complex safeguarding practitioners, who described being able to contact METCO officers directly where concerns did not meet the threshold for formal CS involvement. In such circumstances, practitioners could "speak to one of the METCOs [and put in] …a referral for the CCPT to do something with this young person…as a preventative" (**Team Manager: Complex Safeguarding**). Although participants acknowledged that these arrangements had taken time to become established, they reported that referrals were now more consistently directed towards the CCPT, with opportunities for escalation to YJ where needs or circumstances exceeded the team's remit. This graduated approach was underpinned by the principle that "you don't jump levels for these children" (**Team Manager: Youth Justice**).

Practitioners also identified benefits for multi-agency coordination, including reducing duplication and ensuring CYP were directed towards proportionate support. The CCPT was described as

helping to filter referrals appropriately, rather than allowing them to be dispersed across different services without a clear pathway. Importantly, participants perceived this gatekeeping function as supporting a more preventative approach to policing by addressing emerging concerns before formal justice intervention became necessary. One practitioner described its contribution as "preventing children from escalating through the criminal justice system [and] decriminalising children" (**Team Manager: Youth Justice**). These findings suggest that the CCPT's gatekeeping role strengthened the coordination of early intervention and provided an important mechanism for limiting unnecessary youth justice involvement, while retaining pathways for more specialist support where required.

Specialist Knowledge of Children Looked After and Out-of-County Placements in Cumbria

Youth justice (YJ) practitioners identified the CCPT's understanding of the distinct needs and vulnerabilities of children looked after (CLA) as a particular strength, especially where CYP experienced exploitation, repeated missing episodes or involvement with the CJS. Participants described the CCPT as having "a really good recognition of the distinct needs of those children" (**Team Manager: Youth Justice**). As previously discussed, this understanding was reflected in the development of training using body-worn video footage to help frontline response officers recognise and respond appropriately to distress-related behaviour among CLA.

This specialist knowledge was particularly relevant within Cumbria, where the number of residential children's homes and placements from other local authority areas created additional safeguarding and coordination challenges. Through the METCO role and established relationships with children's homes, the CCPT was considered particularly well placed to develop an understanding of CYP whose circumstances might otherwise be less familiar to local services. As one practitioner explained, "there's relatively few agencies…that develop that knowledge around CLA from external areas who were placed into Cumbria, but I think police and CCPT because they're linking into those Children's Homes" (**Team Manager: Youth Justice**).

YJ practitioners described developing comparable knowledge through their caretaking responsibilities for CYP placed in Cumbria who remained subject to youth justice disposals originating elsewhere. Regular contact and supervision enabled practitioners to maintain an understanding of CYP's circumstances, alongside responsibilities relating to welfare, victim safety and public protection. These findings highlight the importance of sustained professional engagement and specialist knowledge in supporting coordinated, child-centred responses to CLA, particularly where placements and statutory responsibilities extend across local authority boundaries.

Policing

Barriers and facilitators to child-centred policing will be examined across three interconnected areas: early intervention and responses to low-level offending; missing, exploited and trafficked (MET) children, including CLA and those at risk of CCE; and police custody, where CYP are detained following suspected offending. The first two areas will be considered together, reflecting the overlapping responsibilities of the CCPT and the Missing, Exploited and Trafficked Co-ordinator (METCO) role. Custody will be examined separately in recognition of its distinct operational, procedural and safeguarding challenges.

Barriers

Child-Centred Policing and Missing Trafficked and Exploited

Inappropriate Referrals, Intractable Cases and Case Duplication

Consistent with findings from other sectors, CCPT officers identified a lack of clarity and consistency within referral pathways as a barrier to effective service delivery, particularly during the team's early implementation. Participants described receiving substantial numbers of inappropriate referrals, with one officer estimating that the team "used to get about 100 referrals a month…60% of those referrals were pointless" (**Inspector: CCPT**). Although cross-sector training and improved communication had reportedly reduced these difficulties, practitioners emphasised the continuing need to clarify referral criteria and professional responsibilities.

This was particularly evident in referrals from schools, where officers described receiving concerns relating to bullying that did not necessarily require police intervention. Difficulties arose when incidents extended beyond school premises, including through social media, creating uncertainty about responsibility for addressing the behaviour. CCPT officers reported challenging schools' existing protocols where they considered that concerns should be managed through educational rather than policing responses. As one practitioner explained, "it's not a policing [matter], it's not for us to solve, it's something that [schools] need to address" (**Sergeant 1: CCPT**). While relationships and referral practices were reported to have improved, officers recognised that ongoing communication and training would be necessary, particularly given staff turnover and competing demands within schools.

Similar challenges arose where referrals appeared to fall outside the CCPT's remit. Participants described instances in which schools used safeguarding terminology to strengthen referrals for CYP whose circumstances did not necessarily meet the team's criteria. Referrals from social care and third-sector organisations were also sometimes perceived as attempts to secure additional support where existing practitioners were struggling to engage a CYP. One officer characterised these referrals as "a cry for help" (**Sergeant 1: CCPT**), raising questions about the allocation of responsibility between agencies and the potential for specialist policing resources to be drawn into cases more appropriately led elsewhere.

Nevertheless, practitioners recognised that referrals falling outside established criteria could sometimes present opportunities for constructive engagement, particularly where previous interventions had been unsuccessful. Officers acknowledged that “a different face, different person they might engage with” could make involvement worthwhile, even where a case was borderline or would not ordinarily fall within the CCPT's remit (**Sergeant 1: CCPT**). These findings highlight the need to balance clear referral thresholds and effective use of limited resources with sufficient professional discretion to respond flexibly to CYP's individual circumstances and engagement needs.

No Unified Digital System for Tracking Cases Across Agencies

The absence of a shared digital system for recording and tracking CYP's involvement with different agencies was identified as a barrier to effective multi-agency working. CCPT officers described having limited access to Children's Services records, which could provide information about local authority involvement, allocated social workers and Early Help support, but did not consistently capture referrals to third-sector or community-based interventions. Consequently, officers were often unable to establish the full extent of support already offered to individual CYP. As one practitioner explained, existing systems could provide “a bit of a picture. But it's maybe not going to be the full picture” (**Sergeant 1: CCPT**), with additional information sometimes only emerging through conversations with CYP and their families.

Although officers suggested that involvement with multiple services was relatively uncommon among CYP referred for lower-level concerns, fragmented records could nevertheless create inefficiencies in referral screening and intervention planning. In particular, limited visibility of previous or ongoing support increased the risk of duplication and made it more difficult to identify appropriate next steps. One practitioner suggested that “if we knew…that they'd already been referred [to] these different services…[that] were already involved…it would save that time” (**Sergeant 1: CCPT**). Participants recognised that developing a more integrated approach would involve challenges relating to data protection, different levels of professional access and responsibility for maintaining records.

Officers nevertheless identified potential benefits in developing a more coordinated digital approach, drawing comparisons with CPOMS used in schools. Such a system was envisaged as providing a clearer record of previous and current agency involvement, enabling practitioners to understand a CYP's intervention history and avoid unnecessary repetition. As one officer explained, it would be useful if practitioners could access relevant information from schools, Children's Services and policing to establish, for example, whether a CYP had “already had Spiral six year ago” (**Sergeant 1: CCPT**). These findings highlight the potential value of more consistent, proportionate information-sharing arrangements to support effective triage, continuity of intervention and coordinated decision-making across agencies.

Complexity Across Cumbria: Funding, Interventions and Multi-Agency Working

CCPT officers identified geographical disparities in funding and service availability as significant barriers to delivering consistent preventative interventions across Cumbria. Participants suggested

that some areas, particularly West Cumbria, benefited from greater access to externally funded initiatives, including investment associated with Sellafield and the Future Pathways programme. Additional examples included domestic abuse prevention work with boys in Barrow and dedicated Child Exploitation (CE) practitioner capacity funded through local programmes. These differences were perceived to influence the range of interventions available, with practitioners in better-resourced areas able to access funding for group-based activities in schools, while those elsewhere were sometimes limited to "individual one-to-ones" (**Sergeant 4: CCPT**). Such variation raised concerns about equitable access to preventative support across the county.

The sustainability of third-sector provision presented a further challenge, with practitioners describing effective programmes being discontinued when short-term funding arrangements ended. The Barnardo's RISE programme was cited as an example, with officers reporting positive outcomes but uncertainty surrounding continued investment. One participant explained that "65% of the young people they worked with within the following 12 months never came to police contact at all" (**Inspector: CCPT**), but that the programme had not secured renewed funding. The Inspector attributed this partly to financial pressures and decisions being deferred around the police and Crime Commissioner (PCC) election, arguing that programmes demonstrating positive outcomes required greater funding continuity. These findings highlight the vulnerability of preventative provision to short-term commissioning cycles, even where practitioners perceive interventions to be effective.

Challenges were also identified where externally commissioned interventions were not sufficiently adapted to Cumbria's geographical and service context. Officers described the EDGE Northeast county lines intervention as a potentially valuable service that had struggled to establish itself locally. This was attributed to differences between Cumbria's dispersed rural communities and the urban environments in which the intervention had previously operated, alongside limited local relationships and infrastructure. One practitioner suggested that the approach "wasn't done at a local level, and EDGE didn't have the foundations in Cumbria to…set it up and run with it" (**Sergeant: METCO**). This illustrates the importance of local partnership development and contextual adaptation when introducing externally funded services.

Cumbria's geography also created operational challenges for the CCPT itself, with specialist officers distributed across a large county and significant distances between teams. Participants described digital communication, particularly Microsoft Teams, as essential for maintaining coordination, although this could not fully overcome the limitations associated with geographical dispersion and staffing capacity. The Inspector identified the expansion of the Missing, Exploited and Trafficked Co-ordinator (METCO) workforce as a particular priority, proposing an increase from four to eight officers to strengthen local coverage, investigative capacity and specialist knowledge. As the Inspector explained, "What I really, really would like to do is double that to 8 and have two in each quadrant" (**Inspector: CCPT**). This was considered particularly important given the number of CYP living in residential care and the safeguarding demands associated with missing episodes and exploitation.

Collectively, these findings suggest that the effectiveness of the CCPT's preventative and safeguarding functions was shaped not only by its operational approach, but also by wider structural conditions, including geographical inequalities, funding continuity, local commissioning arrangements and the distribution of specialist policing resources. Addressing these constraints could support more consistent access to early intervention and strengthen the capacity for coordinated, locally informed responses across Cumbria.

Training Gaps and Role Specialisation for Child-Centred Policing

Delivering child-centred interventions required CCPT officers to respond flexibly to the differing needs, developmental stages and engagement preferences of CYP. Although this variability was an inherent feature of individualised practice rather than a barrier in itself, practitioners described the challenges of adapting interventions where initial approaches were unsuccessful. One officer reflected on working with a young person who had disengaged during an initial session, explaining that practitioners needed to consider "what have you got in your back pocket that actually, you can go in and try something completely different, the second time" (**Sergeant 3: CCPT**). Officers also emphasised the importance of delivering information gradually, particularly when discussing sensitive subjects such as offending behaviour, and adapting session length to CYP's age and attention span. These findings highlight the professional judgement, flexibility and practical skills required to sustain meaningful engagement.

However, access to appropriate training was identified as a constraint on officers' capacity to develop and apply these skills. Participants described some provision, including child exploitation and young people's mental health training, as insufficiently detailed, while online delivery was generally considered less effective than interactive, face-to-face learning. Although external courses covering neurodiversity and intervention techniques were valued, access was restricted by limited places, infrequent delivery and geographical availability. As one officer explained, "the in-person ones are always really good, but they are limited. And when we're such a big county, doesn't help" (**Sergeant 1: CCPT**). These challenges were particularly significant given the breadth of knowledge required to work effectively with CYP experiencing trauma, exploitation or additional support needs.

Capacity constraints also limited opportunities for specialist practice within the wider force. A Child Exploitation Detective described how Cumbria's relatively small workforce meant officers could not always specialise exclusively in exploitation-related work, instead undertaking a range of safeguarding responsibilities, including child protection conferences, domestic abuse safety planning and video-recorded victim interviews. As the practitioner explained, the force did not "have the capacity to specialise in that way" (**Detective Constable: Child Exploitation**). While these responsibilities were interconnected, competing demands potentially reduced the time and specialist attention available for child exploitation work.

Participants also identified opportunities to extend specialist knowledge beyond the CCPT. In particular, METCO practitioners suggested that elements of their child exploitation training should be available more widely, including to Criminal Investigation Department (CID) officers undertaking

comparable safeguarding responsibilities. One practitioner argued that this training "should be delivered wider in the organisation…because we have colleagues in CID that do a similar role to the METCO officers" (**Sergeant: METCO**). Such findings suggest that embedding child-centred practice across policing requires not only flexible and responsive frontline interventions, but also accessible professional development, sufficient specialist capacity and opportunities for shared learning across the wider workforce.

Response Officers: Compassion Fatigue and Reactive Policing

Operational pressures within Response policing were identified as barriers to the consistent application of child-centred approaches. CCPT officers described how limited staffing capacity and high workloads restricted opportunities for response officers to consider preventative interventions or liaise with partner agencies. As one practitioner explained, "response officers are just reacting…they will finish one job and go straight back to another, they haven't got time to be ringing the targeted youth service" (**Sergeant 4: CCPT**). These pressures were compounded by gaps in awareness of available support, with some officers reportedly unfamiliar with services such as Targeted Youth Support or the potential role of the CCPT in preventing further escalation.

Participants also identified the persistence of deficit-based attitudes towards CYP experiencing repeated police contact, particularly those involved in missing episodes or exploitation. METCO practitioners described encountering what they perceived as compassion fatigue among some response officers, reflected in descriptions of CYP as *street-wise* or difficult to manage. One practitioner explained the importance of challenging these assumptions:

"They see it as the more missings - that term that I hate - they're 'street wise'…they know what they're doing. So that's a bit of a barrier…changing that narrative around that…if we hear that language around…'he's just a nightmare child', the METCOs there and can kind of say, well, actually [he's] involved in county lines, his parents disowned him…It's ACEs…you just need to think of it as what they're going through." (**Sergeant: METCO**)

This illustrates the contribution of specialist officers in reframing CYP's behaviour through an understanding of trauma, exploitation and unmet needs, rather than viewing repeated incidents solely as deliberate or problematic behaviour.

Similar concerns were raised by NHS L&D practitioners, who suggested that response officers were not always sufficiently aware of the CCPT or the support it could provide. One practitioner emphasised that greater use of the team could have preventative benefits, suggesting that "if you utilize them…because it could prevent some children being arrested" (**L&D Practitioner: NHS**). Collectively, these findings suggest that extending child-centred practice across frontline policing requires not only specialist knowledge and training, but also sufficient operational capacity, awareness of diversionary pathways and opportunities for specialist officers to influence wider professional attitudes.

Missing, Exploited and Trafficked Co-ordinators

CLA in Cumbria: National Placement Shortages and Unregulated Care Homes

The availability of appropriate placements for children looked after (CLA), particularly those experiencing exploitation or significant contextual safeguarding concerns, was identified as a major challenge within Cumbria. Participants linked these difficulties to the number of CYP placed in the county from other local authority areas, alongside a national shortage of suitable residential and secure accommodation. As one practitioner explained, "there's massive shortages, there's no secure placements" (**Sergeant: METCO**). These pressures could result in highly vulnerable CYP being accommodated in temporary or potentially unsuitable settings, creating additional safeguarding demands for the CCPT and partner agencies.

METCO officers described working closely with placement providers, managers and local authorities to support safeguarding arrangements, particularly where accommodation lacked established organisational structures or regulatory oversight. One practitioner described a temporary placement operating from caravans in Appleby, where CYP were accommodated for short periods with staff support while agencies undertook regular planning meetings. The officer explained that such arrangements were particularly challenging because providers were "just not as established" (**Sergeant: METCO**). Participants also expressed concern about the continuing use of unregistered provision and the difficulties of ensuring appropriate oversight where suitable alternatives were unavailable.

These challenges were compounded by Cumbria's role as a receiving area for CLA placed by other local authorities, often through privately operated residential provision. As identified elsewhere in the evaluation, responsibility for CYP placed out-of-county could remain with originating authorities, while local services were required to respond to immediate safeguarding concerns without necessarily having established case-holding arrangements. Participants described this as creating additional complexity in coordinating support and maintaining consistent oversight, particularly for CYP experiencing exploitation, repeated missing episodes or significant behavioural distress.

A care home manager highlighted the difficulties faced by CYP whose needs could not be adequately met through existing placement and safeguarding arrangements, describing a "big grey gap" affecting vulnerable young people in unregulated settings or subject to Deprivation of Liberty arrangements (**Care Home Manager**). Despite regular multi-agency strategy meetings and safeguarding planning, practitioners described situations in which individual services were unable to provide an effective response:

"…everyone just feels helpless because you've got police Inspectors saying I can't do that. You've got Ofsted saying I can't do that. You've got Youth Offending saying I can't reach that child. You've got return home interview people saying that they won't speak to me." (**Care Home Manager**)

These findings highlight the limitations of multi-agency coordination where placement availability, regulatory responsibilities and service thresholds do not align with the complexity of CYP's needs.

Participants emphasised the importance of clearer collective accountability and more coordinated safeguarding arrangements, particularly for children whose circumstances fall between established service responsibilities. The evidence suggests that strengthening child-centred responses in these cases requires attention not only to partnership working, but also to the wider structural constraints affecting placement suitability, oversight and continuity of care.

Inter-agency Miscommunication: Grey Areas in Legal Responsibility and Perceived Overreliance on the police

A significant barrier to effective partnership working concerned uncertainty and disagreement about the respective responsibilities of residential children's homes and the police when responding to CYP displaying behaviours that were difficult to manage. Care home practitioners described tensions arising when response officers attended incidents involving missing episodes or behavioural concerns but appeared unfamiliar with the legal restrictions governing residential care, particularly Deprivation of Liberty (DoL) arrangements. This could result in officers questioning why staff had not prevented CYP from leaving, despite the limitations on restricting children's liberty without appropriate legal authorisation. As one practitioner explained, “the police get defensive, we get defensive, and…it just gets messy” (**Care Home Manager**). These difficulties were compounded by perceptions that residential staff were relying unnecessarily on police assistance, despite practitioners reporting that officers were contacted for only a small proportion of incidents.

Participants also raised concerns about how misunderstandings could influence safeguarding reports and the longer-term records maintained about CYP. One care home manager described a report in which an attending officer had expressed significant concerns about the home's ability to manage a child's behaviour, without, in the practitioner's view, recognising the legal limitations on staff intervention. The manager highlighted the potential implications for CYP who might subsequently access these records, particularly where professional judgements were based on incomplete information. As the practitioner explained, “in reality, it was a misunderstanding that we couldn't do what the officer thought we could do…it's going to stay with him if he sees that” (**Care Home Manager**). This illustrates the importance of accurate, contextualised recording and the potential consequences of professional misunderstandings for CYP's understanding of their care experiences and relationships.

Further tensions arose where CYP presented differently in the presence of police officers than they had during incidents involving residential staff. Practitioners described situations where police attended following serious behavioural incidents but encountered a calm and cooperative child, potentially leading officers to question the necessity of the callout. This was particularly challenging in cases involving repeated missing episodes, significant safeguarding concerns or complex DoL arrangements. Although some officers were described as sympathetic, others were perceived as questioning the competence of residential staff or the appropriateness of police involvement. These tensions could extend to relationships with specialist officers, with one manager describing feeling criticised during a multi-agency meeting that appeared focused on

reducing police callouts: “I think that hurt a little bit more because it came from the CCPT” (**Care Home Manager**).

The proportionality of police welfare checks following missing episodes was another area of disagreement. While recognising the importance of safeguarding procedures, residential practitioners questioned the necessity of routine police attendance where a CYP had returned safely and staff could confirm their welfare. Participants suggested that greater recognition of professional judgement within regulated residential settings could reduce unnecessary disruption and police demand, while acknowledging that more intensive checks might be appropriate where there were concerns about placement safety or the reliability of available information. One practitioner emphasised the importance of “professional trust” (**Care Home Manager**) in determining appropriate responses. These findings highlight the need for clearer shared understanding of legal responsibilities, more consistent communication and proportionate, context-sensitive safeguarding arrangements between residential care providers, response officers and the CCPT.

Custody

Although this evaluation focuses on Cumbria's Child-Centred Policing Team (CCPT) as a discrete operational unit, the custody environment warrants separate consideration because of its implications for the wider application of Child First principles. Participants emphasised that the CCPT had limited direct involvement in custody, with its primary remit focused on early intervention, prevention and diversion within community settings. As one practitioner observed, “we would never see child-centred policing anywhere near custody” (**L&D CYP Specialist Practitioner: NHS**), reflecting the operational separation between the CCPT and custody provision rather than necessarily the absence of child-centred practice within custody itself.

CCPT officers reinforced this distinction, explaining that where CYP were involved in criminal investigations, supportive interventions would ordinarily follow the conclusion of investigative processes. Participants considered this separation important for maintaining clarity around professional roles and avoiding confusion between investigative and supportive relationships. As one officer explained, “the two roles are very different and…they need to be kept separate” (**Sergeant 5: CCPT**). Another practitioner elaborated:

“[CYP] don’t see you in custody as somebody who wants to help them. They will see you as somebody who is looking at trying to get them into trouble and admit to offences…you have to deal with people [a] different way when you’re treating them as a suspect.” (**Sergeant 4: CCPT**)

Nevertheless, custody represents a particularly important setting for examining the extent to which child-centred principles are embedded across policing. CYP detained on suspicion of offending may experience significant distress, vulnerability and additional safeguarding needs, while the investigative and procedural requirements of custody can create challenges for relationship-based engagement. Although the CCPT has no substantive operational responsibility for custody, examining practitioners' experiences of this setting provides valuable context for understanding the

wider organisational conditions that may support or constrain Child First approaches within Cumbria Constabulary.

Adultification of CYP in Custody: Child-Centred Policing Through Information-Sharing and Training

Practitioners identified tensions between the investigative and procedural requirements of police custody and the application of child-centred, trauma-informed approaches. Unlike the CCPT's preventative work, which emphasised relationship-building and supportive intervention, custody was described as a setting in which officers were primarily concerned with investigating suspected offences. As one practitioner explained, "you're trying to get at the truth…so it's really difficult to be child-centred sometimes" (**Sergeant: Custody**). Participants suggested that this could contribute to a more standardised approach to detention, with one officer describing custody as "business as usual [with] no difference in approach between children and adults in some cases" (**Sergeant: Custody**), particularly where CYP had experienced repeated custody episodes. Investigations and interviews were ordinarily undertaken by response officers rather than the CCPT, reinforcing the separation between investigative and preventative policing functions.

However, the extent to which custody arrangements recognised CYP's individual needs was contested. NHS L&D practitioners emphasised that involvement in suspected offending should not diminish recognition of CYP's developmental needs, vulnerabilities or wider circumstances. Particular concerns related to inconsistent communication between custody staff, L&D, the CCPT and METCO officers, potentially limiting access to information about existing safeguarding concerns and interventions. As one practitioner explained:

"…they may have committed a crime…they might be rightfully there on some level, but it's about having that knowledge and understanding that they're still a child at the end of the day and try and…utilize the CCPT and say, 'look, is this person on your radar?…Who's involved?'" (**L&D Practitioner: NHS**)

Participants described established procedures for notifying youth justice or out-of-hours Children's Services, considering alternative accommodation where detention overnight was necessary, and arranging appropriate healthcare, safeguarding and interview support. However, these arrangements appeared to focus primarily on meeting procedural requirements, with less consistent evidence of routine communication with the CCPT or METCOs. This distinction was particularly important given the specialist knowledge these officers could hold through previous engagement with CYP and their families. The custody Sergeant described the range of procedural considerations, including whether officers had "considered a PACE bed" and "spoken to…Social Services to inform them that we've got a child in custody" (**Sergeant: Custody**). While such processes were essential to safeguarding and legal compliance, participants identified opportunities for more systematic sharing of relevant information to inform individualised responses.

Training arrangements presented a further challenge. L&D practitioners reported receiving no specific training on collaborative working with the CCPT, while participants identified limited child-centred or trauma-informed custody training for response officers undertaking investigations involving CYP. custody Sergeants received initial and refresher training covering relevant legislation, guidance and procedural responsibilities, including PACE Code C, appropriate adult arrangements, parental notification and considerations surrounding overnight detention. However, the accounts suggested a stronger emphasis on procedural compliance than on the practical application of developmentally appropriate communication, trauma-informed engagement and multi-agency information sharing.

Therefore, custody arrangements incorporated important procedural safeguards for CYP, but opportunities remained to strengthen the integration of specialist knowledge, collaborative working and Child First principles. In particular, more consistent communication between custody staff, L&D, the CCPT and METCOs could support a fuller understanding of CYP's circumstances and inform more individualised approaches within the constraints of the investigative process.

Past Trauma and Neuro-Diversity Impacting on Children's Behaviour

Participants identified concerns about the extent to which custody processes recognised CYP's previous experiences of trauma, neurodivergence and additional support needs. NHS L&D practitioners emphasised that detention could be particularly distressing for CYP whose previous experiences involved confinement, coercion or other forms of trauma. As one practitioner explained, where a young person had experienced "being locked in a room and you're locking them in a cell…they're not going to respond well" **(L&D Practitioner: NHS)**. This highlighted the importance of understanding CYP's histories and recognising how the custody environment itself could trigger distress or influence behaviour.

Practitioners suggested that greater consideration of the underlying circumstances contributing to CYP's behaviour could support more compassionate and developmentally appropriate responses. However, opportunities to draw upon information held by the CCPT or other professionals were not always utilised. These difficulties were compounded by concerns about the attitudes of some frontline officers, with one practitioner describing "a culture [of] some frontline officers see[ing] CYP…like they're out to annoy them" **(L&D Practitioner: NHS)**. Such perceptions risked reinforcing punitive responses where a more informed understanding of trauma and vulnerability was required.

Similar concerns were raised in relation to neurodivergent CYP and those with special educational needs and disabilities (SEND). Practitioners highlighted how the sensory, emotional and procedural demands of custody could affect CYP's responses, particularly where additional needs had not been identified or appropriate adjustments made. As one practitioner explained, "people make the assumption that they're kicking off…but actually there's reasons why they might not be behaving how you would typically expect somebody to behave" **(L&D Practitioner: NHS)**. Participants therefore emphasised the need for regular, mandatory training to improve officers'

understanding of neurodivergence, SEND and the ways in which additional needs might present within custody.

A further concern related to the identification of these needs during initial custody assessments. One L&D practitioner suggested that standard screening questions did not always distinguish sufficiently between mental health difficulties, neurodevelopmental conditions and other additional needs:

"When they're brought into custody…they don't ask them if they've got a neuro disability…they just ask, 'Have you got any mental health issues? Have you got any drug and alcohol issues? Is there anything else you want to tell us?'" **(L&D Practitioner: NHS)**

The practitioner explained that CYP might answer these questions negatively because they did not recognise their neurodevelopmental condition or additional needs as a mental health issue. Consequently, reliance on broad or poorly differentiated questions could result in relevant needs remaining unidentified, limiting opportunities to make appropriate adjustments to communication, assessment and detention arrangements.

Collectively, these findings suggest that strengthening child-centred custody practice requires more consistent recognition of trauma, neurodivergence and additional needs, supported by effective screening, relevant professional information and regular training. This would help officers distinguish between behaviour arising from distress or unmet needs and behaviour interpreted as deliberate non-compliance, while ensuring that CYP receive appropriate support and adjustments throughout the custody process.

Off the Radar CYP: First Time Offenders

A further gap in preventative provision concerned CYP whose first identified contact with the police occurred through arrest and detention. The custody Sergeant highlighted the circumstances of "children who've just come into custody for that first time, who've…not been picked up by the CCPT" (**Sergeant: Custody**), questioning whether opportunities existed to identify and support CYP who had not previously come to the attention of Neighbourhood Policing Teams, schools or other services.

Importantly, the practitioner distinguished between CYP displaying patterns of repeated antisocial or offending behaviour and those whose involvement in an isolated incident resulted in an unexpected entry into the criminal justice system. The latter group might have experienced underlying difficulties that had not been recognised by professionals, limiting opportunities for preventative intervention:

"But sometimes you may have a child who, just out of the blue, commits a crime. Who's never been referred to anybody…I'm just thinking of like that child who perhaps has been bullied at school, not done anything, not said anything to anybody, but then decides to retaliate on the bully and assaults them, and it escalates to the fact that they've been arrested and they're in custody, and they've had no intervention because the schools were not aware." (**Sergeant: Custody**)

This account highlights the limitations of referral-led early intervention where CYP's vulnerabilities or circumstances have not previously been identified. It also suggests that custody may provide an important opportunity to recognise previously unmet needs and establish appropriate pathways into preventative or diversionary support. Although the CCPT's principal remit lies outside custody, more consistent arrangements for identifying CYP following a first custody episode could help ensure that children who have not previously accessed support are considered for appropriate follow-up interventions.

Communication Gaps Between Agencies: L&D Summary Reports and Multi-Agency Meetings

Gaps in communication and information sharing between agencies were identified as further barriers to effective child-centred practice within and beyond custody. NHS L&D practitioners described preparing summary reports outlining CYP's circumstances, vulnerabilities and support needs, which were shared with the CCPT to inform potential interventions. However, despite describing their relationship with the team as positive, practitioners reported limited reciprocal communication, with one L&D Lead explaining that they "hardly ever get any feedback from those [summary] reports" (**L&D Lead: NHS**). This restricted opportunities to establish whether CYP had subsequently engaged with services or received appropriate support, limiting continuity between custody assessment and community-based intervention.

Communication difficulties also extended to changes in available diversionary provision. One practitioner described continuing to refer CYP towards a previously established Barnardo's intervention without being informed that the programme had ended:

"...last year we used to try and get young people onto the RISE project, which was a 12-week programme run by Barnardo's...And we weren't informed that project no longer runs, and so it's now the Turn Around project. But again, that wasn't communicated very well." (**L&D Lead: NHS**)

These difficulties were partly attributed to operational capacity, including the limited number of CCPT officers available across Cumbria's geographical areas. However, participants also identified differences in the structures supporting inter-agency communication and post-custody safeguarding.

Drawing on experience across the Lancashire and Cumbria NHS Foundation Trust footprint, the L&D Lead contrasted arrangements in Cumbria with those operating in Lancashire. Although Lancashire did not have an equivalent CCPT structure, the practitioner described the involvement of specialist Exploitation Nurses within police safeguarding arrangements. These practitioners participated in regular multi-agency briefings to discuss CYP entering custody, anticipated safeguarding concerns and potential links to exploitation or organised criminal activity. The L&D Lead explained that these meetings would "...discuss the young people that have been in, that are anticipated coming in and any links that they might have with organised crime gangs...with county lines." (**L&D Lead: NHS**)

The practitioner considered these arrangements valuable in developing a more informed understanding of CYP's circumstances and facilitating the sharing of relevant safeguarding information across professional and geographical boundaries.

Differences were also reported in arrangements for follow-up support after custody. In Lancashire, the L&D Lead described routinely notifying specialist nursing practitioners when CYP had been detained, enabling further contact through exploitation or school nursing services. In Cumbria, information was instead shared with GPs, but the practitioner perceived subsequent follow-up as less consistent, particularly where no immediate safeguarding concern had been identified:

"We haven't got that in Cumbria. So, we let the GP know, we'll send them any safeguarding concerns…But they're not getting followed up by the GPs. The only time the GP will ring us, and it's not always, is if there's a safeguarding issue…whereas in Lancashire it is immediately…followed up by the school nurses or the Exploitation Nurses." (**L&D Lead: NHS**)

These findings suggest that the effectiveness of post-custody safeguarding depends not only on the identification and communication of vulnerabilities, but also on clear referral pathways, reciprocal information sharing and established responsibilities for follow-up. While the CCPT provided an important mechanism for community-based intervention, participants identified opportunities to strengthen its links with L&D and other safeguarding services. The Lancashire arrangements offer a potentially useful comparator, illustrating how regular professional briefings and specialist health involvement could support more coordinated responses to CYP entering and leaving custody.

Out of Hours L&D and Voluntary Attendee Support

Gaps in safeguarding and information sharing were also identified in relation to out-of-hours healthcare provision within police custody. NHS L&D practitioners reported that their service operated primarily during daytime hours, with limited access to its specialist assessment and follow-up arrangements during evenings, nights and weekends. Although participants suggested that officers sought to avoid unnecessary detention of CYP, particularly those involved in lower-level or first-time offending, the number of children entering custody outside normal service hours was unclear. Where arrest was not necessary, officers could instead arrange interviews in community settings, including schools, homes or youth justice premises.

For CYP detained outside NHS L&D operating hours, healthcare provision was described as being delivered through privately contracted Healthcare Practitioners (HCPs). The L&D Lead distinguished between the immediate clinical responsibilities of these practitioners and the wider public health and safeguarding approach adopted by NHS L&D. While contracted HCPs were described as focusing primarily on immediate health needs and fitness for detention, L&D practitioners undertook broader assessments of vulnerabilities, communication needs and existing support arrangements, alongside referrals to community services:

"[Private HCPs are] very nursey…they'll do observations…blood pressure…sugar, all those things…Whereas [L&D are] looking to what they've got in place…if they've got neurodiversity or if

there appears to be any form of communication difficulty, we have got a speech and language therapist that we would refer to…[and] if a young person's come in and it's their first offense, we will be getting in touch with pastoral people in schools." (**L&D Lead: NHS**)

Participants therefore identified a potential discontinuity between immediate healthcare provision and the more comprehensive assessment and referral pathways available through L&D. This was compounded by concerns about communication between out-of-hours practitioners and the daytime service. The L&D Lead reported that handovers occurred between contracted HCPs but were not routinely transferred to NHS L&D staff when their service resumed. Consequently, CYP detained and released outside L&D operating hours might not receive subsequent assessment or follow-up. As the practitioner explained:

"They'll do a handover with each other. But by the time we get in at 8 that handover's gone…what we can't do in terms of risk is unless we've set eyes on somebody, we tend not to do any follow-up…there's issues around consent…it needs to be us that's explaining what the service is…in order to gain consent." (**L&D Lead: NHS**)

These findings suggest that gaps in service continuity were associated not only with operating hours, but also with the absence of an established handover and referral process, alongside requirements for informed consent. Participants identified opportunities to strengthen communication between contracted healthcare providers, custody staff and L&D to ensure that relevant vulnerabilities were recognised and appropriate follow-up considered.

A related concern involved CYP attending police stations voluntarily for interview, rather than being detained following arrest. Although voluntary attendees were not subject to the same custody arrangements, practitioners emphasised that they could nevertheless have significant safeguarding, health or communication needs. The custody Sergeant suggested that these CYP should have opportunities to access appropriate support, including being "seen by either the HCP and L&D…to make sure that we're following the same process with our voluntary attendances" (**Sergeant: Custody**).

However, L&D practitioners reported that referrals for voluntary attendees were not consistently embedded within existing processes. Access to these CYP was dependent on investigating officers identifying the opportunity for referral and facilitating consent for L&D involvement. As the L&D Lead explained:

"We're absolutely reliant on…Response…going out to meet with the young person to discuss an alleged offence…and gain[ing] consent from either that young person or their parents that we can get in touch with them and that's where our sticking point is at the moment, it's consent." (**L&D Lead: NHS**)

The practitioner suggested that an automated prompt within police systems could help remind officers to consider L&D referrals whenever a CYP attended voluntarily for interview. This highlights the importance of ensuring that access to child-centred assessment and support is not

determined solely by the timing of police contact or whether a CYP is arrested. More consistent handover arrangements, clear referral responsibilities and accessible consent processes could strengthen continuity of safeguarding across custody and voluntary attendance pathways.

Lack of Emergency Foster or Holding Placements

The shortage of suitable accommodation for vulnerable CYP was identified as a further barrier to child-centred practice within the custody context. As discussed previously in relation to missing and exploited children, limited residential and secure placement availability presented significant challenges across Cumbria. These difficulties also affected CYP who could not safely return home following police involvement, creating situations in which appropriate alternative accommodation could not be secured promptly. As one practitioner explained, custody was "not the right environment" (**L&D Lead: NHS**) for children awaiting safeguarding arrangements.

Participants described circumstances in which CYP remained under police supervision for extended periods while Children's Services sought alternative accommodation. This was particularly challenging where serious incidents had occurred within the family home, making an immediate return unsafe or unacceptable to family members. One practitioner described the consequences for both CYP and police resources:

"It's really, really difficult to get them placed and so I have known of a young person be 48 hours…with a police officer. Those 48 hours until Children's Services get something sorted and that's not good…in terms of police resources, just having somebody babysitting a child for 48 hours and it's not good for that young person, because although they're out of custody in the police Station…they're still being detained…" (**L&D Lead: NHS**)

These accounts highlight the potential consequences of placement shortages for CYP's wellbeing, alongside the operational demands associated with prolonged police supervision. Importantly, the example also illustrates that difficulties securing accommodation could persist beyond the formal custody process, creating uncertainty about responsibility for CYP's immediate care and safety.

Practitioners described tensions between custody staff seeking to secure a child's prompt release and Children's Services attempting to identify a safe and appropriate placement. Although the urgency expressed by police officers was recognised as understandable, participants emphasised that alternative accommodation could not always be arranged immediately, particularly where family placements were unavailable or safeguarding risks were substantial. One practitioner explained:

"I can't physically make the Social Worker find a placement…placements are so hard to come by…when the police use their powers…such as the PPO, it doesn't automatically say, right, we've dealt with it, and…it's going to happen in the next five minutes. They need to understand that there's a process and sometimes it's not the case." (**L&D Practitioner: NHS**)

These difficulties were further compounded for CYP placed in Cumbria by other local authorities, particularly where family networks were geographically distant and their circumstances involved

significant safeguarding concerns. While family members were reportedly considered as potential alternatives, this was not always a viable option.

Such findings demonstrate how shortages in suitable accommodation can undermine efforts to minimise CYP's time in police settings, even where practitioners recognise that continued police supervision is inappropriate. They also highlight the importance of clearer inter-agency planning and shared understanding of the responsibilities and practical constraints involved in securing safe accommodation for CYP following police intervention.

Facilitators/Supports

The following facilitators and supports for child-centred policing will be considered collectively across the CCPT, METCO role and custody context, reflecting the interconnected practices and organisational arrangements that underpin effective responses to CYP.

A Consistent Public Health Approach: Relationships, Standardisation and Single Points of Contact (SPOCS)

A significant strength of the CCPT was its established multi-agency approach, supporting a preventative, public health-oriented response to CYP experiencing vulnerability or involvement in offending. Despite challenges associated with inappropriate referrals and fragmented digital recording systems, practitioners described positive working relationships with schools, youth justice, children's social care, complex safeguarding and third-sector organisations. Regular communication with Designated Safeguarding Leads (DSLs) in schools was particularly important, with officers reporting that they would “touch base with [DSLs] regularly” (**Sergeant 2: CCPT**), facilitating early identification of concerns, information sharing and coordinated responses.

The SH was identified as a central mechanism for multi-agency communication and the timely consideration of emerging risks. Officers highlighted its accessibility to professionals and families, alongside the benefits of bringing different agencies together to assess concerns and determine appropriate responses:

Sergeant 5: CCPT: *“And we all use the Safeguarding Hub, don't we? If we suddenly became worried about something escalating, we would put a safeguard report in and schools, do exactly the same.”*

Sergeant 4: CCPT: *“Parents can refer directly to Safeguarding Hub and because you get the triage there…you get all the professionals in one place who will review something and if it's urgent, you put it in as urgent and it'll be dealt with a few hours later…Every agency uses it…I think probably that is a huge part of the multi-agency work in Cumbria.”*

Although Cumbria's extensive rural geography and the transition to two unitary local authorities presented challenges for consistent service delivery, practitioners identified regular standardisation meetings as an important facilitator. These provided opportunities to clarify differences in local arrangements, share effective practice and promote greater consistency

across geographical areas. As one officer explained, the purpose was to “make sure that the processes…are the same between each area” (**Sergeant 5: CCPT**).

The METCO role provided a further example of effective partnership working, particularly in supporting children looked after (CLA) and residential care providers. The allocation of a named METCO officer as a SPOC enabled direct communication and continuity of professional relationships. Care home practitioners described these relationships as becoming stronger over time, while officers highlighted the benefits of being able to respond promptly to emerging concerns and work collaboratively with residential staff and other safeguarding partners.

Importantly, the METCO role extended beyond information sharing and attendance at multi-agency meetings. Practitioners described a proactive, problem-solving approach in which officers could undertake direct work with care providers, offer training and address concerns before they escalated:

“Because not every force has METCOs like Cumbria. They’re quite a problem-solving approach…ours just can be in the care homes if there's issues, they can do training they can address situations to prevent it escalating. And it's not just an attending a meeting function.” (**Sergeant: METCO**)

Therefore, the findings highlighted that the CCPT's effectiveness was supported by established professional relationships, accessible safeguarding pathways and specialist roles that enabled practical intervention across organisational boundaries. The METCO model was particularly relevant to Cumbria's substantial population of CLA placed within the county, providing a targeted response to safeguarding challenges associated with residential care and out-of-county placements. These arrangements illustrate the value of sustained, relationship-based partnership working in translating shared safeguarding responsibilities into coordinated action.

Programs for Prevention: Life Skills and Interactive Sessions

Practitioners identified several structured programmes as valuable supports for prevention and early intervention, particularly those combining positive engagement with opportunities for CYP to develop personal and social skills. One example was *Future Pathways*, a private-sector and police and Crime Commissioner (PCC) match-funded programme that had operated for approximately eight years in the Derwent and Esk areas. Delivered in secondary schools to selected pupils, the programme aimed to strengthen relationships between CYP and the police while supporting personal development, life skills and employability. As one officer explained, its purpose was to support “breaking down barriers between young people and the police…[through] working on young people's life skills and employability” (**Sergeant 2: CCPT**).

The six-week programme involved small groups of approximately 12 pupils undertaking weekly activities designed to encourage reflection on their aspirations, existing strengths and behaviours that might affect future opportunities. One practitioner described how sessions encouraged CYP to consider “what they want to do, and kind of the behaviours that may stop that happening, but then

also highlighting actually what skills they've already got" (**Sergeant 2: CCPT**). This strengths-based approach was consistent with the CCPT's wider emphasis on relationship-building and preventative engagement rather than responding solely to problematic behaviour.

A further example was *Your Life, You Choose*, a school-based programme addressing knife crime and antisocial behaviour through involvement from magistrates and youth justice practitioners. Officers spoke positively about its original interactive format, which enabled pupils to move between activity-based sessions delivered by different professionals. However, the programme operated for only one year, with limited funding and partner availability restricting its continuation. Practitioners reported that delivery was subsequently adapted into school assemblies, which "tak[ing] away the interactive element" (**Sergeant 1: CCPT**).

The importance of participation was emphasised across practitioner accounts, with officers suggesting that activity-based approaches were more effective at sustaining CYP's attention and encouraging meaningful engagement. As one practitioner explained, interactive sessions helped "get them talking, get them involved" (**Sergeant 3: CCPT**), rather than positioning pupils as passive recipients of information.

Collectively, these findings emphasise the perceived value of structured, strengths-based and participatory programmes in supporting the CCPT's preventative objectives. However, they also demonstrate how funding limitations and competing demands on partner organisations could affect both the availability and quality of provision. Sustaining effective early intervention therefore depended not only on programme design, but also on sufficient resources and coordinated commitment from participating agencies.

Systems and Processes for High-Risk and Complex Cases: Historical Trigger Plans and Philomena Protocol Compliance

Practitioners identified Trigger Plans and the Philomena Protocol as important mechanisms for strengthening safeguarding responses to CYP experiencing repeated missing episodes, particularly children looked after (CLA). Trigger Plans were described as a "one-stop-shop" (**Sergeant: METCO**) for CYP classified as frequently missing, bringing together relevant information about their circumstances, relationships, known locations and potential safeguarding risks. Importantly, these plans also incorporated elements of the child's voice, supporting a more individualised response when CYP went missing.

METCO officers were responsible for maintaining and updating Trigger Plans, which remained accessible even when CYP no longer met the threshold for frequent missing episodes. This enabled officers to draw upon previous information if concerns re-emerged. However, practitioners described difficulties embedding the use of Trigger Plans across the wider force, with limited awareness and inconsistent engagement initially reducing their effectiveness:

“They weren't embedded - I would say they are now, but trigger plans weren't embedded, so the METCOs would get really frustrated that no one used them, and equally they would get frustrated that no one was doing anything about them.” (**Sergeant: METCO**)

Although the practitioner suggested that implementation had subsequently improved, this account highlights the importance of ensuring that safeguarding information is not only recorded and accessible, but also routinely consulted and translated into appropriate action.

The Philomena Protocol provided a complementary approach, enabling residential care providers to record relevant information about CYP who were missing or at risk of going missing. This information could support police responses by providing details of the child's circumstances, vulnerabilities and likely whereabouts, including where CYP moved between police force areas. Practitioners considered the Protocol particularly effective in Cumbria because of the relationships established between METCO officers and residential care providers. As one officer explained, it “works well in Cumbria, because the METCOs have the relationship with the care homes” (**Sergeant: METCO**). These relationships reportedly encouraged engagement even among providers that were not formally required to complete the documentation, illustrating the value of professional trust in supporting safeguarding practice.

However, participants identified inconsistencies in the adoption of the Philomena Protocol across police forces, potentially limiting its usefulness for CYP placed outside their home authority. Practitioners therefore emphasised the need for greater national coordination and local authority engagement, while maintaining the central role of residential care providers in updating information:

“…we would still get the care homes to drive it because it's a live document and if the child's from London and they're in a care home in Cumbria…it's the care home's gonna be the best place to fill it in, because they're gonna know everything, what's going on is a day-to-day…around that child.” (**Sergeant: METCO**)

These findings highlight the value of structured, regularly updated safeguarding information in supporting timely and informed responses to missing CYP. They also demonstrate the importance of specialist oversight, established professional relationships and consistent organisational implementation. While the METCO role appeared to facilitate effective local use of these tools, their wider value depended on sustained engagement across police teams, residential providers and geographical boundaries.

Overall Impact of the CCPT and METCO Role

A Child-Centred, Flexible, and Trauma-Informed Approach to Policing

A significant strength of the CCPT was the extent to which officers articulated trauma-informed, child-centred and relational approaches to CYP at risk of offending, going missing or experiencing exploitation. Across interviews, practitioners demonstrated an awareness of the importance of adapting their responses to individual circumstances, recognising that “every child [is] different”

(**Sergeant 3: CCPT**) and that building trust and encouraging engagement required flexibility, patience and sensitivity.

This was particularly evident in descriptions of direct intervention work, where officers adopted informal, activity-based approaches to reduce perceived barriers and establish relationships with CYP. Rather than relying exclusively on formal conversations, officers described using games and other activities to encourage communication and develop an understanding of individual needs:

"…the first meeting's a bit of an icebreaker, just making them realize that you're not a threat, you are there to talk to them. I play games with them…card games…Jenga…But you learn a lot from playing these games with them, you can learn loads." (**Sergeant 3: CCPT**)

Flexibility also extended to the timing, location and presentation of police engagement. Officers described accommodating family commitments through evening and weekend appointments, alongside meeting CYP in schools, family homes and community settings. As one officer explained:

"I've worked Saturdays to go and see people. We do evenings, we do school, we do home. We've met at grandparents, we've met in public places, we've met people on the riverbank, on the bench to chat with parental consent." (**Sergeant 4: CCPT**)

Similarly, officers considered whether attending in uniform or plain clothes would be most appropriate, recognising that some CYP might experience embarrassment or anxiety about visible police contact, while other families preferred a recognisable police presence. This emphasis on individual circumstances was also reflected in decisions about which professionals were best placed to engage particular CYP. Residential care practitioners described considering the child's existing relationships, responses to different adults and the personal qualities most likely to facilitate meaningful communication. Such accounts suggest an approach that prioritised relational suitability rather than assuming that any available officer would be equally effective.

Importantly, this flexibility also involved recognising the limitations of police expertise and the circumstances in which another professional or specialist service might be better placed to provide support.

A further feature of practitioners' accounts was their willingness to consider the underlying circumstances contributing to CYP's behaviour. Officers described looking beyond the presenting incident to explore possible experiences of trauma, family disruption, bereavement, mental health difficulties and exploitation. This encouraged a more empathetic understanding of behaviour and challenged the tendency to define CYP primarily through their offending or perceived risk. As one METCO officer explained:

"[they're] involved in county lines, parents disowned him, they don't care about him. It's ACEs, you know…but also just make them not 'this is this is who they are'…you just need to think of it as what they're going through." (**Sergeant: METCO**)

This broader understanding was reflected in an emphasis on family circumstances and the importance of involving parents and carers in intervention planning, where appropriate. Officers described seeking to understand the pressures experienced within the family rather than treating the child's behaviour as an isolated problem. In particular, practitioners recognised that financial hardship, parental stress and wider social disadvantage could affect families' capacity to establish boundaries and support positive relationships.

One officer explicitly connected this holistic understanding to the limitations of enforcement-led responses:

"...we can't arrest our way out of a lot of this stuff, can we? We need to look at that wider thing...if mum is struggling to put barriers in place because she's got some financial issues. She's working all the hours because she's in rent arrears and we don't look at any of these issues. Mum is never gonna be able to form positive relationship with that child because she can't see the wood from the trees...It's that wider looking at it rather than just saying 'they're taking something from a shop, let's prosecute'. It doesn't work." (**Sergeant: METCO**)

Collectively, these findings demonstrate a strong alignment between the approaches described by CCPT and METCO practitioners and the principles of trauma-informed, child-centred policing. Individualised engagement, relationship-building, sensitivity to adverse experiences and attention to wider family circumstances were central features of how officers understood their roles. Rather than viewing offending or challenging behaviour solely as matters requiring enforcement, practitioners emphasised the importance of understanding CYP's experiences and identifying supportive, proportionate responses. This relational orientation represents an important facilitator of preventative policing, although its consistent implementation across the wider force remains a separate consideration.

Voice of the Child

The importance of the VOTC was strongly reflected in CCPT and METCO practitioner accounts, with officers emphasising the need to understand CYP's perspectives, experiences and concerns when developing safeguarding and intervention plans. Within the CCPT, this was embedded from the initial meeting, where officers described encouraging CYP to explain "what's going on in...life, what's working well, what [they're] worried about" (**Lead: CCPT**). Such conversations were intended to support disclosure through a naturalistic, relationship-based approach, rather than relying solely on formal questioning or professional assessments of risk.

Practitioners also recognised the limitations of imposing interventions without meaningful involvement from CYP. One METCO officer contrasted collaborative engagement with an overly directive approach in which professionals determine a safety plan and expect compliance. Recognising that CYP are "intelligent, they know their mind" (**Sergeant: METCO**), the officer suggested that failing to listen could create unnecessary resistance, particularly where plans did not reflect the child's experiences, priorities or circumstances. Involving CYP in discussions and

explaining the rationale for safeguarding decisions was therefore regarded as an important means of supporting engagement and developing more workable interventions.

This emphasis on participation was closely connected to professional curiosity. Practitioners recognised that listening involved not only taking account of what CYP explicitly disclosed, but also considering what might remain unspoken, particularly where trauma, exploitation or previous experiences with professionals could affect communication. As one officer explained:

"Think it's that child voice…and listening to them, but also that professional curiosity around what are they not saying, but [also] what are they saying? It's a bit of everything, isn't it?…So I think the key thing is listening to them and it's something I probably learned the more I've been in this role…there needs to be that element of compromise with them." (**Sergeant: METCO**)

The practical significance of this approach was illustrated through an example of restorative engagement involving a young person who wished to explain her behaviour during a previous police encounter. The METCO officer supported the CYP in writing a letter to the responding officers, describing her experiences of care, trauma and feeling unsupported, alongside her perception of how she had been treated when located following a missing episode:

"So, she's written a letter that I've got, I've gone to the response officers to say 'This is her voice…can you come to me with a response or…if you're happy, would you meet her and let's do it in a controlled way'…She said 'You never asked me my name. You never said. Are you OK? You've come in and said, "right, get in my van you're going home." You're surrounded me and you put me in the van, so I've kicked off.'" (**Sergeant: METCO**)

This example illustrates how behaviour initially perceived as challenging or resistant could be understood differently when considered from the CYP's perspective. The young person's account suggested that her reaction was connected to feeling disregarded and lacking control during the police encounter, rather than simply refusing to cooperate. By facilitating communication with the responding officers, the METCO sought both to provide an opportunity for the CYP to be heard and to encourage reflection on how police interactions might be experienced by children with histories of trauma and care involvement.

At the time of the interview, a response from the officer involved was still awaited. Nevertheless, the example demonstrates the potential value of restorative approaches in creating opportunities for dialogue, professional learning and more empathetic future interactions.

These findings suggest that VOTC was understood by specialist officers as an active component of child-centred policing, informing relationship-building, safeguarding decisions and reflective practice. Rather than treating CYP as passive recipients of professional intervention, practitioners described approaches that sought to recognise their agency, understand their experiences and involve them meaningfully in decisions affecting their lives. This represents an important facilitator of Child First practice, although the extent to which CYP experienced such participation consistently across wider policing contexts remains an important consideration.

A Dedicated Team for Prevention and Diversion: Changing Attitudes Through Relationships

Evidence of the CCPT's contribution to early intervention and diversion emerged across several strands of the evaluation. youth justice practitioners were particularly positive about the team's capacity to engage CYP displaying low-level offending behaviour before their involvement in the CJS escalated. As one practitioner explained, the CCPT had "been really effective, to my knowledge at…meeting that very, very low-level of need and preventing children from escalating through the criminal justice system" (**Team Manager: Youth Justice**).

This perceived effectiveness was closely associated with the CCPT's gatekeeping function, through which referrals could be assessed and CYP directed towards proportionate support rather than automatically progressing into more formal youth justice interventions. The team's capacity to respond directly to lower-level concerns, or identify a more appropriate agency where necessary, was therefore viewed as an important mechanism for avoiding unnecessary criminalisation.

However, practitioners also attributed the CCPT's value to its relational and safeguarding-focused approach. In particular, the presence of a dedicated team enabled officers to develop sustained relationships with CYP, understand their individual vulnerabilities and promote a more child-centred response to offending behaviour. One youth justice practitioner reflected on the wider significance of this approach:

"I would say it's absolutely had an impact in terms of attitudes and understanding, you've got a whole team rather than a single officer committed to working with the child's interest…at the forefront… I think relationships…having individual officers almost case holding and going out and working with these children, and children beginning to develop those positive working relationships with at least one member of the police force, being treated with respect and shown that they're valued and have value…by police, who recognise that and are focused on the safeguarding aspects. That's a real impact then on how the police are responding when children are committing offences." (**Team Manager: Youth Justice**)

This account suggests that the CCPT's contribution extended beyond individual interventions, with practitioners perceiving benefits for professional attitudes and the quality of police engagement with vulnerable CYP. Importantly, the emphasis on respectful treatment and sustained relationships also reflects principles of procedural justice, particularly the importance of dignity, recognition and trust in interactions with the police.

CCPT officers similarly described cases in which established relationships appeared to support continued engagement with CYP and their families over time. In one example, a family specifically requested renewed involvement from the CCPT following a subsequent referral to Targeted Youth Support:

"…the family are happy to have us back, which is one of the cases I've had recently. The young person was at primary school when I first worked with him for a little while. He's now at Secondary

school. Three years later, he's been referred to the Targeted Youth service due to attendance at school and behaviour and violence at home. And it was his mum that had said we had a really good relationship with the CCPT, so Targeted Youth referred him back to us." (**Sergeant 4: CCPT**)

This example illustrates how relationships developed through earlier interventions could remain valuable when CYP or families experienced subsequent difficulties. It also highlights the limitations of interpreting repeat referrals solely as evidence of unsuccessful intervention, where renewed contact may instead reflect established trust and a family's preference for working with a familiar practitioner.

Further examples of positive outcomes were provided by the CCPT Lead. One case involved a child in care experiencing substantial risks associated with sexual exploitation, self-harm and repeated missing episodes, alongside recorded offending. A coordinated response involving METCO officers and longer-term mentoring from a CCPT officer was associated with a reported reduction in missing episodes and offending:

"...we got the METCO to do specific work with her in the care home environment. We got our CCPT PC to...do some sort of mentorship work on the longer-term programme with her...she's now only been missing twice this year. There's no further crimes, and she's now a police cadet." (**Inspector: CCPT**)

A second example concerned a CYP referred following concerns about school behaviour, peer relationships and difficulties at home. Through direct engagement, officers identified additional concerns relating to cannabis use and ADHD, subsequently providing support around emotional regulation, coping strategies and peer influence, alongside facilitating a referral to specialist substance misuse services. The Inspector reported that, during the period following the intervention, there had been no further recorded crimes, missing episodes or intelligence reports relating to the CYP.

Collectively, these accounts provide encouraging evidence of the CCPT's contribution to preventative and diversionary practice. External practitioners valued the team's capacity to respond proportionately to low-level offending, while case examples illustrated how sustained relationships, coordinated safeguarding interventions and referrals to specialist support could be associated with positive developments in CYP's circumstances. Although these accounts do not establish that CCPT involvement alone produced the reported outcomes, they demonstrate the perceived benefits of a dedicated, relational model that prioritised early engagement, vulnerability and support over unnecessary escalation into the CJS.

Voice of the Child Survey

Nine CYP aged 13–18 participated in a VOTC survey exploring their awareness and experiences of the Child-Centred Policing Team (CCPT) and wider policing. Seven respondents were male and two female. Most lived with parents or grandparents, while one lived in a residential care home. Although the small sample limits generalisability, the findings provide valuable insight into how

CYP experienced police engagement, including the extent to which they felt listened to, respected and supported.

Awareness, Engagement and Experiences of the CCPT

Six of the nine respondents reported having heard of the CCPT, although not all had experienced direct engagement. Awareness did not necessarily translate into positive attitudes towards policing: six respondents expressed negative feelings about the police overall, compared with one positive and two neutral responses. One CYP who was unfamiliar with the team stated, “I don't even know what the child centered [sic] policing team is”, highlighting the potential limitations of the team's visibility among CYP.

Experiences of direct CCPT engagement were mixed. One CYP described an officer positively, explaining that “he was nice to talk to”, while others raised concerns about repeated searches, officers' attitudes and insufficient communication about allegations. These accounts suggest that positive relationships could be established, but that CYP did not experience engagement consistently.

Responses to questions about specific aspects of child-centred practice provided a more nuanced picture:

Table 1: CYP’s Experience of the CPPT

Experience of CCPT engagement	Definitely	To some extent	Not at all
Asked about thoughts and feelings (n=6)	2	2	2
Helped them calm down when upset (n=6)	1	2	3
Listened and made them feel heard (n=6)	1	4	1
Made them feel safe or able to trust officers (n=5)	1	2	2

Five of six respondents felt listened to at least to some extent, while four of six reported being asked about their thoughts and feelings. However, only three of six felt officers had helped them calm down, and three of five reported feeling safe or able to trust them. These findings suggest that listening and communication were more positively experienced than de-escalation and the development of trust, although the small numbers require cautious interpretation.

CCPT Compared with Wider Policing

Among those responding to the comparison question, half reported that CCPT officers felt different from other police officers, while the remainder were divided between uncertainty and perceiving no difference.

Positive descriptions focused on communication, approachability and calmer interactions:

"They listen to you, not like the other police."

"They were nicer and less serious."

"Speak calmly and the conversation [with the CCPT] is lot less tense."

"I didn't mind the chats in school."

These responses suggest that some CYP recognised a different approach within the CCPT, particularly where officers adopted a less confrontational and more relational style.

However, negative experiences of wider policing featured prominently. CYP described repeated stop and searches, perceived stereotyping, physical handling and encounters in which they felt unfairly targeted or insufficiently informed. One respondent explained:

"Normal police officers are rough with me and don't care. They stereotype people for how they look and behave."

Another described feeling angry after being stopped and searched because they reportedly "matched a description".

Although these accounts cannot necessarily be attributed to CCPT officers, they provide important context for understanding CYP's attitudes towards the police. Negative encounters elsewhere in the organisation may influence the trust and willingness to engage that specialist officers subsequently seek to establish.

Missing Episodes and Return Home Interviews

Experiences of going missing and subsequent RHIs also raised questions about the quality and perceived value of safeguarding engagement.

Of the six CYP recorded as having received an RHI, four reported that it had not helped prevent further missing episodes, while one considered it somewhat helpful. The remaining respondent did not provide an assessment. Another CYP explained that they had declined an interview because they did not "want to talk to someone I don't know about it".

Descriptions of RHIs suggested limited recall of who had conducted them or their purpose:

"I can't remember their name, I've had some at school. I've also had some with police at home."

"I can't remember who did it, it was police. They asked where I was and if I had committed any crime and if had suffered any harm when missing."

These accounts suggest that some CYP experienced RHIs as procedural encounters rather than meaningful opportunities to discuss their circumstances. They also raise questions about the

importance of practitioner independence, continuity and trusted relationships, particularly where CYP may be reluctant to disclose information to police officers.

However, CYP's perceptions of whether an RHI prevented further missing episodes should not be treated as a definitive measure of its safeguarding value. RHIs may also identify unmet needs, exploitation risks and opportunities for support.

Referrals to Support Services

Four of the eight CYP answering the relevant question reported being referred to additional support services. Two described the support as helpful, while one indicated that it might have been helpful.

Positive accounts emphasised trusted relationships and practical assistance:

> *"My time (Barnardo's) 1:1 work. I felt comfortable talking to the worker which helped me."*

> *"It helps me with my day and my behaviour is better on days I have those sessions and I get free food which is a bonus."*

These responses reinforce the importance of accessible, relationship-based support that addresses CYP's immediate needs alongside behavioural concerns.

However, another respondent described delays and difficulties obtaining follow-up from a crisis service, suggesting that the benefits of referral depended on timely access and continuity of provision.

CYP Recommendations for Improvement

When asked how the CCPT could improve, CYP emphasised respectful communication, timely updates and greater consistency in police interactions:

> *"To make sure they have a more welcome approach even though the kids have done something wrong otherwise they wouldn't need police."*

> *"Let me know updates even a text would be good, I was stressing wondering what was going to happen next."*

> *"listen to me when i am talking, if i am searched not to search me again further down the street, to log when i am searched."*

These recommendations highlight the importance of procedural justice, particularly being treated with dignity, having opportunities to express views, understanding police decisions and receiving clear information about what happens next.

Summary

The VOTC survey provides tentative but valuable evidence that some CYP experienced the CCPT as more approachable, communicative and supportive than other police officers. Positive accounts

centred on calm interactions, active listening and trusted relationships, consistent with the child-centred approaches described by practitioners elsewhere in the evaluation.

However, these experiences were not universal. Concerns about repeated searches, perceived stereotyping, insufficient updates and limited trust demonstrate how wider policing encounters may undermine the benefits of specialist engagement. Experiences of RHIs and support referrals also suggest that continuity, professional relationships and timely follow-up are important to CYP's perceptions of safeguarding interventions.

The findings therefore reinforce the importance of embedding child-centred practice beyond specialist teams. For CYP, meaningful differences in policing are demonstrated not only through officers' intentions or specialist roles, but through consistent experiences of respect, communication, trust and follow-through.

Quantitative Findings: Patterns of Contact, Vulnerability and System Demand

The quantitative cohort comprised 548 children and young people (CYP) identified within the CCPT dataset. Linked administrative records were used to examine the volume and distribution of recorded contact across crime, safeguarding, missing person and stop-and-search categories.

Across the cohort, the mean number of recorded incidents was 14.35 (median = 9), with a maximum of 106 incidents recorded for a single individual. The distribution of contact was uneven, with recorded contact concentrated among a proportion of CYP within the cohort.

Table 2: Distribution of Total Recorded Incidents per CYP (N = 548)

Incident Band	Group Size (N)	%
0 incidents	27	4.9%
1–2 incidents	58	10.6%
3–5 incidents	102	18.6%
6–10 incidents	118	21.5%
11+ incidents	243	44.3%

Nearly half of the cohort (44.3%) had 11 or more recorded incidents within the linked administrative data, while 27 CYP (4.9%) had no recorded incidents within the crime, safeguarding, missing person or stop-and-search datasets. These figures demonstrate that recorded contact was concentrated among a substantial subgroup of CYP. As the linked records include incidents occurring both before and after first CCPT referral, these figures represent cumulative recorded contact within the available dataset rather than incidents occurring solely during CCPT involvement.

Gender and Recorded System Contact

Of the 548 CYP included in the analysis, 379 (69.2%) were male and 169 (30.8%) were female. The mean number of recorded incidents for male CYP was 14.13 (median = 9, maximum = 95), compared with 14.84 (median = 8, maximum = 106) for female CYP. Although the mean was marginally higher among female CYP, the difference was small.

A one-way Analysis of Variance (ANOVA) found no statistically significant difference in mean incident frequency by gender, $F(1, 546) = 0.21$, $p = .645$. Overall recorded incident frequency was therefore comparable between male and female CYP within the cohort.

The type of recorded contact nevertheless differed between the two groups. Male CYP were more frequently represented within crime-related and antisocial behaviour categories, whereas female CYP were proportionally more frequently associated with missing episodes and safeguarding

records relating to exploitation or vulnerability. These descriptive differences indicate variation in the nature of recorded system contact despite comparable overall incident frequency.

Geographic Variation in Recorded Incidents Across the CCPT Footprint

Recorded incident frequency also varied descriptively across the four CCPT geographic areas.

Table 3: Incident Frequency by CCPT Area (N = 548)

CCPT Area	N	Mean Incidents	Maximum
Cumberland – Carlisle / Wigton	137	12.75	95
Cumberland – Derwent / Esk	182	15.46	85
Westmorland Furness – Barrow / Furness	119	16.58	106
Westmorland Furness – Penrith / Kendal	110	11.92	96

The highest mean incident frequency was observed in Westmorland Furness – Barrow / Furness, followed by Cumberland – Derwent / Esk, with lower means in Carlisle / Wigton and Penrith / Kendal. However, a one-way ANOVA found that these unadjusted differences were not statistically significant, $F(3, 544) = 2.25$, $p = .081$. The descriptive variation between areas should therefore not, on its own, be interpreted as evidence of an overall difference in mean incident frequency across the CCPT footprint.

Age at First Referral and Recorded Incident Frequency

Multivariable regression analysis was undertaken to examine the relationship between total recorded incident frequency and age at first referral, gender and CCPT geographic area while statistically controlling for the other variables in the model. Following data reconciliation, analyses requiring age were based on 533 CYP for whom a reliable age at first referral could be established.

Within the linear regression model, age at first referral was positively associated with recorded incident frequency, $B = 0.895$, $p = .005$. Gender was not independently associated with incident frequency ($p = .775$). Geographic area, considered jointly within the model, was also associated with incident frequency ($p = .049$). The model explained a modest proportion of the variation in recorded incident counts, $R^2 = .028$, adjusted $R^2 = .018$.

Given that incident frequency represented positively skewed and over dispersed count data, a negative binomial regression was also undertaken. The association with age remained statistically significant, with each additional year of age at first referral associated with an estimated 8.4% higher expected incident count within the cumulative recorded data, incidence rate ratio (IRR) = 1.084, 95% CI [1.040, 1.130], $p < .001$. Gender remained non-significant ($p = .676$), while geographic area was jointly associated with recorded incident frequency ($p = .014$).

The consistency of the age association across the two modelling approaches provides evidence of an association between age at first referral and cumulative recorded incident frequency within the available dataset. However, because total incident counts include historical records occurring

before first CCPT referral as well as later contact, the analysis does not establish that incident frequency increases progressively as individual CYP become older.

Socio-Economic Context (IMD Analysis)

Postcode data were used to link CYP to the Index of Multiple Deprivation (IMD 2019) to examine the socio-economic context of the cohort. Suitable postcode-linked deprivation information was available for 380 of the 548 CYP (69.3%), and the deprivation analysis was therefore based on this reduced sample.

Within the postcode-linked sample, CYP were represented across areas with differing levels of deprivation. A multivariable linear regression model, including age and gender as control variables, found that local authority level deprivation was not independently associated with total recorded incident frequency, $B = -0.44$, $p = .633$. The same pattern was reported within the negative binomial model ($p = .699$).

Within the available postcode linked data, there was therefore no evidence that local authority-level deprivation independently accounted for differences in overall recorded incident frequency once age and gender were considered. This analysis was based on a reduced sample and used an area-level measure of deprivation, meaning that it does not capture more granular neighbourhood level socio-economic differences within the wider cohort.

Youth Justice Outcomes: Diversionary and Justice Pathways

Descriptive analysis of recorded youth justice outcome codes indicates that formal prosecution represents a relatively small proportion of recorded crime outcomes linked to the cohort. Charge or summons, including alternate offence charge, accounted for 2.7% of cases. A further 24.4% were resolved through youth-focused diversionary mechanisms, including Youth Cautions, Community Resolutions and formal diversionary interventions. In 2.5% of cases, the outcome reflected that the suspect was below the age of criminal responsibility at the time of the offence. The majority of recorded outcomes, 70.3%, reflected evidential, public interest or procedural closures, including cases where evidential difficulties prevented further action, prosecution was not in the public interest, no suspect was identified, or time limits expired.

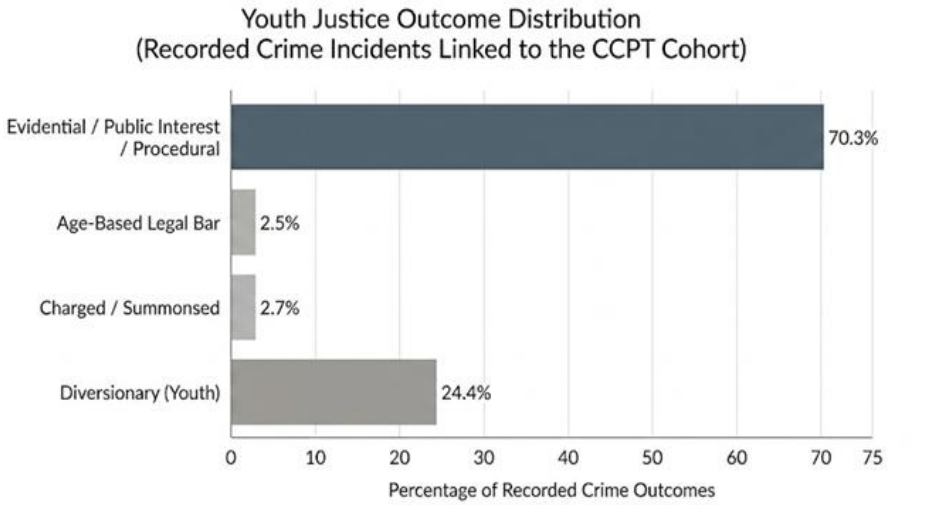


Figure 1: Youth Justice Outcome Distribution

Importantly, outcome codes within the dataset are attached to recorded crime incidents rather than directly to individual CYP. The recorded outcome therefore reflects the investigative or prosecutorial result relating to the identified suspect within that case. Where the CYP was recorded as a victim, witness or aggrieved party, the outcome applies to the alleged perpetrator rather than to the child. This distinction is particularly relevant for categories such as OC15 and adult caution codes, which may appear within the cohort where the CYP was linked to the case in a non-suspect role. The outcome distribution should therefore be understood as describing investigative and justice pathways across cases involving the cohort rather than as a direct measure of disposals applied to the CYP themselves.

While the CCPT-linked cohort is not directly comparable with national youth justice datasets because of its defined and incident-linked composition, the findings can be considered within the broader youth justice context in England and Wales. Ministry of Justice youth justice statistics (Ministry of Justice, 2023) indicate that formal charge outcomes represent a minority pathway for children nationally, while substantial proportions of cases are resolved without charge through diversionary outcomes, evidential closures or public interest decisions. The CCPT linked findings can therefore be situated within this wider policy emphasis on diversion, proportionality and reducing unnecessary criminalisation, without implying direct equivalence or formal benchmarking.

Quantitative Synthesis: Patterns of Recorded Contact, Complexity and System Demand

The quantitative analysis indicates that recorded system contact within the CCPT cohort was concentrated among a substantial subgroup of children and young people rather than being characterised predominantly by isolated incidents. Nearly half of the cohort (44.3%) had 11 or more recorded incidents within the linked administrative data, while 4.9% had no recorded incidents within the crime, safeguarding, missing person or stop-and-search datasets. This distribution demonstrates considerable variation within the cohort and a concentration of recorded contact among CYP with multiple interactions across the systems represented in the available data. Given that these records include incidents occurring both before and after first CCPT referral, the findings are best understood as reflecting cumulative recorded contact rather than a pattern arising solely during CCPT involvement.

General incident frequency did not differ significantly by gender. However, the nature of recorded contact differed, with boys more frequently associated with crime-related incidents and antisocial behaviour and girls more commonly linked to missing episodes and safeguarding concerns relating to exploitation and vulnerability. These findings suggest that comparable levels of overall recorded contact can encompass different patterns of need and system involvement, reinforcing the importance of responses that remain sensitive to the circumstances in which children come to police and wider service attention.

Geographic differences were more complex. Mean incident frequency varied descriptively across the four CCPT areas, with the highest averages observed in Barrow / Furness and Derwent / Esk, although these unadjusted differences were not statistically significant. Once age and gender were taken into account within the regression models, geographic area was associated with recorded incident frequency. This suggests that local context may contribute to variation within the available data, although the analysis cannot establish the mechanisms underlying these differences. Socio-economic context also remains relevant to interpretation, but local authority-level deprivation did not independently predict incident frequency within the reduced postcode-linked sample. As this analysis was limited by incomplete postcode information and the level at which deprivation was measured, it should not be taken to indicate that deprivation or neighbourhood context are unimportant to the circumstances of individual CYP.

Age at first referral was positively associated with total recorded incident frequency after accounting for gender and geographic area, and this relationship was also evident in the negative binomial model. However, the temporal structure of the available administrative data is important when interpreting this finding. Total incident counts include historical records occurring before first CCPT referral as well as subsequent contact, and the data do not provide continuous or equivalent periods of observation for each CYP. The association with age therefore identifies a pattern within cumulative recorded contact and should be interpreted with caution.

Overall, the quantitative findings complement the qualitative evidence that the CCPT works with CYP whose circumstances can involve substantial complexity and repeated interaction with

services. The quantitative analysis demonstrates a concentration of recorded contact within part of the cohort and identifies associations with age at first referral and geographic area, while the qualitative findings provide greater insight into how complexity, vulnerability and sustained need are experienced and understood in practice. Considered together, the findings support the value of early and child-centered responses, while recognising that the available quantitative data cannot on their own establish individual trajectories or attribute subsequent patterns of contact to CCPT intervention.

Implications for Practice Emerging from Quantitative Findings

Building on the patterns identified above, several operational considerations emerge from the quantitative findings, particularly in relation to the concentration of recorded system contact within a subgroup of children and young people. With 44.3% of the cohort having 11 or more recorded incidents within the linked administrative data, the findings indicate that a substantial proportion of CYP have extensive recorded contact across crime, safeguarding, missing person and stop-and-search systems. Although age at first referral was associated with total recorded incident frequency, the available data do not establish that contact progressively increases as individual CYP grow older or that these patterns arise following CCPT involvement. The findings are nevertheless consistent with the continued importance of early identification and preventative intervention where repeated or complex contact is evident, particularly where practitioners are able to recognise cumulative patterns across services.

Although overall levels of recorded contact did not differ significantly by gender, the nature of system involvement varied in important ways. Boys were more frequently associated with crime-related incidents and antisocial behaviour, whereas girls were more commonly linked to missing episodes and safeguarding concerns relating to exploitation and vulnerability. These differences do not necessarily indicate disparities in overall need, but they do highlight differences in how vulnerability and system contact may present and be recorded. Maintaining a child-centered approach that responds to the circumstances of individual CYP, without defaulting to enforcement led responses for some groups and vulnerability-led responses for others, therefore remains important to the preventative orientation of CCPT activity.

Geographic differences also require a more nuanced interpretation. Mean incident frequency varied across the four CCPT areas, although these differences were not statistically significant when examined using the unadjusted ANOVA. Geographic area was, however, associated with incident frequency within the adjusted regression models once age and gender were considered. This suggests that local context may contribute to differences in recorded system contact, although the analysis cannot establish the factors responsible for this variation. The findings may therefore be useful in informing consideration of local demand, partnership working and resource allocation, while avoiding assumptions that higher recorded contact in particular areas necessarily reflects greater underlying vulnerability or intervention need.

Finally, the analysis highlights the practical importance of consistent data recording for future evaluation and service planning. Incomplete postcode information reduced the sample available

for deprivation analysis and limited the capacity for more granular assessment of neighbourhood-level socio-economic context. Strengthening routine postcode capture and maintaining consistent identifiers across agencies would improve future analytical capability and provide a clearer picture of cumulative recorded contact across services. Within multi-agency safeguarding environments, greater consistency and interoperability between data systems may also support more informed identification of patterns requiring further professional attention.

Data Quality and Multi-Agency Recording: Structural Challenges

The quantitative analysis was conducted using a consolidated dataset prepared by the police analyst, who undertook significant work to bring together information from multiple systems within a unified Excel format. Further analytical preparation was required to align records at individual level, aggregate incident information and standardise variables for statistical analysis. During this process, inconsistencies were identified within the datasets supplied for evaluation, including differences in formatting and geographic categorisation, missing or conflicting demographic information and variation in the inclusion of CYP across linked datasets.

These issues required structured cross-referencing and reconciliation before analysis. In particular, differences in geographic labelling required standardisation, while age at first referral was recalculated from the available date information rather than relying solely on recorded age fields. Where a reliable age could not be established from the available records, the CYP remained within the wider descriptive cohort but was excluded from analyses requiring age. These decisions were documented within a separate methods log retained securely by the research team.

Postcode information was also incomplete for part of the cohort, reducing the sample available for deprivation analysis to 69.3%. More broadly, differences in recording architecture and terminology across safeguarding, crime and missing person records required standardisation before the datasets could be analysed together. Such challenges are well recognised within multi-agency safeguarding environments, where information may be generated across systems developed for different operational purposes (Atkinson et al., 2007; Munro, 2011; Frost & Robinson, 2007; Dickens, 2016).

The available data do not allow the evaluation to determine whether individual discrepancies originated within operational recording systems or during subsequent extraction, linkage or preparation of the datasets supplied for analysis. They nevertheless demonstrate the importance of consistent recording standards, validated data-linkage procedures and routine quality assurance. Where CYP have repeated contact across services, the ability to link information accurately has implications not only for evaluation but also for recognising cumulative patterns that may warrant further professional attention.

Considerations for Future Impact Assessment

The analysis presented in this report identifies patterns of concentration and demographic association within recorded system contact. As the administrative data include historical incidents occurring both before and after first CCPT referral and do not provide equivalent periods of continuous observation for each CYP, the findings are descriptive and associative rather than causal. They provide insight into how recorded contact is distributed within the cohort but do not permit direct inference regarding individual trajectories or the impact of CCPT intervention on subsequent outcomes. Future assessment would be strengthened by clearly defined intervention entry and exit points, consistent longitudinal outcome tracking across agencies and, where feasible within safeguarding and information governance requirements, comparator cohorts or quasi-experimental designs. Improved data linkage and consistent identifiers would further support progression from analysis of recorded patterns towards more formal evaluation of preventative impact.

Discussion

This evaluation examined the effectiveness of Cumbria's CCPT in relation to both its implementation and its contribution to preventing and diverting children and young people (CYP) from the criminal justice system. Given the breadth of findings generated by the evaluation, this discussion focuses on the themes most central to understanding the programme's effectiveness: relational and socioecological practice, multi-agency working, systemic barriers and organisational culture. Collectively, these themes demonstrate that effective child-centred policing is shaped not only by the quality of frontline practice but also by the wider systems, partnerships and organisational conditions within which that practice is embedded.

A Relational and Socio-ecological Approach Focused on Trusted Connections

It was found that the CCPT adopted a highly relational approach to preventing youth offending, closely aligned with socioecological models of child development that recognise how individual behaviour is shaped through the interaction of family, community and wider structural influences (Bronfenbrenner, 1979). Rather than focusing solely on the child, practitioners consistently emphasised the importance of engaging the wider family, recognising that public health approaches to policing risk becoming fragmented if parents and carers are excluded from preventative work.

The quantitative findings strengthen this interpretation by demonstrating that nearly half of the CCPT cohort (44%) experienced eleven or more recorded incidents during the review period, indicating that practitioners were frequently working with children whose vulnerabilities unfolded over time rather than those requiring isolated interventions. This concentration of repeat engagement reinforces the importance of sustained relational practice, as brief or episodic interventions are unlikely to address the layered and cumulative nature of need identified within the cohort.

Within this relational model, gaining parental consent emerged as one of the most significant barriers to intervention. Practitioners described how previous negative experiences of statutory services frequently generated mistrust, making some families reluctant either to engage initially or to sustain involvement once support had begun. These challenges were particularly evident where offending remained at a relatively low-level and participation relied upon voluntary engagement rather than statutory enforcement. Similar barriers were identified by Campbell et al. (2023), whose evaluation of collaborative responses to adolescent violence in the home highlighted parental ambivalence, stigma, fear of blame and fragmented service responses as significant obstacles to engagement. Their recommendations which included allowing time to build trust, communicating clearly about the purpose of interventions, adopting trauma-informed practice and engaging the whole family through supportive rather than punitive approaches, closely mirror the practice identified within the CCPT.

Trust therefore emerged not simply as a desirable feature of practice but as the mechanism through which meaningful engagement became possible. Practitioners consistently described

developing a holistic understanding of children within the context of their family, community and wider social environment, reflecting the 'whole-child' formulation underpinning Child First principles (HM Inspectorate of Probation, 2023). This socioecological perspective was evident across agencies, including TSOs, where practitioners described identifying siblings who might also benefit from preventative support. Such flexibility demonstrated that responses were driven by family need rather than by narrow referral criteria.

Relational practice also played an important role in reshaping children's perceptions of policing. Across the CCPT, youth justice, complex safeguarding, schools and third-sector organisations, trusted relationships were described as central to gaining consent, strengthening engagement and supporting positive identity development. The team's single point of contact (SPOC) model further promoted relational continuity with schools and care homes, while officers' regular presence within educational settings created opportunities for preventative engagement before offending became entrenched.

Importantly, practitioners described trauma-informed engagement as requiring approaches that prioritised connection, voice, choice and emotional safety. Informal methods of engagement, including the use of games and child-centred communication, reflected principles associated with:

- PACE (Playfulness, Acceptance, Curiosity and Empathy) drawn from Dyadic Developmental Psychotherapy (Hughes et al., 2019)
- Attachment-informed practice (Bowlby, 1969) recognising children's need for secure emotional attachments
- The creation of a 'facilitating environment' (Winnicott, 2018) drawn from psychoanalytic and developmental theory recognising that children flourish when they are supported by an environment that is safe, responsive and reliable

Cumulatively such approaches supported children's engagement with practitioners who demonstrated in their responses that they had an appreciation that trust must often be earned before intervention can occur. Rather than viewing these techniques as peripheral, the findings suggest they represent an important mechanism through which children experiencing complex trauma can engage meaningfully with support in a manner where their participation extends beyond simply hearing their views. As suggested by Lundy (2007) meaningful implementation of Article 12 of the UNCRC requires four interdependent elements: Space, Voice, Audience and Influence. Together, these provide a practical framework for evaluating whether children's participation genuinely informs professional decision-making within the CCPT and partner agencies.

The evaluation also highlighted the importance of relational continuity beyond initial engagement. Within the context of RHIs, both practitioners and children emphasised the value of speaking to someone they already knew and trusted following a missing episode. This finding is consistent with national evidence demonstrating that continuity of interviewer supports disclosure, relationship

building and safeguarding (DfE, 2012; Pona et al., 2020). Similarly, practitioners described the difficulty that some CYP presented services when it was not possible to make a trusting connection. Such intractable cases where practitioners reported that nothing seemed to be working, represented a particular challenge in the context of one-to-one work. In such instances Brierley (2023) has reflected on the benefit of utilising experiential peer support through practitioners who are relatable to CYP, due to the idea that traditional professionals are frequently viewed as lacking legitimacy due to perceived detachment from their lived reality (Lenkens et al., 2019).

Finally, relational practice extended beyond engagement into the CCPT's use of VOTC and restorative approaches. Rather than focusing solely on repairing the harms associated with offending through a traditional restorative justice approach (Braithwaite, 1989; Zehr, 1990), practitioners described restorative conversations as opportunities to understand behaviour within its wider context, enabling children to explain their experiences while encouraging officers to reflect upon their own practice. This pro-social reframing of restorative justice (McCluskey et al., 2008; Hibbin, 2024) worked to bridge differences in understanding between officers and children, allowing children to verbalise the personal impact of an operational interaction as well as the underlying reasons for the child's behaviour that had triggered a criminal justice response. Therefore, restorative practice became a mechanism for strengthening empathy, supporting Child First (Haines and Case, 2015) principles and reinforcing the wider relational ethos that characterised the evaluation.

Despite these considerable strengths, barriers remained. Survey findings suggested that some children and young people were unable to distinguish CCPT officers from response officers, indicating that the team's preventative role was not always sufficiently visible. Strengthening public awareness of the CCPT's distinctive child-centred function may therefore enhance trust, engagement and willingness to participate in early intervention.

Multi-Agency Processes for a Public Health and Whole-Systems Response

The evaluation identified strong evidence that the CCPT was embedded within an effective multi-agency infrastructure that reflected the principles of a public health approach to policing. Opportunities for collaborative decision-making through Turnaround, Multi-Agency Child Exploitation meetings, Contextual Safeguarding Scrutiny meetings, CE Pathway Panels and CE Champion meetings created regular opportunities for information sharing and coordinated responses. The secondment of a police officer into youth justice further strengthened professional relationships and reflected the long-established multidisciplinary ethos of youth justice. Together with the SH and the CCPT's gatekeeping role, these arrangements enabled both complex safeguarding concerns and lower-level preventative cases to be managed through an integrated, child-centred system.

These findings reinforce wider evidence that effective prevention depends upon trusted professional relationships, co-location, joint training and routine opportunities for information sharing (DfE, 2026; Hunter, Perkins & Bambra, 2020; Waters, 2006). Rather than operating as

isolated agencies, practitioners consistently described a shared Child First philosophy in which policing, education, youth justice, safeguarding and third-sector organisations worked collectively to address the wider determinants of offending. The evaluation therefore supports the growing body of literature arguing that preventative policing is most effective when embedded within broader community and statutory partnerships rather than delivered by policing alone.

Despite these strengths, practitioners consistently identified rigid referral thresholds as one of the greatest barriers to sustaining relational practice. In addition, Third-sector organisations described the disruption caused when trusted relationships ended because responsibility transferred to statutory services, while YJ practitioners expressed frustration that children whose needs escalated could no longer access preventative one-to-one support. These findings support recent arguments that inflexible eligibility criteria can undermine Child First practice by prioritising organisational thresholds over relational continuity (Clemmow et al., 2025).

Three interconnected implications emerged. First, inflexible thresholds interrupt trusted relationships precisely when children may need them most (Clemmow et al., 2025). Second, binary eligibility criteria fail to reflect the dynamic nature of children's lives and can delay preventative intervention. Third, bureaucratic transitions risk undermining VOTC by moving children between services without meaningful participation (Creaney & Burns, 2025). The findings therefore suggest that referral pathways should better support escalation and de-escalation between services while maintaining relational continuity wherever possible.

The evaluation also identified weaknesses within referral systems, particularly those involving schools. Participants described inconsistent referral quality, incomplete contextual information, uncertainty regarding eligibility criteria and limited opportunities for consultation where cases fell into 'grey areas'. Communication between the CCPT and primary schools was notably less developed than relationships with secondary schools and PRUs, reducing opportunities for intervention before behaviours and vulnerabilities escalated. At the same time, strengthening school–police information sharing must remain proportionate and avoid unnecessarily widening children's contact with criminal justice processes (Abaya-Habibullah, 2023).

Greater flexibility need not come at the expense of consistency. Rather than relying exclusively on fixed thresholds, referral systems could incorporate structured professional judgement and graduated response models that allow practitioners to justify intervention using context, cumulative risk and relational need. Relatedly, although the quantitative analysis found that overall levels of system contact did not differ significantly between boys and girls, the pathways through which they entered services differed considerably, with boys more frequently associated with offending and antisocial behaviour and girls more commonly linked to missing episodes and exploitation concerns. These findings reinforce the importance of Child First approaches that respond to underlying vulnerability rather than the presenting incident alone, alongside the importance of multi-agency responses that address differing presentations rather than assuming uniform pathways into offending. Scenario-based training to help referrers understand concern in context would be one way of understanding children can present differently based upon their

gender and their individual experiences of vulnerability. In addition, training on how to complete effective safeguarding referrals to support triage and pre-referral consultation would support practitioners in making timely and accurate referrals. Finally, digital feedback mechanisms through a digital referral platform such as OneView or the Think Family database (DfE, 2023), would further strengthen consistency while preserving the responsiveness that relational practice requires.

Although multi-agency systems functioned well overall, the evaluation also highlighted an important gap in out-of-hours custody provision. Practitioners described limited communication between overnight healthcare providers, youth justice and liaison and diversion services, reducing opportunities to gather information for pre-sentence reports and initiate diversionary interventions. Difficulties surrounding the detention of CYP during non-standard hours, overnight and at weekends, have been noted by Kemp et al., 2023 where a lack of access to 24/7 mental health and wellbeing services are seen to create gaps in the provision of a joined-up service for CYP who are detained out-of-hours. In addition, Bevan (2020) has observed that overnight detention happens more frequently than the 'unless absolutely necessary' recommendation made by official guidance (UNCRC Article 37, 1989), particularly following arrest for domestic assault. Consequently, there is a pressing need for improved reporting and information sharing between out-of-hours HCP services and wider services operating during standard hours, to more effectively support CYP who are detained overnight and at weekends. Strengthening formal information-sharing arrangements across these services represents an important opportunity to improve continuity of care and reinforce Child First practice throughout the custody pathway (Clemmow et al., 2025).

Culture Change for a Child-Centred and Preventative Approach

Embedding child-centred policing requires more than commitment to Child First and trauma-informed principles; it requires organisational change supported by sustained investment in people, systems and culture. Importantly, the quantitative analysis in this evaluation demonstrated that age was the only independent predictor of escalating system contact, suggesting that vulnerability accumulates progressively rather than appearing suddenly. This reinforces the rationale for earlier intervention before patterns of repeated engagement become established, supporting Child First principles that prioritise prevention over reactive responses.

Overall, the evaluation demonstrates that Cumbria's CCPT and METCOs have established an effective model of specialist practice built upon consistent relationships, contextual safeguarding and prevention-first policing. However, practitioners were equally clear that the reach of specialist teams is constrained by capacity, meaning that sustainable change depends upon wider organisational capability rather than specialist roles alone.

Participants described inconsistent understanding of referral pathways, limited awareness of local services, compassion fatigue among some response officers and examples of adultification, where practitioners had heard vulnerable children being described as 'street wise' and perceived as more resilient than their circumstances warranted. This latter finding has been echoed in the literature by Burton's (2007) conceptual model of childhood adultification, which shows how CYP, particularly those from socio-economically disadvantaged backgrounds, may take on adult roles or behaviours

in response to environmental stressors, leading professionals to overestimate their emotional maturity and underestimate their need for support. Similarly, Davis and Marsh's (2020) noted an adultification bias for the safeguarding of Black and minoritised CYP who are disproportionately viewed as older, more culpable, and less deserving of care, resulting in diminished safeguarding responses and a systemic denial of children's entitlement to protection. This evidence reinforces the idea that organisational culture shapes safeguarding practice as powerfully as policy. The evaluation therefore suggests that specialist teams should act as catalysts for whole-force learning, enabling child-centred practice to become embedded across everyday policing rather than remaining the responsibility of a small number of specialists.

This transformation requires sustained organisational investment in trauma-informed practice, contextual safeguarding, procedural justice and inter-agency knowledge. Mandatory force-wide training, supported by protected learning time and practical scenario-based learning, would strengthen consistency while reinforcing Child First principles. As suggested by Lowey et al's (2025) review of Greater Manchester police's training and development from a child-centred policing perspective across ACEs, trauma, neurodiversity, VOTC, and disproportionality:

> "*For GMP to become trauma informed there should be a comprehensive and mandatory training programme that has an explicit structure and method of delivery. This training programme should be for all police officers, including those in managerial roles as well as front line and regardless of length of service, and regardless of seniority…[to] enable a behavioural and cultural change across the force, which is delivered through protected learning time."* (p.54)

Taking such a force-wide approach based on a relational approach couched in Child First, would support a reframing of CYP's negative perceptions of the police to enhance procedural justice through the improved street-level policing of children (Allnock et al., 2026). Extending this approach into custody through child-centred detention and interviewing, improved understanding of neurodiversity, and trauma-informed recording practices would further strengthen children's experiences throughout the justice pathway.

Alongside culture change, practitioners consistently identified fragmented digital infrastructure as one of the greatest barriers to coordinated working. Practitioners described how case ownership became unclear without shared tracking, and how the absence of visible progress data limited their capacity to hold partners to account or coordinate a multi-pronged response. Strong professional relationships frequently compensated for the absence of integrated systems, but reliance upon informal communication inevitably limited continuity, accountability and organisational learning. The quantitative analysis itself highlighted the practical consequences of fragmented information systems. Considerable analytical work was required to reconcile differing identifiers, recording conventions and agency datasets before meaningful analysis could be undertaken. These challenges mirror practitioners' experiences of fragmented information sharing and reinforce that interoperable digital systems are not simply administrative improvements but

fundamental enablers of coordinated safeguarding, cumulative risk identification and earlier intervention.

The evaluation therefore suggests that integrated referral and case-management systems represent an organisational necessity rather than a technological aspiration. A digitally integrated system using shared identifiers and cross-agency case management would provide a single view of the child across policing, education, health and social care. Beyond improving efficiency, such systems would reduce duplication, strengthen accountability, preserve organisational memory and enable earlier identification of cumulative vulnerability (Phythian and Kirby, 2022). Importantly, integrated systems would institutionalise collaborative practice so that effective partnership working no longer depended primarily upon individual relationships.

Deep dives into technological innovations to link information sharing across systems and sectors have been explored in a recent report presented to Parliament (DfE, 2023) through an exploration of six cross-agency information sharing systems such as Think Family Database, The Family Context Tool, Care Director, OneView, Family Build System or Transform Data View. The integration of data in these systems allows multi-agency teams to operate in a joined-up manner, enabling any professional within the network - police, social care, education, health - to access real-time information, monitor case progress, and contribute to a shared action plan. The CCPT evaluation findings repeatedly pointed to the need for an equivalent system in Cumbria. The evidence base also increasingly argues that data integration is a core enabler of early intervention and whole-systems safeguarding (Hood et al., 2016; DfE, 2023) to support Child First principles of consistent, rights-based, and developmentally informed support (YJB, 2021, 2022).

The evaluation also highlighted the significant impact of lengthy waiting times for CAMHS and wider mental health provision (Wolpert et al., 2019; Sippy et al., 2025). Schools, third-sector organisations and policing teams frequently found themselves managing escalating need while awaiting specialist intervention, increasing the likelihood of crisis responses rather than prevention. Although these pressures reflect national challenges rather than local failings, they reinforce the importance of whole-system approaches that integrate policing, education, health, youth justice and voluntary-sector provision. Co-location of mental health expertise, strengthened partnership pathways and sustained investment in third-sector services each represent practical opportunities to reduce fragmentation and support earlier intervention.

Final Synthesis

The evaluation demonstrates that Cumbria has established many of the essential foundations of effective child-centred policing. Its greatest strengths lie not in any single initiative but in the interaction between relational practice, Child First principles (Haines and Case, 2015), specialist expertise and strong multi-agency partnerships. Equally, the barriers identified were rarely attributable to frontline practice alone. Instead, they reflected wider structural factors including commissioning arrangements, fragmented digital infrastructure, organisational capacity and variability in access to partner services.

Collectively, the quantitative and qualitative findings demonstrate that child-centred policing is not primarily concerned with responding to isolated incidents but with managing cumulative vulnerability across time, systems and relationships. The concentration of repeated system contact among a relatively small subgroup of children, together with evidence of progressively increasing engagement through adolescence, suggests that effective prevention depends upon identifying and disrupting escalating trajectories before they become embedded. The findings therefore reinforce that relational practice, integrated multi-agency working and sustainable organisational infrastructure are not separate components of effective policing but mutually reinforcing conditions required to prevent cumulative harm and improve long-term outcomes for children and young people.

Conclusion

Cumbria CCPT is not simply managing offending, it is dealing with significant complexity. As a model of policing, it represents a significant and progressive shift in how Cumbria Constabulary tackles low-level offending and engages with CYP who are on the margins of the criminal justice system to support a public health approach (Christmas & Srivastava, 2019; Sidebottom & Tilley, 2023) harnessing prevention and early intervention. Framed around the strategic commitment to *Child First* articulated in *The Policing of Children in Cumbria* (2020), the CCPT has sought not only to intervene more effectively with vulnerable CYP and their families, but to embed their voices within policing responses, systems, and strategic direction. Across all sectors, there was consensus that the CCPT model had demonstrated the value of a relational approach to policing grounded in Child First (Haines and Case, 2015; YJB, 2021, 2022) principles. The evaluation illustrated how this ambition has been operationalised through trauma-informed, socio-ecological, relational, and contextual approaches embedding a strongly public health ethos within multi-agency work across schools, the third sector, youth justice and complex safeguarding. However, it also highlights where this model remains structurally constrained by workforce pressures, inconsistent system engagement, and broader cultural and procedural barriers across the policing and safeguarding ecosystem.

These qualitative findings were reinforced by the quantitative analysis, which demonstrated that nearly half (44.3%) of the CCPT cohort experienced eleven or more recorded incidents during the review period, indicating that the team was frequently supporting children with sustained and repeated contact across safeguarding, crime and missing episodes rather than those requiring isolated intervention. Importantly, age emerged as the only independent predictor of increasing system contact, suggesting that vulnerability often accumulates progressively throughout adolescence. Together, these findings strengthen the case for early, relational and preventative intervention before patterns of need become embedded within the wider safeguarding system

At the heart of the CCPT's model is the principle that CYP should be seen as children first (Haines and Case, 2015; YJB, 2021, 2022) - not as offenders or risks, but as individuals with rights, agency, and the capacity to thrive with the right support. Across all stakeholder groups, there was clear evidence that this ethos had begun to reshape practice and relationships. Schools, YJ workers, safeguarding professionals, and TSOs described the CCPT as approachable, consistent, and rooted in a shared understanding of vulnerability and risk. Practitioners noted that officers from the CCPT were visible in settings such as schools and children's homes, they were known to staff and CYP, and often trusted to work relationally rather than punitively. This relationship-based presence supported early identification of need and disclosure from CYP who might otherwise not have engaged with the police. In addition, it was able to reframe negative perceptions of the police to encourage procedurally just attitudes that are a crucial requirement to addressing the significant barrier of consent for intervention. However, there was also evidence that more work needed to be done in this respect to make the CYP and their families more aware of the CCPT and the work that they do.

Within the course of evaluation, tensions were apparent regarding eligibility, case ownership, and the boundaries between early intervention and statutory response. In cases where CYP escalated into statutory justice processes, practitioners sometimes found it difficult to maintain the relational continuity that had been established over time. For example, a child known and supported by a third sector practitioner might find themselves reassigned to unfamiliar practitioners, based on offence seriousness rather than vulnerability. Similarly, for cases of MFH, CYP reported that they had refused a RHI when they had not been able to talk to someone that they knew. This kind of disruption of relational continuity would be particularly concerning for CYP with neurodevelopmental conditions, mental health needs, or who had previously disengaged from services due to distrust. As a result, the evaluation found that even within well-intentioned multi-agency processes, there remained a risk that CYP could be pulled into formal systems without meaningful consideration of their past experiences or established relationships due to static thresholds of risk or the need to adhere to fixed timescales for intervention in the case of the RHI.

Practitioners highlighted the importance of consistency, trust, and contextual understanding - qualities that were routinely undermined by such barriers as workforce/service churn, rigid eligibility criteria, and the absence of integrated systems. However, capacity constraints within the CCPT limited the reach and sustainability of its approach. In particular, officers described how demand frequently outstripped what they could meaningfully deliver, and that maintaining consistent relationships across multiple touchpoints over the large rural footprint of Cumbria was constrained by the small size of the CCPT. These challenges were exacerbated by service fragmentation, a lack of integrated referral pathways and unclear thresholds for intervention, issues that were most notably raised during the evaluation by schools, TSOs, and health professionals through L&D. The result was a service that, while innovative and impactful, was still vulnerable to the pressures of commissioning that prioritised short-term funding cycles and inflexible thresholds of risk alongside information-sharing and case tracking processes that were dependent on physical meetings rather than a joined-up approach to data integration.

The quantitative analysis further highlighted the practical implications of fragmented information systems. Considerable analytical work was required to reconcile inconsistent identifiers, recording conventions and agency datasets before meaningful analysis could be undertaken. These challenges mirror practitioners' experiences of fragmented information sharing and demonstrate that integrated digital systems are not merely administrative improvements, but fundamental enablers of coordinated safeguarding, cumulative risk identification and effective early intervention

A further barrier related to embedding the VOTC more widely in the absence of formal mechanisms for feedback and participation. While individual officers demonstrated a high degree of child-centred practice, the system as a whole lacked structured ways to capture, share, and respond to CYPs' perspectives. Without formalised feedback loops, learning remained localised and anecdotal rather than driving systemic improvement. This is a crucial area for development, particularly if the Constabulary is to institutionalise children's voices not only in individual cases but also in service design, review, and governance.

Overall, the CCPT's success stemmed from its ability to disrupt traditional patterns for responding to offending behaviour, to build bridges between CYP, their families and services, and to advocate for contextualised responses based on individual need. Yet its limitations pointed to a wider requirement for whole-system change: a commitment to embedding child-centred practice not only in specialist teams but across the entire safeguarding and criminal justice landscape. In particular, the adultification of CYP in custody and across the wider force was an area where the CCPT could support the disruption of attitudes towards CYP who presented with challenging offending behaviour or who went repeatedly MFH. Such children were frequently described as being 'street-wise', obscuring their vulnerability and risk, and creating the potential for under-referral or punitive responses during heightened interactions between CYP and the police. In contrast, the CCPT viewed these behaviours as communications of unmet need, trauma, or previous service failure. Officers worked to deconstruct these narratives and advocate for a more compassionate, developmentally informed lens. In doing so, they positioned themselves not only as practitioners but also as systemic correctives, challenging the way other practitioners might view and respond to CYP.

However, outside the specialist team, there remained notable variability in the understanding and application of Child First principles. Response officers, were reported as lacking the training or support to engage with CYP in trauma-informed or developmentally appropriate ways. This inconsistency created tension within the system, with CYP sometimes receiving highly sensitive and relational interventions from CCPT officers, only to experience a contrasting approach when engaging with other parts of the police service. As a result, alongside specialisation within the CCPT and METCO roles, there is a corresponding need for cross force mandatory training in relational and developmentally appropriate ways of engaging with CYP an essential requirement.

Despite these limitations, the CCPT remains a strong exemplar of how child-centred policing can be delivered within a strongly public health approach. It demonstrates that it is possible to realign police responses to be more attuned to CYP's rights, development, and lived experiences as long as officers are given the right support, structures, and leadership to do so. The team's success rests not only in its operational achievements but in its ability to act as a cultural beacon, modelling how care, understanding, and procedural fairness can coexist with public protection and safety objectives. Moving forward, the challenge for Cumbria Constabulary is to mainstream the values and methods of the CCPT across the wider force. This will require investment not only in training but in creating practice environments that support reflection, relational working, and efficient interagency collaboration. Frontline officers need support to navigate complexity and ambiguity in ways that don't fall back on risk aversion or proceduralism. At the same time, senior leaders must continue to articulate and uphold a vision where the VOTC is not the exception, but the rule; and where Child First is not a strategy statement, but a whole-force identity.

In addition, the wider implications of this evaluation extend beyond Cumbria. As policing services across the UK face rising demand and increasing complexity in their work with CYP, the findings from the CCPT provide timely evidence of the value of prevention-focused, developmentally aware, and relational models of policing. This is particularly important in the context of national youth

justice reform, ongoing concerns about disproportionality, and the urgent need to rebuild trust with marginalised young people. Cumbria's approach, while not without its limitations, provides a replicable and evidence-informed model for doing so that puts relationships, context, and the voices of children at the centre of public service delivery.

In sum, the CCPT has acted as a catalyst for cultural and procedural change in how Cumbria Constabulary and its partners, engage with vulnerable CYP and their families. Its success in operationalising the VOTC and delivering Child First practice has been clear, but its ability to sustain and scale this approach depends on addressing the wider system conditions in which it operates. This includes resolving referral barriers, clarifying eligibility thresholds, expanding relational practice across all policing roles, and building the digital and organisational infrastructure needed to support integrated, child-centred intervention. Ultimately, the evaluation demonstrates that effective child-centred policing is not achieved through individual initiatives in isolation but through the interaction of sustained relational practice, integrated multi-agency working, organisational culture and interoperable systems. The concentration of repeat system contact within a relatively small group of children, together with evidence that engagement increases progressively through adolescence, highlights the importance of identifying and disrupting escalating trajectories before vulnerability becomes entrenched. Investment in these interconnected foundations will be essential if Cumbria Constabulary is to sustain the preventative ambitions of the CCPT and continue reducing cumulative harm for children and young people through this innovative model of policing.

Recommendations

Cross-Cutting Recommendation 1: Earlier Intervention for Children Experiencing Escalating System Contact

The quantitative analysis demonstrated that nearly half (44.3%) of the CCPT cohort experienced eleven or more recorded incidents during the review period, indicating that system demand is concentrated among a relatively small group of children and young people experiencing sustained and repeated engagement across safeguarding, offending and missing episodes. Furthermore, age emerged as the only independent predictor of increasing system contact, suggesting that vulnerability often accumulates progressively throughout adolescence rather than emerging suddenly.

Recommendation: Develop an escalation framework that identifies children demonstrating repeated system contact at an earlier stage and automatically triggers enhanced multi-agency review, relational intervention and preventative support before patterns of vulnerability become embedded. This framework should prioritise continuity of relationships, flexible thresholds for intervention and coordinated planning across police, youth justice, education, health, social care and third sector partners.

Cross-Cutting Recommendation 2: Integrated Data Systems to Support Early Identification of Cumulative Vulnerability

The quantitative analysis highlighted that considerable analytical work was required to reconcile inconsistent identifiers, fragmented recording systems and variable data quality before meaningful analysis could be undertaken. These findings mirror practitioners' accounts of fragmented information sharing and demonstrate that digital interoperability is fundamental to recognising cumulative risk and supporting coordinated safeguarding.

Recommendation: Develop a shared or federated multi-agency case management approach that enables practitioners to view cumulative safeguarding concerns, interventions and outcomes across police, education, health, youth justice, social care and third sector services. In parallel, establish consistent standards for recording key identifiers (including postcode and unique child identifiers) to improve longitudinal tracking, service planning and future evaluation of preventative outcomes.

Schools

Continue Good Practice

1. Create robust mechanisms around sharing VOTC data taken from schools' feedback processes from different interventions undertaken through the CCPT or other services, to support resourcing decisions, to monitor the impact of CCPT intervention work, and to guide the development of the Child First approach.

2. Maintaining police presence in schools through the CCPT to reframe perceptions of policing to support procedural forms of justice and aid in the acquisition of consent for CCPT involvement.

3. Working closely with PRUs – particularly around CSE and CCE - through regular and tailored updates on live local issues and priorities.

4. Pursuing robust information sharing on risks and offending, including sexual offences in a community context and MFH episodes.

5. Taking a Child First and trauma-informed approach, that incorporates VOTC wherever possible.

6. Using schools as neutral spaces for early multi-agency support involving CCPT and TSOs, especially when trust still needed to be built between CYP and their parents/carers.

7. Undertaking multi-agency outreach in schools (e.g. Build My Skills in Citizenship) to support a fully preventative approach.

Areas for Change

8. Create robust mechanisms around sharing VOTC data taken from schools' feedback processes from different interventions undertaken through the CCPT or other services, to support resourcing decisions, to monitor the impact of CCPT intervention work, and to guide the development of the Child First approach.

9. Provide schools with an option to make direct contact with the CCPT to talk through more complex referrals, or when uncertainty exists around individual cases.

10. Provide formal referral training for school staff, especially non-specialists and new recruits, to support accurate completion of the referral form.

11. Standardise and improve information sharing processes between CCPT/METCO and PRUs/schools in a timely manner around CYP going MFH the previous day e.g. Operation Encompass-style alerts.

12. Standardise and improve information sharing processes between CCPT and schools regarding localised issues such as anti-social and/or offending behaviour, to provide schools with accurate information on local priorities.

13. Provide structured CCPT updates and check-ins with schools (especially after staff changes) to keep them abreast of changes relevant to education.
14. Provide training for CCPT officers delivering in schools to support confidence in roles that are education-facing.
15. Signpost interventions available to schools (current and discontinued) in a shared multi-agency access point through an existing platform such as Hub of Hope or a bespoke Service Toolkit, to manage the churn of available services.

Third Sector Organisations

Continue Good Practice

1. Working with TSOs known for high-quality, relational, strengths-based, holistic work that understands the full child and family context and that utilise tools such as the STAR outcomes through the CSSO Framework that emphasise VOTC and build resilience, ideally over long-term projects that can deliver a consistently successful approach to supporting at risk CYP over time.

2. Working with TSOs who see a value in understanding systemic trauma that CYP may have experienced through education, youth justice, complex safeguarding, health, policing and any other services that may have inadvertently contributed to their mistrust of professionals and adults more generally.

3. Working with TSOs that take a wraparound approach to supporting CYP through ensuring there is access to ongoing support packages at the end of intervention work if required, including post-intervention contact when possible.

4. Working with TSOs that have a value for professionally challenging other services when a child-centred or trauma-informed approach is not being explicitly upheld.

5. Developing close multi-agency relationships with TSOs through proximity in police Stations and taking a proactive approach to discussing cases pre-referral, to bolster relationships and support direct interagency communication and information-sharing.

6. Undertaking joint visits (e.g. Praise Visits) with the CCPT and TSOs to reinforce good behaviour and tot build relationships with CYP and their families.

7. Undertaking consistent joint training with the CCPT and TSOs to strengthen multi-agency collaboration and communication over time.

Areas for Change

8. Address capacity issues and champion the need for long-term funding for effective interventions that have consistently demonstrated high success rates for diverting CYP from the CJS.

9. Avoid fully ending TSO involvement when risk levels rise by considering the possibility of blended support with YJ and TSOs, to provide consistency in relationships and to avoid CYP feeling abandoned by practitioners through the severing of established connections through administrative eligibility thresholds based on increasing levels of risk.

10. Ensure that TSO involvement is clearly identified in support plans shared with schools to avoid TSOs chasing schools for communication and engagement during interventions.

11. Clarify clear lead agency status in cases where there may be too many people involved and multi-agency support needs to be stripped back, or where not enough people are involved and multi-agency support needs to be put in. In addition, develop clear processes and guidance around lead agency status responsibilities.

12. Develop multi-agency processes for schools holding an Early Help over the summer, to avoid TSOs having to take on the role of the lead agency during this time.

13. Develop multi-agency mechanisms for managing highly complex cases involving CE, MH and self-harm for CYP stuck on long waiting lists for CHAMS as a highly over-subscribed service.

14. Prioritise raising awareness with parents about the CCPT and its benefits via joint education campaigns with TSOs, as well as the implications of anti-social behaviour for their CYP.

Youth Justice and Complex Safeguarding

Continue Good Practice

1. Prioritising joint working between the CCPT, YJ, and CS teams to support the strongly public health approach that is currently being taken. In particular, joint visits and training with CS and the physical proximity of a seconded CCPT role in YJ are important examples of joint working that should be continued to create a joined-up response that is supportive of strong working relationships, and in the case of the seconded role in YJ, facilitates early intervention through the integration of systems and information sharing.

2. Developing relationships with CYP and their parents/carers through prioritising trust building, education and awareness raising to break down barriers and improve Procedural Justice and police Legitimacy, and to ensure that positive findings reported around CYP contacting their CE workers when going missing are maintained.

3. Embedding VOTC in YJ, CCPT and CS into intervention plans, case notes and also in feedback from CYP, parents/carers at the end of disposals to understand how well different approaches have worked.

4. Building flexibility into the system based on relationships between the CCPT, YJ and CS to allow more preventative referrals to be created for lower-level concerns where possible.

5. Prioritising the SH as a key locus for collaboration, referral co-ordination, risk assessment, information sharing and multi-agency decision-making to support CYP and their families.

6. Ensuring that referral pathways are clear and uniform as much as possible across YJ and CS services in both local authorities through the continued use of CCPT standardisation days, to ensure that there is increased clarity after the 2023 government reforms that are still bedding in.

Areas for Change

7. Streamline the referral processes and building in flexibility for Early Help referrals through Targeted Youth Support to bypass the SH when direct intervention is possible to reduce unnecessary delays and to take an approach that is supportive of early intervention.

8. Introduce a multi-agency escalating vulnerability review process for children who repeatedly come to the attention of safeguarding, policing and partner agencies. Rather than responding to individual incidents in isolation, children reaching an agreed threshold of repeat contacts (e.g. safeguarding incidents, missing episodes, offending or repeated police contact) should automatically trigger a coordinated multi-agency review focused on cumulative vulnerability, relational continuity, previous interventions, unmet need and opportunities for earlier diversion before escalation into statutory or criminal justice processes. **This recommendation is supported by quantitative evidence** demonstrating that a relatively small subgroup of children accounted for a disproportionate share of system demand, with repeated contact increasing progressively through adolescence.

9. Embed a more robust approach to information sharing between out-of-hours private healthcare providers who oversee the health and wellbeing of detained CYP overnight and at weekends and YJ/CS, to avoid information gaps for CYP who have been held in custody at times when the L&D service is not able to access them. This will ensure that pre-court reports are accurate to help prepare for any issues that may arise in court.

10. Provide increased clarity on what is available intervention-wise as well as eligibility criteria for CYP involved in CS and YJ to ensure that CYP are getting the appropriate referral and intervention on an individual needs basis and to manage the churn of services that has been reported throughout this evaluation. As already suggested, a shared multi-agency access point

through an existing platform such as Hub of Hope or a bespoke Service Toolkit, would be useful here.

11. Pull together multi-agency packages of support for CYP who have repeatedly breached ABCs rather than having them as a toothless agreement to manage anti-social behaviour in CYP.
12. Prioritise delivery of the RHI by a trusted adult emphasising continuity and the trauma-informed considerations highlighting the importance of creating safety for CYP who are disclosing information related to contextual safeguarding concerns.
13. Consider mechanisms to manage the difficulty of having only 72 hours to undertake a RHI, which is particularly difficult over weekends and bank holidays.
14. Implement realistic timelines for the meeting CYP for the first time, especially for complex cases that require a robust multi-agency response with high levels of information needing to be shared.
15. Expand joint training through YJ, CS and the CCPT for response officers, to strengthen inter-agency collaboration and to spread good practice across the whole force.
16. Create a conversation around disparities and inefficiencies that exist for out-of-county CYP in residential care in relation to care-taking cases that are routinely utilised in YJ, in contrast to social care where such an approach does not take place.

CCPT and the METCO Role

Continue Good Practice

1. Emphasising the importance of early intervention and active prevention through an individualised approach providing nurturing boundaries, recognising the need for a uniformed presence for some CYP, alongside a less threatening non-uniformed presence for others. In addition, ensuring that wherever possible, tailoring officer-CYP match for best fit, to support engagement, in recognition of the need to find the right person to create connection to CYP on an individual-needs basis.

2. Taking a trauma-informed approach that is empathetic and non-judgemental, based on professional curiosity and active listening to understand the underlying reasons behind offending behaviour, using PACEful ways of approaching CYP through playfulness, acceptance, curiosity and empathy e.g. the use of humour and games to break down boundaries is an important element of a child-centred approach.

3. Implementing a strongly multi-agency approach based on relationships, regular strategy meetings to support information sharing, and standardisation meetings to manage Cumbria's large rural footprint.

4. Relying on the SH as a pivotal point of communication across agencies and as a way to triage concerning cases in an efficient and timely manner.

5. Using and investing in a dedicated CCPT team to gatekeep and filter referrals to support a streamlined multi-agency approach; to intervene early with low-level offending; to avoid duplication in multi-agency work; to create efficiencies across the force freeing up response officers to focus on more serious crimes; and ultimately to prevent CYP being swept into the system through a strong diversionary approach.

6. Investing in and expanding the METCO role as a SPOC for care homes in a solution-focused and targeted manner, to help manage the complex issue seen in Cumbria as a region with relatively high numbers of CLA within a very large rural footprint.

7. Investing in the METCO role as a SPOC for care homes, to build relationships and provide localised knowledge of CYP in residential care, providing a relational and child-centred response through the use of specialist roles.
8. Utilising the now well-established Trigger Plans and the Philomena Protocol across and beyond Cumbria, to support an effective and efficient response to information sharing for CYP going MFH.
9. Championing the whole-family through a socioecological approach that recognises the importance of working within a whole-child formulation to support engagement, contextual understanding and consent for intervention work with at risk CYP.
10. Investing in VOTC, making an explicit link to professional curiosity to support disclosures in a naturalistic manner and to gain a contextual understanding of CYP. In addition, continue using relational approaches that work with the child not 'for' or 'to' them, working within the Social Discipline Window in a non-directive way that emphasises 'voice and choice', in recognition of the idea that CYP 'know their own mind' and telling them what to do in highly directive ways is unlikely to work.

11. Delivering innovative cross force training for CLA e.g. the Body Cam footage training that has been developed for response officers to embed an understanding of the externalising behaviour and complex needs of this particularly vulnerable cohort of CYP.

12. Developing the expertise that the CCPT and the MECTO role have gained in relation to the safeguarding of CLA, through Cumbria's unique rural context that has a comparatively high number of care homes and placements for CYP who are care-experienced.

Areas for Change

13. Update and simplify the referral process to reduce duplication and inappropriate referrals to make it clearer, more efficient and consistent across multi-agency partners, with signposting to

ensure that inappropriate referrals do not get put in for cases that are not related to offending and that duplication of referrals are avoided to minimise the extra work required in clarifying who is doing what intervention-wise, in the spirit of too many cooks spoiling the broth. This is particularly important for schools where the majority of inappropriate referrals tend to originate, particularly in relation to bully where schools do not have effective protocols.

14. Provide training to schools on appropriate referral processes and thresholds, especially for teachers who lack role specialisation to manage safeguarding, such as Heads of Year.

15. Adopt a flexible approach for intractable cases where schools or practitioners from social care/TSOs are struggling with a CYP who is resistant to professional input, by providing light-touch CCPT support through honest conversations that put nurturing boundaries in place. In addition, the CCPT should consider making use of practitioners with lived experience of offending who are relatable to such CYP, to provide them role models who have transcended an offending identity who can understand and empathise with the path they are on.

17. Advocate for aspirational approaches to digital integration through a unified digital system that enables the CCPT to track cases across the different agencies, to allow everyone to view nuanced info on the safeguarding concerns for CYP including referral to TSOs and outcomes of interventions, to monitor outcomes and save time. There is a clear gap in multi-agency case visibility, and this strengthens the case for a shared or federated case management system that spans education, police, health, and social care - something currently lacking across England. **This recommendation is supported by quantitative evidence** where the analysis demonstrated that fragmented recording systems and inconsistent identifiers limited the ability to track cumulative vulnerability across agencies, reinforcing the need for interoperable systems that support both operational practice and ongoing evaluation.

18. Create consistency in programmes that develop life skills, resilience and employability for CYP across Cumbria by ensuring these programmes are interactive and engaging for CYP, for example the 'Your Life, You Choose' knife crime and antisocial behaviour programme, that delivered to local schools through Magistrates and the youth justice Service where the bulk of each session was an activity rather than delivery from the front.

19. Push for long-term funding that is ring fenced across PCC election cycles, for proven interventions that have demonstrated consistent success over time (e.g. Barnardo's RISE).

20. Ensure national interventions are tailored to Cumbria's rural and contextual needs to avoid spending limited resources on interventions that are not fit-for-purpose.

21. Improve resourcing for CCPT and METCO officers across rural geographies to reduce over-reliance on virtual delivery and to create a localised response that allows response officers to focus on cases that do not involve CYP in-line with role specialisation.

22. Expand consistent and regular specialist training for CCPT in CE, MH, and other complex CYP needs to ensure that officers who are working with CYP in a specialist role are fully equipped and up-to-date on best practice.
23. Ensure that officers are recruited to the CCPT on the basis of personal ambition and best officer fit, and that role specialisation is maintained over time rather than regularly rotating officers to fill workforce gaps or provide early career officers with broad operational experience. Continuity and expertise are central to trauma-informed and relationship-based roles as are seen in the CCPT and through MECTOs.
24. Undertake joint training between CCPT/METCOs, care home staff and response officers to support an understanding of the reality of managing vulnerable CYP who are exhibiting externalising behaviour, and also to build professional trust between response officers and care home staff.
25. Promote CCPT visibility across the wider force so that officers consider CCPT earlier in CYP cases and when they are undertaking investigations carrying a higher level of risk, to utilise the specialist knowledge and contextual understanding of the child gained during lower risk interactions through the CCPT.
26. Increase CCPT visibility with CYP through child-friendly resources explaining the CCPT's approach as well as ways to support their MH, wellbeing and the creation of a prosocial non-offending identity. Such accessible resources could include animations, videos and apps, that may provide CYP with an engaging and developmentally appropriate way to understand the role of the CCPT in contrast to 'normal' response officers, as well as ways to actively support diversion.
27. Incorporate trauma-informed language in case notes and safeguarding reports, being mindful of CYP reading them at a later date, to avoid inadvertently causing harm and re-traumatisation. Writing to the CYP rather than about them, can help to keep them in mind and ensure that language is appropriate and child-centred.
28. Ensure CYP and families receive consistent feedback on case progress to support inclusion and to support procedural forms of justice where trust is built up between CYP, their families and the police.
29. Normalise the use of VOTC to embrace transformative opportunities for restorative interactions, particularly when CYP have felt they have not been treated in an empathetic manner or when they want an opportunity to explain the reasons behind their own behaviour to officers.
30. Utilise specialist youth workers from a lived-experienced background, advocating for their resourcing, training and employment to work alongside the CCPT to provide highly vulnerable CYP with relatable practitioners. This is particularly important for intractable cases and for care-experienced CYP in unregulated settings who can be understood as being doubly disadvantaged.

31. Consider flexibility around eligibility criteria in relation to levels of risk, where the CCPT (and also TSOs) cannot remain involved once offending has moved past the low-level behaviour to active offending. This is in recognition of the fact that the CCPT may be the best fit for that particular child as well as the idea that CYP 'don't always get it right first time', and that allowing some CYP a second chance through the CCPT might be the most appropriate course of action before moving onto intervention through YJ.
32. Re-engage public health partners in safeguarding meetings through flexible scheduling or hybrid formats. Attempt to bring public health partners into the conversation by scheduling meetings online or attending in-person somewhere accessible to them, in recognition of the difficulty engaging the health sector due to the constraints experienced around working within the NHS.
33. Create opportunities for knowledge exchange with other forces to further embed the use of the Philomena Protocol use on a national basis, to improve its efficiency in identifying and locating CYP who are MFH, especially those who are going missing across County lines.
34. Identify ways to champion Cumbria's CCPT on a national basis as a beacon of good practice that is highly supportive of both vulnerable CYP, force efficiency and changing the culture of policing to one that is focused on Child First rather than a punitive and reactionary approach to the policing of CYP.

Custody (including L&D) and Response Officers

Continue Good Practice

1. Working collaboratively with L&D for triaging CYP vulnerabilities.

2. Training custody Sergeants in Child First and trauma-informed care for CYP who are detained.

Areas for Change

3. Provide joint training for L&D and custody Sergeants to work collaboratively with the CCPT, alongside training for response officers to take a child-centred and trauma-informed approach that is supportive of Child First when managing CYP in the custody context, especially for CYP with high levels of vulnerability and/or neurodiversity.

4. Ensure regular, mandatory training for all on supporting CYP with neurodiversity in the custody context, including direct questions to CYP in developmentally appropriate ways about their specific neurodiversities upon arrival in custody, rather than asking if they have any mental health conditions as a catch-all.
5. Improve communication between L&D and CCPT through feedback loops, intervention awareness and shared briefings, to strengthen multi-agency relationships and embed input from health and the custody context into information sharing protocols and to ensure that L&D receive feedback from the CCPT on specific cases.

6. Improve L&D's access to Voluntary Attendees by ensuring that response officers going out to meet CYP to discuss a specific offense, gain consent for L&D to make contact and provide appropriate support.

7. Implement a custody Risk & Vulnerability Screener for first-time CYP detainees to flag first-time entrants (FTEs) for automatic triage by L&D and the CCPT, even for minor offences, to manage the gap that has been identified in CYP entering custody 'out of the blue'. In particular, ask FTEs about bullying, isolation, self-harm, trauma, educational stress Identify any "triggering incidents" such as retaliation or revenge motivations. In addition, create Fast-Track Diversion Pathways and a First Contact Diversion Protocol so that they if a child is a FTE, and meets safeguarding criteria (e.g. signs of trauma, bullying), they automatically get referred to CCPT/TSO for follow-up, using a "cooling-off" period post-arrest for restorative or community-based intervention, not immediate punitive action.

8. Explore the possibility for introducing a combination of procedural fixes, shared protocols, and pragmatic safeguards to manage the critical gap that has been identified in relation to CYP who are detained in custody out-of-hours. For example:
    - Create a passive overnight custody flag system for CYP, even if no follow-up occurs, to create a joint police–NHS protocol for out-of-hours follow-up.
    - Require private HCPs through contractual obligations to submit handovers to NHS L&D for CYP seen overnight and at weekends, through the production of short safeguarding summaries for review by L&D when normal in-hours service resumes, for monitoring and the identification of repeat patterns.
    - Consider creating a joint police–NHS consent script for overnight cases so that private HCPs can gain consent from CYP and their Parents/Carers in the absence of L&D input and oversight.
    - Track and audit out-of-hours cases quarterly to assess follow-up outcomes, and safeguarding actions to the Local Safeguarding Children Partnership for system oversight to avoid CYP who are detained out-of-hours falling through the cracks.

9. Create an emergency placement protocol for CYP who have been detained and are unable to return home, to manage the systemic shortfall of such emergency placements for CYP. For example:
    - Develop a 24/7 rota system with clear custody contact points in Children's Services, including response time targets (e.g. placement decision within 2–4 hours).
    - Set up emergency 'crash pad' beds in registered crisis houses, voluntary sector schemes such as Nightstop, or solo placements with crisis foster carers.
    - Develop a multi-agency escalation flowchart to clarify roles of police and social care when CYP cannot go home.

- Create a regional contingency agreement to partner with neighbouring LAs to share emergency placement beds, establishing a central pool of cross-county crash beds for high-risk CYP.
- Provide police with police Protection Order and placement training to improve understanding of why placement delays happen and who to contact.
- Collect and monitor data to evidence need and track cases where CYP remain in custody due to lack of placement, to support funding bids for new emergency accommodation.

10. Explore joint commissioning through Cumbria ICB and Police and Crime Commissioner to trial an Exploitation Nurse post, perhaps co-located with L&D teams; complex safeguarding; METCOs or MACE panels. Use the Lancashire model as a case study to develop a pilot in a high-need area (e.g. West Cumbria or Barrow). Leverage public health funding or national exploitation prevention grants to seed the role.

11. Ensure that officers who are undertaking an investigation role with CYP are fully trained in rapport-based, non-coercive methods for interviewing based upon the Méndez Principles (2021), to embed an approach to investigation and interview based in child psychology, trauma-informed care, and child-centred communication techniques.

Whole Force and Response Policing

Continue Good Practice

1. Continue to position the CCPT as a national model of best practice.

2. Continue freeing up response officers to focus on serious crime by diverting CYP work to CCPT.

Areas for Change

3. Challenge negative perceptions of CYP where they are seen as street-wise and language about CYP being a 'nightmare' is used by some officers, to transform negative stereotypes into an understanding of underlying causes of bad behaviour. This will help to address compassion fatigue in response officers that can result in the inappropriate adultification of CYP, particularly in the context of custody where an adversarial system of investigation tends to view CYP as 'mini-adults' once they have overstepped a threshold of risk.

4. Spread training that is supportive of a Child First approach across related roles, not just the CCPT, particularly where there is overlap between roles with officers undertaking investigation (such as in the area of Child Exploitation) who may undertake similar duties to METCO officers, to address the small-force challenge seen in Cumbria and to move towards a whole-force ethos of child-centred policing.

5. Provide mandatory training to response officers on ACEs, adolescent brain development, the impacts of trauma on health and behaviour, de-escalation techniques with CYP exhibiting externalising behaviour, the use trauma-informed language and communication, reframing negative stereotypes and attitudes towards CYP, and how to create a sense of safety when responding to CYP.

6. Deliver joint training between Response and care home staff to build mutual trust and support effective practice on MFH call-outs.

7. Apply trauma-informed principles to stop and search and restraint practices, to counter the perception from CYP of overly aggressive tactics that are sometimes used by the police.

Research Recommendations

Undertake co-produced research on:

1. The significant barriers that exist between parents, police, social care and schools, to understand how consent can be most effectively gained for CYP and their Parents/Carers.
2. The most effective multi-agency response to supporting CYP who present highly complex cases, to manage the helplessness that systems can sometimes feel in the face of intractable cases, particularly those who are care-experienced and are out-of-county and residing in unregulated settings or secure placements.
3. Ways to resolve tensions between police, care home staff, and CYP that are created by frequent call-outs for CYP by exploring the best ways to support an effective police response when responding to CP who are exhibiting externalising behaviour and going missing from home, to support CLA and an effective multi-agency relationships through co-designed response protocols.
4. Research on CYP in unregulated placements who are falling through the gaps of service reach, particularly for those intractable cases on Deprivation of Liberty where multiple systems are claiming helplessness:

   “you've got police Inspectors saying I can't do that. You've got Ofsted saying I can't do that. You've got Youth Offending saying I can't reach that child. You've got return home interview people saying that they won't speak to me."
5. The most effective ways of eliciting information from child suspects, especially those who are considered to have a high level of vulnerability and neurodiversity, to incorporate a trauma-informed and developmentally appropriate approach to interviewing based on active listening and rapport, over persuasion, pressure and coercive methods, in line with the Mendez Principles (UN, 2021).

References

Abaya-Habibullah, R.A., (2023) *Trapped by a record: how information sharing between schools and police agencies perpetuate the school to prison pipeline* (Doctoral dissertation, University of British Columbia).

Allnock, D., Beckett, H., Hibbin, R., Cody, C., Crook, D., Ennis, C., Ghosh, J., Kiff, J., Roy, A., Soares, C., Taylor, B., Turda, M., and Wainwright, J. (2026: In Press) Child-centred policing in practice: Insights from children and young people. Unpublished YEF Report.

Atkinson, M., Jones, M. and Lamont, E., (2007) Multi-agency working and its implications for practice. *Reading: CfBT Education Trust*, pp.28-42.

Bellis, M.A., Hughes, K., Leckenby, N., Perkins, C. and Lowey, H., (2014) National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviors in England. *BMC medicine*, *12*(1), p.72.

Bevan, M., (2019). *Children and young people in police custody: an exploration of the experience of children and young people detained in police custody following arrest, from the perspective of the young suspect* (Doctoral dissertation, London School of Economics and Political Science).

Boulton, L., Phoenix, J., Halford, E. and Sidebottom, A., (2023) Return home interviews with children who have been missing: an exploratory analysis. *police practice and research*, *24*(1), pp.1-16.

Bowlby, J. (1969) Attachment and loss. Vol. 1: Attachment. London: Hogarth Press and the Institute of Psycho-Analysis.

Braithwaite, J. (1989) Crime, shame and reintegration. Cambridge: Cambridge University Press.

Brandon, M., Belderson, P., Sorensen, P., Dickens, J., Sidebotham, P., Cleaver, H., Garstang, J., Harris, J. and Wate, R., (2020) Complexity and challenge: a triennial analysis of SCRs 2014-2017.

Brierley, A., (2019). *Your honour can I tell you my story?* Waterside Press.

Bronfenbrenner, U. (1979) The ecology of human development: Experiments by nature and design. Cambridge, MA: Harvard University Press.

Burton, L., (2007) Childhood adultification in economically disadvantaged families: A conceptual model. *Family relations*, *56*(4), pp.329-345.

Campbell, E., Ellard, R., Hew, E., Simpson, M., McCann, B. and Meyer, S., (2023). *WRAP around families experiencing AVITH: Towards a collaborative service response*. Australia's National Research Organisation for Women's Safety (ANROWS). Available: RP.20.01-Campbell-RR1-WRAP-AVITH-1.pdf

Carpenter, J.M., Gassner, L. and Thomson, N. (2016) 'Enhancing the participation of police as collaborative leaders in responding to complex social and public health issues in Australasia', Policing: A Journal of Policy and Practice, 10(1), pp. 17–25.

Case, S. and Haines, K. (2015) 'Children first, offenders second: The centrality of engagement in positive youth justice', The Howard Journal of Criminal Justice, 54(2), pp. 157–175.

Christmas, H. and Srivastava, J. (2019) Public health approaches in policing: A discussion paper. London: College of Policing and Public Health England.

Clemmow, C., Marchment, Z., Rottweiler, B., Doherty, P., Seaward, A., Unal, C., Garrido Marques, T. and Gill, P. (2025) A review of the literature on how the systems of support available to young people and their families work to prevent serious violence. London: Youth Endowment Fund.

Craston, M., Balfour, R., Henley, M., Baxendale, J. and Fullick, S. (2020) Process evaluation of the Violence Reduction Units. Home Office Research Report 116. London: Home Office.

Creaney, S. and Burns, S. (2025) 'The Achilles heel of Child First: High-risk panels in youth justice service policy and practice', Probation Journal. Advance online publication.

Davis, J. and Marsh, N. (2020) Boys to men: The cost of 'adultification' in safeguarding responses to Black boys. Critical and Radical Social Work, 8(2), pp. 255–259.

Department for Education. (2012). *Children who run away or go missing from home or care: Statutory guidance for local authorities and their partners*. London: Department for Education. Available: Statutory guidance on children who run away or go missing from home or care

Department for Education (2015) Children's homes data pack. London: Department for Education.

Department for Education (2023) Improving multi-agency information sharing. CP 870. London: Department for Education.

Department for Education (2024) Children looked after in England including adoptions, reporting year 2024. London: Department for Education.

Department for Education (2026) *Working Together to Safeguard Children 2026: A Guide to Multi-Agency Working to Help, Protect and Promote the Welfare of Children*. London: Department for Education.

Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., Koss, M.P. and Marks, J.S. (1998) 'Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study', American Journal of Preventive Medicine, 14(4), pp. 245–258.

Frost, N. and Robinson, M. (2007) 'Joining up children's services: Safeguarding children in multi-disciplinary teams', Child Abuse Review, 16(3), pp. 184–199.

HM Inspectorate of Probation (2023) The evidence base – Child First. Manchester: HM Inspectorate of Probation.

HM Inspectorate of Probation (2025) An inspection of youth justice services in Westmorland and Furness. Manchester: HM Inspectorate of Probation.

Haines, K. and Case, S. (2015) Positive youth justice: Children first, offenders second. Bristol: Policy Press.

Hibbin, R., (2024) Relational responsibility, social discipline and behaviour in school: re-orienting discipline and authority through a distributed network of relational accountability. *Pastoral Care in Education*, *42*(4), pp.492-512.

Hood, R., Goldacre, A., Grant, R. and Jones, R. (2016) 'Exploring demand and provision in English child protection services', British Journal of Social Work, 46(4), pp. 923–941.

Hughes, D.A., Golding, K.S. and Hudson, J. (2019) Healing relational trauma with attachment-focused interventions: Dyadic Developmental Psychotherapy with children and families. New York: W.W. Norton.

Hunter, D.J., Perkins, N. and Bambra, C. (2020) 'Partnership working and the implications for governance: Issues affecting public health partnerships', in Hunter, D.J. (ed.) The health debate. 3rd edn. Bristol: Policy Press.

Laming, H. (2009) The protection of children in England: A progress report. London: The Stationery Office.

Lenkens, M., Rodenburg, G., Schenk, L., Nagelhout, G.E., van Lenthe, F.J., Engbersen, G. and van de Mheen, D. (2019) '"I need someone who knows what they're talking about": The role of lived experience in peer support for people involved with criminal justice', Journal of Experimental Criminology, 15, pp. 569–589.

Lowey, H., Hibbin, R., Irwin, S., Bretherton, K. and Boyle, S. (2025) Child-centred training research: Research study of Greater Manchester police training and development from a child-centred policing perspective. Manchester: Greater Manchester Violence Reduction Unit.

Lundy, L. (2007). *'Voice' is not enough: conceptualising Article 12 of the United Nations Convention on the Rights of the Child*. **British Educational Research Journal**, **33**(6), pp. 927–942.

McCluskey, G., Lloyd, G., Kane, J., Riddell, S., Stead, J. and Weedon, E. (2008) 'Can restorative practices in schools make a difference?', Educational Review, 60(4), pp. 405–417.

Ministry of Justice and Youth Justice Board (2023) Youth justice statistics: 2022 to 2023. London: Ministry of Justice.

Munro, E. (2011) The Munro review of child protection: Final report – A child-centred system. Cm 8062. London: The Stationery Office.

NPCC (2015) National Strategy for the Policing of Children & Young People. National Police Chiefs' Council.

NPCC (2021) Child centred policing: Best practice framework. National Police Chiefs' Council.

NPCC (2024) Children and Young Persons Policing Strategy 2024–2027. National Police Chiefs' Council

Pona, I., Raws, P. and Chetwynd, H. (2019) *The First Step: How Return Home Interviews Can Improve Support and Safeguarding for Missing Young People*. London: The Children's Society and National police Chiefs' Council (NPCC). Available: the-first-step.pdf

Phythian, R. and Kirby, S. (2023) 'What does the UK police National Database tell us about the future of police intelligence?', Policing: A Journal of Policy and Practice, 17.

Sidebotham, P., Brandon, M., Bailey, S., Belderson, P., Dodsworth, J., Garstang, J., Harrison, E., Retzer, A. and Sorensen, P. (2016) Pathways to harm, pathways to protection: A triennial analysis of serious case reviews 2011 to 2014. London: Department for Education.

Sidebottom, A. and Tilley, N. (2023) 'Broadening the public health approach to policing', Policing: A Journal of Policy and Practice, 17.

Sippy, R., Efstathopoulou, L., Simes, E., Davis, M., Howell, S., Morris, B., Owrid, O., Stoll, N., Fonagy, P. and Moore, A. (2025) 'Effect of a needs-based model of care on the characteristics of healthcare services in England: The i-THRIVE National Implementation Programme', Epidemiology and Psychiatric Sciences, 34.

United Nations (1959) *Declaration of the Rights of the Child*. Resolution 1386 (XIV), adopted 20 November 1959. New York: United Nations.

United Nations (1989) Convention on the Rights of the Child. New York: United Nations.

United Nations (2021) Principles on effective interviewing for investigations and information gathering (the Méndez Principles). Geneva: United Nations.

van Dijk, A. and Crofts, N. (2017) 'Law enforcement and public health as an emerging field', Policing and Society, 27(3), pp. 261–275.

Waters, I. (2006) 'The policing of young offenders', British Journal of Criminology, 47(4), pp. 635–654.

Winnicott, D.W. (2018) The maturational processes and the facilitating environment: Studies in the theory of emotional development. London: Routledge. (Original work published 1965).

Wolpert, M., Harris, R., Hodges, S., Fuggle, P., James, R., Wiener, A., McKenna, C., Law, D., York, A., Jones, M., Fonagy, P., Fleming, I. and Munk, S. (2019) THRIVE framework for system change. London: Anna Freud National Centre for Children and Families.

Youansamouth, L., Irwin, S., Srivastava, J., and Clarke, S. (2020) A Trauma Informed Organisational Development Framework A Self and Peer Evaluation Toolkit. Available: Lancs-VRN-Trauma-Informed-toolkit.pdf

Youth Justice Board for England and Wales (2021) Strategic plan 2021–2024. London: youth justice Board.

Youth Justice Board (2022) A Guide to Child First. This sets out the YJB's four Child First principles and was originally published in October 2022

Zehr, H. (1990) Changing lenses: A new focus for crime and justice. Scottdale, PA: Herald Press.