Criminal Justice Partnership



Child CENTRED POLICING

2026

Cumbria Child-Centred Policing Team Evaluation: Accessible Report

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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

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Cumbria CCPT Evaluation: Accessible 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 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: Almost **half of all children (44.3%)** had repeated contact with the service, highlighting the importance of early intervention and sustained support for children with complex and ongoing needs. At the same time, only **2.7%** of cases resulted in a charge, while **24.4%** were resolved through diversion, demonstrating a strong focus on preventing unnecessary criminalisation. Partner organisations also reported substantial reductions in repeat referrals following intervention, further supporting the value of relationship-based and multi-agency approaches.

Qualitative Overview: A Distinct and Effective Model of Practice

The CCPT is widely regarded by partners as an innovative and effective service with a clearly articulated child-centred ethos. Evidence indicates that the team has successfully diverted children from formal justice pathways, particularly through close collaboration with third sector organisations (TSOs), with some partners reporting substantial reductions in repeat referrals. The CCPT's gatekeeping role has been especially important in preventing unnecessary escalation into youth justice, filtering low-level offending into preventative and community-based responses while avoiding net-widening effects.

Multi-Agency Collaboration and Public Health Integration

Strong partnerships with Cumbria's CCPT exist across education, TSOs, youth justice, and complex safeguarding. In schools, early intervention was most effective in primary school and pupil referral unit (PRU) settings, where relationships were well established and multi-agency working was embedded. Schools were consistently identified as safe, neutral spaces for trauma-informed engagement, and CCPT visibility helped to reframe perceptions of policing among children and families. However, collaboration in mainstream schools was more variable and often reactive, with partners calling for more structured and routine engagement. Within third sector and youth justice contexts, the CCPT was seen as a trusted and child-centred partner, contributing to improved information sharing, relational practice, and diversion from criminalisation. The safeguarding hub,

seconded officers, and regular multi-agency panels were all highlighted as key strengths supporting joined-up decision-making.

Barriers and System Challenges

Despite its strengths, the CCPT operates within a system facing significant pressures. Key challenges include fragmented digital systems, inconsistent referral pathways, uneven service provision linked to geography and funding, and short-term commissioning that disrupts continuity. Gaps in specialist training, particularly around trauma, neurodiversity, and child-centred practice outside of the CCPT, limit system-wide consistency. Cultural tensions were also noted, especially within custody and response contexts, where adultification and enforcement-led practices can undermine Child First (Haines and Case, 2015; YJB, 2021, 2022) principles.

Trauma-Informed and Child-First Practice

The CCPT demonstrates strong trauma-informed practice (Youansamouth et al, 2021), using flexible, relational approaches that recognise behaviour as communication and situate children within their wider social and family contexts. Officers adapt communication styles, settings, and presentation to meet individual needs, supporting trust and engagement. However, inconsistencies remain across policing contexts, particularly where operational pressures are high.

Voice of the Child and Procedural Justice

Efforts to embed the voice of the child (UNCRC, 1989) were evident across the CCPT, youth justice, complex safeguarding and third sector practice, with children reporting improved rapport, feeling listened to, and valuing relational approaches when these had been implemented by officers and practitioners. At the same time, some CYP reported negative experiences linked to enforcement-focused policing, their own limited awareness of the CCPT, and poor follow-up, highlighting the need for greater consistency and visibility overall.

Conclusion

In conclusion, Cumbria's CCPT represents a leading-edge, nationally significant model of child centred policing (CCP) that strongly aligns with a public health approach, Child First (Haines and Case, 2015; YJB, 2021, 2022) and diversionary approaches to youth justice. Its focus on early intervention, relational practice, and multi-agency collaboration demonstrates meaningful diversion from criminalisation for vulnerable children and young people. However, to fully realise and sustain this approach, system-wide issues - including digital fragmentation, workforce capacity, training gaps, and inconsistent practice across policing contexts - must be addressed. Sustained investment and clearer national alignment are essential if this innovative and highly effective model is to be protected, strengthened, and scaled.

Findings Schools and Child-Centred Policing

BARRIERS

Referral Process Challenges: Lack of Clarity and Formal Structure

Schools consistently described the formal referral process into the CCPT as unclear and difficult to navigate. While Microsoft Forms were intended to provide a streamlined route, in practice many schools felt uncertain about whether referrals and information had been received, progressed, or acted upon. In addition, schools were unable to consult anyone in the CCPT prior to a referral being made on more indeterminate cases, leading to uncertainty and inefficiencies. This uncertainty led to a lack of confidence in the system and a perception that referrals could disappear without feedback from the CCPT.

As a result, schools often relied on informal routes, such as emailing known officers directly, which were seen as more reliable and responsive. While these relationships were valued and represented evidence of a relational approach between schools and the CCPT, they also created inconsistency. This meant that access to CCPT support could depend heavily on who individual schools knew, rather than on a clear and transparent process.

Resource and Staff Limitations

Schools were aware that CCPT capacity was stretched and understood this in the context of wider policing pressures. However, they experienced CCPT engagement as reactive rather than proactive, with involvement often dependent on schools actively requesting support rather than routine or structured contact.

Where strong relationships existed with individual officers, engagement was more consistent, but when those specific officers were absent, schools felt the gap immediately. In addition, the need for officers with the skills and experience required to deliver educational input in schools was also noted as being an important element of resourcing where the right person was seen as being required for specific input.

Limited Active Prevention and Early Intervention

A strong theme across schools was the belief that CCPT involvement often came too late. Schools consistently reported that the most effective outcomes occurred when children were supported early, particularly in the primary phase in Key Stage 2, before behaviours escalated into criminal justice involvement. However, school participants noted the lack of these younger CYP coming through to the CCPT.

Perceptions of the Police

Parental consent emerged as one of the most significant barriers to CCPT involvement. Schools reported that some families were deeply mistrustful of the police and other agencies such as social care, due to previous negative experiences, often spanning generations, and this was most notably the case in PRU provision where CYP and parents could be deeply mistrustful of the police. This

was managed by the CCPT through steering away from a uniformed presence and attempting to remove power differentials.

Lack of Training

Schools reported very limited formal or structured training delivered jointly with the CCPT, resulting in gaps in shared understanding between education and policing. This was largely attributed to the perceived separation between educational training requirements and policing priorities, meaning that opportunities for aligned learning were often missed. Some targeted training did take place in higher-risk contexts, particularly in PRUs, where CCPT or Missing Exploited and Trafficked Co-ordinator (METCO) input helped staff understand referral processes and multi-agency safeguarding submissions.

However, mainstream schools identified a need for more routine and preventative engagement, such as brief annual updates on changes relevant to education and proactive check-ins when school staffing or structures change. Overall, participants suggested that light-touch, regular, and joint training - especially as part of staff induction - would help improve consistency, confidence, and collaboration between schools and the CCPT.

Short-Term Interventions

Schools identified the short duration of CCPT interventions, typically lasting four to six weeks, as a key barrier to effective engagement. Participants reported that this timeframe was often insufficient to build trust with CYP, meaning that meaningful disclosure and impact could be limited. Schools also described uncertainty about what CCPT support was available at any given time, as offers of intervention were perceived to change frequently. This lack of clarity was particularly challenging when working with highly vulnerable children at risk of exploitation, where schools wanted clearer guidance on how police involvement could support sustained safeguarding and prevent repeat harm.

Systemic Barriers

Schools highlighted wider system pressures as a significant barrier to effective safeguarding and early intervention. Long waiting lists and limited capacity across third-sector and mental health services meant that referrals often felt ineffective, with families becoming frustrated and disengaged when support did not materialise for many months. Practitioners reported needing to manage expectations carefully, particularly when families required urgent mental health support that services were unable to provide quickly. These challenges were compounded by short-term funding arrangements, which meant services frequently changed, ended, or rebranded with little notice. As a result, schools struggled to keep track of what support was available and often relied on personal contacts rather than clear system knowledge, leaving many practitioners unsure about who to contact when serious concerns arose.

FACILITATORS AND SUPPORTS

Multi-Agency Safeguarding Hub

The safeguarding hub as a locus for child protection, early intervention, and risk assessment within a local authority context was consistently identified as a major strength in supporting effective multi-agency working to protect CYP. By acting as a single point for referrals, risk assessment, and decision-making around CYP with more complex needs, the hub helps to ensure that safeguarding concerns are coordinated rather than fragmented across services. Schools valued the way the hub brought together information from education, police, social care, health, and youth justice to build a shared understanding of risk and agree appropriate levels of intervention. This approach reduced duplication, avoided conflicting plans, and ensured that responsibility for coordination sat with the most appropriate agency, supporting a more joined-up and efficient safeguarding response for children and families.

Operation Encompass

Operation Encompass was identified as a highly effective safeguarding tool, providing schools with timely information about domestic incidents that may affect CYP. Schools valued receiving early notification from the police, which helped them anticipate changes in behaviour and respond proactively during the school day. This structured information sharing also supported two-way communication, enabling schools to feed back concerns or changes in attendance. By integrating Operation Encompass notifications into their safeguarding systems, schools were able to build a more complete and contextual understanding of children's circumstances, strengthening trauma-informed responses and overall safeguarding practice.

Strong Trusting Relationships

Strong, trusting relationships between schools and the police were identified as central to effective safeguarding and support for children and families, with the CCPT playing a key role in building and sustaining these relationships. Where trust was established, schools reported greater confidence in sharing information, even within a context of heightened sensitivity around data protection, because decisions were clearly focused on the child's safety and wellbeing. The CCPT's open, approachable, and pragmatic approach to information sharing helped to overcome professional anxieties and supported reciprocal trust over time.

Trust was also critical in securing parental consent, particularly in contexts where families held negative or intergenerational experiences of policing. Schools, often working alongside family liaison and other agencies, played an important role in supporting relationship-building with whole families, especially in PRU settings where pupil populations were less stable. In addition, strong relationships between teachers and CCPT officers helped to reframe negative perceptions of the police among children and young people, using trusted school-based relationships to promote more procedurally just understandings of policing. Education and awareness-raising through Early Help further supported this shift, with families gaining a broader understanding of the supportive and preventative role of the CCPT beyond enforcement.

PREVENTION AND EARLY INTERVENTION

As discussed in the BARRIERS section above, schools highlighted the need for a much stronger focus on early, preventative support for both parents and children as a way of reducing later involvement in the criminal justice system. Participants emphasised that many parents struggle to know how or when to seek help, particularly when children are younger, and that earlier guidance and support could prevent concerns from escalating. While schools recognised that direct parental support is not always within the police remit, they valued preventative police-led work - such as online safety education - that engaged both parents and children. However, there was a clear view that this type of intervention would be most effective if delivered several years earlier than it currently was to have a meaningful preventative effect. In relation to children and young people, schools felt that longer and more sustained CCPT involvement increased the likelihood of successful diversion, as short intervention periods limited the depth of engagement and the impact of direct work.

Role of Schools as Neutral Ground

Participants described schools as more than places of education. Schools were seen as a neutral, trusted setting where multi-agency safeguarding work can take place, including mental health assessments and child protection discussions.

From a trauma-informed perspective, schools provide a familiar environment where children and young people may feel safer and more able to speak openly. Practitioners felt this setting could at times offer better insight into safeguarding concerns than home visits, which may sometimes prompt triggering, defensive or hostile responses from parents, particularly where there are historical negative perceptions of police involvement.

Educational Outreach

Schools identified educational outreach, particularly when delivered in partnership with TSOs, as a key component of effective early prevention. Participants emphasised the need for more coordinated and consistent approaches that embed best practice into everyday school life, rather than relying on isolated or reactive interventions. The *Build My Skills* programme was highlighted as a positive example of this approach, bringing together schools, third-sector partners, and the CCPT to enable officers to engage with primary-aged children in a non-threatening and supportive way. By integrating CCPT input into the citizenship curriculum and addressing issues such as antisocial behaviour, online safety, and substance misuse, this model helped to normalise police presence in schools and reframe perceptions of policing. Overall, such outreach was seen as supporting long-term, procedurally just relationships between children, schools, and the police.

MISSING, EXPLOITED AND TRAFFICKED CHILDREN

Children Looked After

Schools reported relatively fewer CCPT referrals for Children Looked After (CLA) overall, largely reflecting lower numbers of care-experienced children in mainstream school settings. However, where schools had specialist SEMH provision, particularly within PRU contexts, there was a

notable increase in the number of CLA, which in turn increased safeguarding complexity. Participants highlighted that CLA, especially those in residential care, were more likely to go missing compared to those in foster placements or settled family homes, with residential settings seen as higher risk due to factors such as age, peer influence, and instability. Communication gaps between residential care homes and schools following missing episodes were identified as a significant challenge, with delays in information sharing limiting schools' ability to respond appropriately and support children returning to school after being missing.

Return Home Interviews

Return Home Interviews (RHIs) were frequently conducted in school settings, which schools viewed as beneficial because they provided a neutral and familiar environment where children felt more able to engage. While RHIs were typically delivered by the local authority, changes in commissioned providers had led to inconsistency in follow-up, reducing confidence in the process over time. Repeated missing episodes were seen as a key trigger for increased multi-agency involvement, including CCPT engagement. For CYP who went missing frequently, schools emphasised the importance of consistency in who delivered RHIs, as having the same practitioner enabled trust to develop and improved the effectiveness of repeated engagement.

Sexual and Criminal Exploitation

PRUs reported particularly strong working relationships with the CCPT and METCO teams in identifying and responding to risks of criminal and sexual exploitation. Regular, locally tailored intelligence updates were valued for helping schools understand emerging patterns of harm and align their safeguarding responses with policing priorities. However, participants suggested that this level of communication was less consistent within primary school settings, where schools felt they were not always sufficiently informed about developing risks such as county lines activity in their local areas. Schools indicated that more place-based intelligence sharing would help them recognise early signs of exploitation and respond proactively.

Participants also highlighted differences in how risks were assessed and understood for boys and girls, with girls more often associated with sexual exploitation and boys with criminal exploitation. Concerns were raised by PRU participants that intelligence sharing around criminal exploitation - particularly for boys who went missing - was seen as being less robust than for sexual exploitation concerns for girls who were viewed as being higher risk. This was viewed as limiting the quality of multi-agency responses and thereby increasing risk for boys in relation to potential criminal exploitation.

In contrast, information sharing relating to known high-risk individuals in the community, including those on the Violent and Sexual Offender Register (ViSOR), was viewed more positively, as it enabled timely and coordinated safeguarding responses across schools, police, and other agencies, including in cases of peer-to-peer sexual harm.

OVERALL IMPACT

A Public Health Approach in Mainstream and Alternative Educational Settings

Schools with strong, established relationships with the CCPT reported that multi-agency working was most effective where it operated as a coordinated, public-health-style approach, particularly within PRU settings where CYP often presented with high and complex levels of need. In these contexts, the CCPT was seen as an integral part of a wider core group of agencies, supporting consistent and joined-up safeguarding. In contrast, mainstream schools described multi-agency engagement as more ad hoc and reactive, suggesting that regular, structured forums focused on local safeguarding risks would strengthen collaboration and early intervention.

Diversion From Criminalisation: The Intersection with Early Intervention

Early CCPT involvement was widely viewed as critical to diverting children away from criminalisation. Schools reported the greatest successes with younger, primary-aged pupils, noting that once children entered court processes, patterns of repeat involvement became difficult to break. CCPT involvement was also valued for introducing a sense of seriousness and consequence from a uniformed officer. This was particularly the case for older CYP who perceived limited accountability for criminal behaviour prior to adulthood, helping to reinforce diversionary messages alongside providing support.

Child-First and Trauma-Informed Approaches

There was clear evidence of trauma-informed and child-first practice within CCPT work, particularly where officers recognised the impact of adverse childhood experiences (ACEs: Felitti et al, 1998; Bellis et al, 2014), stigma, and previous contact with police on children's emotional responses. Schools described positive examples where sustained, relational work transformed CYP's perceptions of the police from fear to trust and support. Effective information sharing between schools and the police was seen as central to identifying hidden vulnerabilities and responding appropriately across contexts.

However, schools also reported inconsistency in police responses, particularly at higher levels of risk, where enforcement pressures could sometimes overshadow child-centred approaches. Alongside this however, participants recognised the complexity of balancing safeguarding, diversion, and enforcement, particularly in a context of repeated incidents and system-wide service pressures.

Findings: Third Sector Organisations

BARRIERS

Referral Process Challenges: Eligibility Criteria

TSOs reported that strict eligibility criteria created significant barriers to CYP accessing support, even where need was clearly identified. Because referrals were required to come through the CCPT and children often had to be known to the police, some CYP were unable to access TSO support despite concerns raised by schools or families. Capacity limits further compounded this issue, with TSOs managing small caseloads and using narrow eligibility thresholds to prevent being overwhelmed, resulting in some children missing out on Early Help.

Participants also highlighted particular difficulties where risk levels escalated. In cases where a child became open to Children's Services, TSOs were sometimes contractually required to withdraw, even after weeks of relationship-building. This was seen as highly disruptive for children, particularly where the TSO practitioner was the only trusted adult the child was engaging with, and risked undoing progress made through early intervention. Practitioners described both the emotional impact on CYP and the challenge for staff who were required to step back before alternative support was fully in place.

Finally, TSOs emphasised the complexity of holistic working. Initial referrals often masked deeper safeguarding concerns, with early intervention uncovering additional risks over time. This highlighted tensions between rigid eligibility frameworks and the realities of complex, evolving need, where effective support depends on flexibility, continuity, and the ability to respond as a fuller picture of a child's life emerges during the course of practitioner support.

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

TSOs identified inconsistent communication with schools as a significant barrier to effective multi-agency working. Practitioners described difficulties obtaining timely responses from schools, particularly around identifying Early Help leads or clarifying whether children were already subject to plans. Missing or unclear information on referrals created delays and frustration, often requiring TSOs to repeatedly follow up with schools to bring partners together. While this was challenging, practitioners also recognised the intense pressures faced by schools, which limited their capacity to engage consistently.

In the absence of clear leadership, TSOs frequently found themselves stepping into a de facto lead agency role, particularly during school holidays or where no other service was actively involved. This placed additional responsibility on TSO practitioners to monitor risk, coordinate communication, and connect multiple services together, sometimes leading to practitioner overload. In highly complex cases involving exploitation and acute mental health needs, participants felt that TSOs were not always the most appropriate lead agency, but long waiting lists - particularly for CAMHS - made timely handover difficult. As a result, children with high levels of

need were often left without specialist support for extended periods, highlighting systemic gaps in capacity and coordination across services.

Stigma and Parental Disengagement

Stigma associated with police involvement was identified by TSOs as a complex barrier to engagement. Some children were reluctant to accept support because of the perceived association between TSOs and the CCPT, particularly where they were linked to peers involved in higher-level offending. This fear of being labelled or judged could deter children from engaging, especially in communities where police involvement carried negative connotations. At the same time, practitioners noted that this association could also be reframed as a strength, helping children to understand the supportive role of the police and, in some cases, providing a legitimate reason to distance themselves from risky peer groups.

Parental disengagement was also reported, with some parents declining support due to stigma, mistrust of policing, or concerns about triggering further statutory involvement. TSOs suggested that preventative, non-stigmatising engagement with families - such as informal group workshops focused on understanding antisocial behaviour and its consequences - could help build trust and improve consent. Participants viewed joint delivery of such initiatives with the CCPT as a positive opportunity to reduce stigma, increase parental understanding, and support earlier engagement.

FACILITATORS AND SUPPORTS

A Flexible and Proactive Multi-Agency Approach

TSOs described flexibility and proactivity as core strengths of their work with CYP. Rather than relying solely on formal referrals, practitioners actively identified at risk children through a range of contact points and worked closely with the CCPT to explore potential support. This approach extended beyond individual referrals to consider wider familial and relational contexts, such as siblings or partners who may also benefit from intervention, reflecting a socio-ecological understanding of risk and need (Bronfenbrenner, 1979) within nested community systems.

Referrals into TSOs were also facilitated through multiple routes, including Liaison and Diversion, Community Resolutions, and Victim Support, allowing practitioners to respond quickly when concerns were identified, even within the constraints of strict eligibility criteria. In complex cases where CYP faced significant mental health needs and long waiting lists for specialist services, TSOs described convening proactive multi-agency meetings to coordinate interim support. This holistic approach brought together relevant professionals to share responsibility, mitigate risk, and maintain engagement while children and families waited for specialist input.

Close Collaboration and Training with the CCPT

TSOs described close collaboration with the CCPT as a significant enabler of effective practice. Joint attendance at training events and conferences, often supported by the Police and Crime Commissioner (PCC), was seen as strengthening shared understanding and reinforcing strong

multi-agency relationships. This open approach to training and professional development helped align practice across organisations and was valued as a sign of mutual trust and inclusion.

Regular communication and shared intelligence between TSOs and the CCPT also supported effective case management. Practitioners reported frequent informal case discussions, often taking place before formal referrals were made, which helped clarify concerns and ensure appropriate support pathways. The physical presence of TSO staff within police stations further supported this collaboration, allowing ambiguity on referrals to be resolved quickly through direct conversation. In addition, the sharing of outcome data (e.g. STAR Outcomes) back to the CCPT helped close feedback loops and reinforced a collaborative approach to monitoring impact and learning.

TSO INTERVENTION

Addressing Root Causes

TSOs emphasised a holistic, child-centred approach that prioritised understanding the underlying causes of behaviour rather than focusing solely on challenging actions. Practitioners described exploring factors such as family dynamics, trauma, unmet mental health needs, and gaps in care or support as essential to effective intervention. By linking behaviour to the broader social and emotional context of a child's life, TSOs aimed to address the root causes of risk-taking and offending behaviour before engaging in direct behavioural work. This approach was seen as critical in preventing escalation into the youth justice system and supporting more sustainable, long-term change for children and young people.

Building Protective Factors

TSOs described a strengths-based approach to intervention that focused on building resilience and protective factors in CYP. Practitioners used tools such as STAR Outcomes, grounded in the CSSO Framework[1], to help CYP reflect on how they were feeling at the start and end of sessions and to assess progress across key areas linked to the aims of intervention, including relationships and risk-taking behaviour. This approach supported both therapeutic engagement and outcome measurement, allowing children to visualise change over time and make sense of fluctuations in their experiences. Practitioners reported that this process often showed increased resilience and improved coping, while also helping build a fuller picture of the child's needs and the level of support required at different points in time.

Long-Term Support

TSOs emphasised the importance of continuity and transition planning when time-limited interventions came to an end. Practitioners described a strong commitment to ensuring that children and young people had appropriate support in place before cases were closed, particularly where ongoing needs remained. Where TSOs were required to step back due to increased risk or

[1] CSSO Framework refers to Child Directed; Strengths Based; System Focused; and Outcome Informed ways of working with CYP

eligibility thresholds, efforts were made to identify alternative services that could provide continued support. This wraparound, holistic approach focused on what support would follow the intervention, rather than treating closure as an endpoint. Practitioners reported that ensuring continuity in this way helped prevent disengagement and reduced the likelihood of re-referrals, reinforcing the preventative impact of early intervention.

OVERALL IMPACT

Positive Perceptions of the Police

Third sector practitioners reported that close partnership working with the CCPT played a significant role in reshaping how CYP and families perceived the police. The CCPT was consistently described as modelling a child-centred, supportive approach that helped families understand police involvement as a source of help rather than punishment. Clear explanations of officers' roles, combined with consistent, respectful engagement, were seen to build trust, with some families and CYP actively requesting CCPT involvement based on positive previous experiences.

A Child-Centred Approach: Influencing Police Culture

Joint working between TSOs and the CCPT, including home visits and 'Praise Visits', was highlighted as particularly effective in reinforcing positive behaviour and reducing stigma. These approaches enabled officers to acknowledge progress, relax restrictions such as Acceptable Behaviour Contracts (ABCs) where appropriate, and support desistance in a visible and affirming way. As trust grew, families became more willing to engage with police proactively, including reporting missing episodes or seeking support, because police involvement no longer felt stigmatising or punitive.

Beyond individual cases, TSOs identified a broader cultural impact on policing practice. Working within a strengths-based, trauma-informed, and child-centred framework encouraged deeper reflection on CYPs' lived experiences and the cumulative impact of professional and familial responses. Practitioners described actively challenging deficit-based or stigmatising narratives about CYP and their families and reported that this influence had contributed to noticeable shifts in CCPT officers' language, referral quality, and everyday conversations within policing settings. Overall, the partnership was seen not only to support children and families directly, but also to positively influence police culture towards more relational, trauma-informed, and child-first practice.

Reducing Criminalisation

Third Sector practitioners reported clear evidence that partnership working with the CCPT contributed to reducing the criminalisation of children and young people. Participants highlighted that a significant proportion of CYP supported through this approach did not return to police attention, indicating effective diversion from youth justice pathways. Practitioners emphasised the importance of communicating these outcomes to response officers to demonstrate that child-centred, preventative approaches are effective. They also noted that sustained success relied on

challenging judgemental attitudes and encouraging officers to view referrals as an opportunity for support and diversion, rather than interpreting behaviour solely through an enforcement lens.

Findings: Youth Justice and Complex Safeguarding

BARRIERS

Fragmentation in Multi-Agency Co-ordination Across Cumbria

Youth justice (YJ) and complex safeguarding (CS) practitioners described multi-agency working with the CCPT as generally strong but highlighted ongoing fragmentation that limited efficiency and consistency. Participants noted that some processes remained cumbersome, with delays arising from procedural requirements, unrealistic timescales, and unclear referral pathways - particularly in cases that sat between Early Help and statutory social work thresholds. These issues were seen to slow intervention and create frustration for practitioners attempting to respond quickly to emerging risk.

Structural changes within Cumbria were identified as compounding these challenges. The creation of two separate YJ and CS services operating across a single police force footprint resulted in inconsistency in processes and outcomes depending on geography. While CCPT standardisation days were viewed as a positive attempt to reduce variation, practitioners noted that artificial local authority boundaries continued to complicate coordination and certainty across the system.

Additional gaps were identified in out-of-hours responses, particularly for CYP held in custody overnight or at weekends. Limited access to L&D Youth Specialists during these periods was seen to create information gaps that affected continuity, assessment quality, and preparation for court. Finally, CS practitioners highlighted difficulties meeting tight statutory timescales for RHIs, especially over weekends and bank holidays, reflecting wider system pressures rather than isolated service failings.

Children Looked After: Complexity and Safeguarding Challenges

Safeguarding CLA presented particular challenges in Cumbria, especially for those placed out-of-county due to risks such as child criminal exploitation. Cumbria's high number of care placements created a unique and complex context, with YJ teams frequently taking on a 'caretaking' role for children placed locally by other authorities, increasing caseload pressures. In contrast, Children's Services responsibility often remained with the placing authority, resulting in limited direct engagement from out-of-county social workers and placing additional strain on local safeguarding systems.

Practitioners highlighted capacity challenges linked to the volume of care homes across Cumbria, which limited the ability to allocate dedicated workers and required more reactive, form-based responses to emerging concerns, with allocated workers only being assigned to care homes that needed extra support. Additional difficulties arose in relation to children going missing out-of-county, where delays or gaps in police notifications affected the timeliness and quality of RHIs. These challenges were further compounded by the need to conduct many interviews virtually rather than face-to-face as a result of practical necessity with out-of-county cases, reducing

opportunities for meaningful engagement and more robust safeguarding insight through in-person interactions.

Referral Pathways and Eligibility Criteria vs. Needs-Based Support

Practitioners highlighted ongoing challenges in navigating referral pathways following structural changes across Cumbria, particularly in understanding new initiatives and determining which services were most appropriate for individual children. Frequent changes to third-sector provision, driven by short-term funding, made it difficult for YJ practitioners to maintain a clear and up-to-date picture of what interventions were available at any given time, mirroring previously reported challenges identified by schools.

Uncertainty around eligibility criteria created further complexity, with practitioners describing grey areas where CYP's needs did not align neatly with service thresholds. In particular, the low eligibility cut-off triggered by the presence of an offence often required CCPT involvement to end prematurely, even where the team was well-placed to continue supportive, diversionary work. Participants expressed concern that this limited opportunities for children to benefit from sustained engagement, recognising that children do not always change behaviour immediately and may need more than one chance.

There was also a strong awareness of the potential for justice involvement to have unintended negative impacts on children, even at preventative stages. Practitioners emphasised the importance of avoiding net-widening effects where CYP are unnecessarily drawn into the justice system, and viewed the CCPT's gatekeeping role as critical in filtering referrals and directing children towards proportionate, needs-based, community support wherever possible.

Consent and Non-Enforceable Behaviour Contracts

Practitioners identified the consent-based nature of early, low-risk interventions as a significant barrier to preventing escalation. Families' reluctance to engage - often linked to stigma or fears of association with the police or Children's Services - meant that support was sometimes declined until risks increased to a higher threshold. This delayed intervention and limited opportunities for early, preventative work, with practitioners noting that action was occasionally only possible once concerns reached child protection levels.

Challenges were also highlighted in relation to ABCs, which were described as difficult to manage due to their non-enforceable nature. Where CYP repeatedly breached these agreements, practitioners felt that the lack of meaningful consequences or support at this stage increased the risk of escalation and eventual criminalisation. Participants emphasised the need for earlier, coordinated multi-agency responses when breaches occur, allowing supportive interventions to be introduced before behaviours become entrenched and more punitive pathways are triggered.

FACILITATORS/SUPPORTS

Effective Joint Working and Integrated Systems

Strong working relationships between the CCPT, YJ, and CS were identified as key facilitators of an effective public health approach rooted in joint working and information sharing. Practitioners described regular, well-established multi-agency forums - such as Turnaround meetings, Child Exploitation Pathway panels, MACE meetings, and Contextual Safeguarding Scrutiny groups - as central to coordinated decision-making and consistent oversight of risk. These structures ensured that referrals, particularly into YJ, were routinely discussed with CCPT involvement, reinforcing a shared understanding of children's needs and diversionary options.

Alongside formal meetings, close day-to-day collaboration supported practical joint working, including shared visits with families and coordinated advice. Joint training delivery between CS and the CCPT further strengthened alignment, helping practitioners understand respective roles and respond flexibly to emerging training needs. This relational infrastructure enabled swift, responsive collaboration without reliance on overly bureaucratic processes.

However, gaps remained in securing consistent engagement from public health partners, particularly CAMHS and GPs, whose limited attendance at multi-agency meetings was seen as a structural barrier rather than a lack of willingness. Despite this, integration between policing, YJ, and CS was significantly strengthened by the physical co-location of a CCPT officer within the YJ team. This arrangement enabled early identification of diversion opportunities through shared access to police systems and aligned supervision with CCPT leadership, deepening system integration. Overall, these relational and structural enablers were seen as critical to delivering early intervention, consistent decision-making, and child-centred outcomes across the county.

Training, Development and Practice Sharing

YJ practitioners reported that while much of their training operated separately from the CCPT, there was meaningful overlap in child-centred and intervention-focused development. Shared learning was particularly evident through trauma-informed approaches, including ACEs training, which was embedded within YJ and cascaded across teams.

The CCPT was also seen to play an important role in supporting wider policing practice, particularly in relation to CYP who were looked after and frequently missing, and who had come to police attention for repeated incidents. In these cases, the CCPT worked with YJ to deliver targeted training for response officers, using body-worn video footage to identify learning points and improve understanding of how distressed children may behave. This practice-sharing approach was viewed as strengthening trauma-informed responses and improving frontline decision-making when working with highly vulnerable children and young people.

OVERALL IMPACT

A Child-Centred Approach Based on Child First

YJ and CS practitioners described the CCPT as a nationally innovative, Child First (Haines and Haines, 2015; YJB, 2021, 2022) service built on relational rather than enforcement-led practice, designed to recognise children's emotions, lived experiences, and underlying needs. Officers were allocated to and embedded within schools and children's homes, enabling sustained relationship-building with CYP, families and professionals.

A key strength was the ability to improve CYP's perceptions of the police through consistent, respectful engagement. Practitioners reported increased trust, with some children proactively seeking support from trusted professionals when they went missing. Continuity, including offering the same practitioner for RHIs, further strengthened feelings of safety and familiarity.

The voice of the child (UNCRC, 1989) was central to practice, with CYP routinely involved in assessments, intervention planning and reviews. Overall, CCPT was seen as supporting a system-wide shift towards genuinely child-centred, rights-based practice across YJ and CS, shaped around children's voices, family contexts, and individual needs, supporting a consistent Child First (Haines and Case, 2015; YJB, 2021, 2022) ethos across the YJ and CS.

Gatekeeping for Early Intervention and Diversion

YJ and CS practitioners consistently identified the CCPT's gatekeeping role as central to effective early intervention and diversion. The CCPT was deliberately positioned as the first point of contact for CYP presenting with low-level concerns, ensuring that Early Help and targeted prevention could be offered. This approach was seen as instrumental in preventing net-widening effects (Cohen, 1985) and avoiding children being "swept into the system" prematurely.

The CCPT was widely viewed as an effective and proportionate filter, referring cases onward only when escalation was necessary. Over time, early referrals that had previously been scattered across multiple agencies became more consistently channelled through the CCPT, improving coherence and reducing duplication. Practitioners also highlighted the flexibility of this model, particularly where CS teams could quickly pivot to CCPT involvement for lower-level concerns through established relationships with METCO officers.

Although the gatekeeping model took time to embed, participants reported that it was now well-established and supported a clear "step-up, step-down" approach, ensuring children did not move unnecessarily between services. Overall, this first point of contact model was seen to strengthen multi-agency efficiency, support early prevention, and reduce criminalisation by prioritising diversion and safeguarding responses over reactive, enforcement-led policing.

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

CLA were consistently recognised by practitioners as a highly complex and vulnerable cohort, with increased risks of exploitation and involvement in the criminal justice system. The CCPT was described as having a strong and well-developed understanding of the distinct needs of these CYP, particularly those placed in Cumbria from other local authorities. This was reflected in targeted, innovative training for response officers, including the use of body-worn video footage to improve understanding of trauma-informed responses to distressed behaviour among care-experienced children.

Cumbria's unique context - characterised by a large rural geography and a high concentration of care homes and out-of-county placements - has led to the development of specialist expertise within the CCPT and YJ. Through METCO and caretaking roles, practitioners reported having consistent, in-depth knowledge of care-experienced CYP placed locally, often exceeding that of other agencies. Regular contact, supervision, and monitoring enabled a clearer picture of risk, welfare, and safeguarding needs, supporting a balanced approach that prioritised both public protection and the wellbeing of the child.

Findings: Policing and the METCO Role

Barriers and Facilitators/Supports to the context of Policing will be discussed in relation to 3 key areas: Child-Centred Policing (CCP) for low-level offending; Missing, Exploited and Trafficked (MET) for CLA and the child criminal exploitation context; and the custody context for CYP whose offending behaviour results in them being detained. CCP and MET will be considered together, and the custody context will be explored separately in recognition of the unique characteristics of this setting.

BARRIERS: Child-Centred Policing and Missing, Exploited and Trafficked

Inappropriate Referrals, Intractable Cases and Case Duplication

CCPT officers identified ongoing challenges within referral processes, particularly around clarity, appropriateness, and duplication. While early inefficiencies - characterised by high volumes of unsuitable referrals - had improved through training and joint working, officers continued to receive referrals that did not require police involvement. This was most evident in school-based referrals for non-criminal issues such as bullying, especially where incidents extended into online spaces and schools lacked confidence in their own protocols. CCPT officers reported the need to regularly push back and clarify thresholds, a process made more difficult by staff turnover and varying levels of safeguarding expertise within schools.

Inappropriate referrals were also reported from social care and TSO partners, often framed as a "last resort" in complex or intractable cases where engagement with key workers had broken down. While officers recognised the pressures driving these requests and acknowledged the potential value of a different professional voice, they noted that such referrals could sit outside the CCPT's remit and risk displacing responsibility from allocated practitioners. In these situations, CCPT involvement was sometimes limited to providing a clear explanation of consequences rather than taking on ongoing casework.

Case duplication was another significant barrier, particularly where referrals lacked clarity about which agencies were already involved. Officers described the need for additional conversations with schools and families to avoid overlapping interventions and overwhelming children with multiple professionals. Where duplication was identified, CCPT officers would often pause involvement until other work concluded. Variability in referral quality was linked to role specialisation within schools, with dedicated safeguarding leads more likely to submit informed and proportionate referrals than staff whose roles combined safeguarding with wider pastoral responsibilities. Overall, while progress had been made, officers emphasised the need for continued oversight, training, and clearer referral pathways to ensure that CCPT capacity was focused on children who would benefit most from early, child-centred intervention.

No Unified Digital System for Tracking Cases Across Agencies

A significant barrier to effective multi-agency working was the absence of a unified digital system for tracking CYP across services. CCPT officers reported that no single platform provided a complete overview of a child's involvement with Cumbria Police, children's services, early help,

and TSO interventions. While limited information could be accessed through Children's Services systems - such as whether a child had a social worker or an Early Help plan - this did not consistently capture involvement with local or third-sector services, resulting in gaps in understanding.

This fragmented information landscape meant officers often lacked a full picture of what support was already in place, leading to inefficiencies in triage and unnecessary duplication. Officers frequently only became aware of other interventions after speaking directly with families, which added time and complexity to case management. Although most CCPT cases involved low-level concerns and relatively few agencies, even small gaps in information were seen to undermine early intervention and coordinated responses.

Practitioners recognised that data protection requirements, differing system access, and unclear ownership of information sharing were key obstacles to developing a shared platform. Officers suggested that a system similar to school-based safeguarding tools such as the Child Protection Online Management System, which allow historical and current interventions to be viewed in one place, could significantly improve coordination, reduce duplication, and support more informed, child-centred decision-making across the system.

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

Officers highlighted significant variation in the availability of interventions across Cumbria, largely driven by uneven funding distribution. Areas such as West Cumbria benefited from additional investment linked to private-sector funding, enabling a wider range of group-based and specialist interventions, while other parts of the county were limited to individual one-to-one work. This disparity was seen to create inequitable access to support for children and young people depending on where they lived.

Short-term and fragmented funding also contributed to instability in TSO provision. Even highly effective programmes with strong evidence of diversion and reduced police contact were vulnerable to being discontinued when funding priorities shifted. Officers expressed frustration that successful initiatives were not embedded as permanent services, limiting long-term impact and continuity. Similar challenges arose when nationally funded interventions were introduced without sufficient adaptation to Cumbria's rural context, resulting in poor local fit and weaker partnership foundations.

Geography was identified as an additional barrier to effective multi-agency working. Cumbria's large, rural footprint required teams to operate across significant distances, increasing reliance on digital communication to maintain coordination. Officers suggested that expanding and more evenly distributing CCPT and METCO capacity across the county would strengthen local knowledge, improve responsiveness, and reduce pressure on response officers. Overall, participants emphasised that sustainable funding, locally grounded interventions, and enhanced resourcing were essential to delivering a consistent, preventative, and child-centred policing approach across Cumbria.

Training Gaps and Role Specialisation for Child-Centred Policing

Officers described child-centred policing as inherently complex, requiring flexibility, creativity, and the ability to adapt approaches to each individual child. Engaging children - particularly younger ones or those resistant to authority - was reported as challenging, often requiring short, carefully paced interactions and repeated attempts using different techniques. Officers highlighted the need to constantly adjust their approach when initial engagement was unsuccessful, reinforcing the skill-intensive nature of this work.

Training gaps were identified as a significant barrier to supporting this level of practice. While officers accessed courses on child exploitation and CYP's mental health, these were often described as lacking depth, overly theoretical, or delivered online in ways that limited practical learning. In-person training was viewed as far more effective, but access was constrained by limited availability, infrequent delivery, small numbers of places, and Cumbria's large geography, meaning only a small proportion of officers could attend.

Role specialisation was also limited by capacity. As a relatively small force, Cumbria Police was unable to fully specialise key roles, with officers working in child exploitation frequently carrying wider safeguarding responsibilities. This diluted expertise and reduced the time available for focused, child-centred work with highly vulnerable CYP. Finally, participants highlighted that specialist learning held within METCO and CCPT roles was not always cascaded effectively across the wider force, including CID and response teams who encountered similar cohorts. Overall, officers identified a need for deeper, more accessible, and more widely shared training to support consistent child-centred practice across policing contexts.

Response Officers: Compassion Fatigue and Reactive Policing

Response officers were described as working under significant capacity pressures, resulting in a predominantly reactive style of policing. High workloads and limited time meant officers often moved rapidly between incidents, leaving little opportunity to engage with preventative services or follow-up alternative support pathways. This was compounded by gaps in awareness, with some response officers lacking knowledge of targeted youth services and wider early intervention options.

Practitioners also identified signs of compassion fatigue among response officers, particularly when dealing repeatedly with children who go missing or present with complex risks. In these contexts, language and attitudes were sometimes reported as becoming deficit-based or dismissive, reflecting frustration rather than more trauma-informed understanding. METCO and CCPT officers described actively challenging such narratives by reframing behaviour in terms of adversity, exploitation, and unmet needs.

Finally, it was suggested that response officers who were not directly embedded in CCPT or METCO work could lose sight of the preventative options available, reducing opportunities for diversion. Participants emphasised that better utilisation of CCPT expertise by response teams could help

prevent unnecessary arrests and support more child-centred outcomes, particularly in high-pressure frontline contexts.

Children Looked After in Cumbria: Placement Shortages and Unregulated Care Homes

Practitioners highlighted the placement of CLA as a significant and growing challenge within Cumbria, driven by national shortages of secure and regulated placements. Cumbria's geography and availability of care provision has resulted in a high number of vulnerable children being placed in the county, often from other local authorities, placing additional pressure on local policing, safeguarding, and care systems. Officers reported that the lack of secure beds nationally left highly vulnerable children in precarious and sometimes unsuitable placements, increasing safeguarding risks and demands on frontline services.

A particular concern related to the use of unregulated or semi-regulated care settings. Despite unregistered placements being unlawful since 2021, practitioners described ongoing reliance on such provision due to the absence of alternatives. In these contexts, police and METCO officers found themselves supporting care providers with safeguarding practice whilst having limited ability to escalate concerns because of weak or unclear regulatory oversight. This was compounded by the predominance of private care providers in Cumbria and the high number of out-of-county placements, where CYP often lacked consistent local social work oversight.

Across agencies, this situation was described as creating a "grey area" for the most vulnerable CYP - those who did not fit neatly into existing thresholds or statutory frameworks. Even where regular multi-agency strategy meetings were in place, practitioners reported a shared sense of constraint and helplessness, with each agency limited by the boundaries of its remit. The findings point to a clear need for stronger national and local solutions, improved placement availability, and clearer shared accountability, to ensure that the most vulnerable children are not left in unsafe or unsupported situations despite significant multi-agency effort.

Inter-Agency Miscommunication, Legal Grey Areas and Perceived Over-Reliance on the Police

Practitioners highlighted significant tension between care homes and the police arising from unclear boundaries around legal responsibility when managing challenging behaviour from CLA. A lack of shared understanding about Deprivation of Liberty (DoL) regulations meant that response officers sometimes suggested actions that were unlawful for care staff, creating confusion, defensiveness, and strained relationships. This uncertainty over where care home responsibility ends and police responsibility begins was described as a persistent "grey area" that undermined effective joint working.

Care home staff reported feeling that police sometimes perceived them as over-reliant on police attendance, whilst care homes felt they were only seeking police support in a small proportion of serious or unmanageable incidents. This disconnect occasionally resulted in safeguarding reports that care home managers felt were based on misunderstanding rather than providing context, with

concern expressed about the long-term impact such records could have on CYP who may later access their files and read inaccurate case notes.

Further complexity arose where CYP presented very differently to police than to care home staff. Officers attending incidents often encountered CYP who appeared calm or compliant, masking the intensity of behaviour that had led to police involvement. This sometimes left care home staff feeling disbelieved or criticised, particularly where repeated missing episodes or high-risk behaviours necessitated frequent call-outs despite limited visible concerns on police arrival.

Finally, practitioners questioned the proportionality of some police responses, particularly welfare checks late at night when care homes had already confirmed that a child had returned safely. While recognising the importance of safeguarding procedures, care home managers argued for greater professional trust in regulated settings, alongside a more nuanced, risk-based approach that distinguished between well-regulated care homes and unregulated or precarious placements. Overall, the findings point to a need for clearer shared understanding of legal frameworks, roles and thresholds, and more context-sensitive responses to support effective multi-agency safeguarding without damaging professional relationships.

BARRIERS: Custody Context

The CCPT's work was clearly positioned as separate from custody, with practitioners emphasising that CCP operates primarily in the community to prevent escalation and avoid arrest wherever possible. NHS-linked Liaison and Diversion (L&D) practitioners reported that CCPT officers do not routinely operate within custody settings, reflecting on the team's preventative remit and focus on early intervention with lower-level concerns before behaviour reaches the threshold for detention.

CCPT officers described a deliberate separation between their child-centred, supportive role and the investigative functions associated with custody. Where a CYP had committed an offence, CCPT involvement would typically only occur once investigations were concluded, enabling support or community resolutions to be offered without compromising evidential processes. Officers highlighted that custody is experienced by children as inherently punitive, with police perceived as authority figures seeking admissions rather than support, requiring a fundamentally different professional approach.

Adultification of Children and Young People in Custody

Findings indicated that custody processes did not always align with child-centred or trauma-informed practice. Custody was widely described as a fundamentally different environment from early intervention work, with officers focused on investigation, evidential standards, and procedural compliance rather than relationship-building. This sometimes resulted in CYP being managed in ways similar to adults, particularly where they had previous custody experience or where cases had escalated beyond the CCPT's preventative remit.

L&D practitioners raised concerns that opportunities for more child-centred responses in custody were being missed due to limited information sharing with the CCPT. While custody processes required engagement with YJ services, social care, and health practitioners, CCPT insight - gained

through prior relationships with CYP and families - was not always routinely accessed. This was viewed as a gap that could otherwise support better contextual understanding and reduce adultifying responses that result in CYP being viewed as being older than they are, within a custody environment that is inherently adultifying.

Training in the custody context was described as largely procedural and primarily delivered to custody sergeants, focusing on compliance with PACE, safeguarding duties, and accountability measures. There was limited evidence of trauma-informed or child-centred training for response officers or L&D practitioners working alongside custody staff. Overall, the findings suggest that stronger information sharing with the CCPT, alongside enhanced, practice-focused training, could help reduce adultification and support more child-centred decision-making within the custody environment.

Despite this separation, practitioners acknowledged that custody remains a uniquely challenging environment for CYP and can have a significant impact on mental health and wellbeing. As such, while custody sits outside the direct operational reach of the CCPT, it remains a critical context when considering the broader system of child-centred policing and the potential harms that early intervention seeks to prevent.

Trauma, Neurodiversity and First-Time Entrants to Custody

Practitioners highlighted that past trauma and neurodiversity can significantly shape how CYP behave in custody, yet these factors were not always sufficiently recognised in frontline responses. L&D staff emphasised that custody environments can retraumatise children, particularly where previous experiences - such as being locked in rooms or exposed to coercive control - mirror aspects of detention. Without early exploration of underlying experiences, officers may misinterpret distress-based behaviour, overlooking the extent to which CYP in custody may themselves be victims.

Concerns were also raised about gaps in trauma-informed practice and language among some frontline officers, with participants describing a culture in which CYP were sometimes viewed as deliberately disruptive rather than distressed. This risk was seen as particularly acute for neurodiverse children and those with SEND, whose responses to the custody environment may be driven by sensory overload, anxiety, or communication difficulties rather than wilful non-compliance. Practitioners argued that basic, mandatory training in trauma and neurodiversity awareness was needed, alongside improved processes for identifying additional needs. Current intake questions were described as too narrow, often failing to capture neurodevelopmental needs because CYP did not recognise these as ‘mental health issues.’

Finally, a gap was identified for CYP entering custody for the first time who had not previously been known to services or the CCPT. These ‘off-the-radar’ cases were often linked to isolated incidents rather than patterns of offending, such as a single retaliatory assault following bullying. Practitioners questioned whether earlier opportunities for identification or support could be

developed for this cohort, to prevent one-off crises from becoming the starting point for deeper system involvement.

Communication Gaps Between Agencies: Liaison and Diversion Summary Reports and Multi-Agency Meetings

L&D practitioners identified persistent communication gaps that limited the effectiveness of multi-agency working. While L&D teams routinely produced summary reports outlining CYP's vulnerabilities following custody, feedback on how this information was used was rare. This lack of feedback made it difficult for L&D to understand outcomes or assess whether their insights informed subsequent CCPT or wider safeguarding responses.

Practitioners also reported poor communication about changes to intervention pathways for justice-involved CYP. The closure or replacement of programmes was not always shared in a timely manner, leading to confusion and missed opportunities for referral. Although capacity pressures were acknowledged as a contributing factor, structural differences across regions were also highlighted.

In particular, comparisons with Lancashire illustrated how more embedded communication structures - such as regular multi-agency briefings involving specialist exploitation nurses - supported stronger safeguarding responses and continuity of care. In Cumbria, reliance on GP follow-up resulted in a more limited response, with only the most serious safeguarding cases receiving active follow-up. Overall, practitioners emphasised that clearer feedback loops, more consistent information sharing, and dedicated safeguarding roles could significantly strengthen post-custody support and multi-agency coordination.

Out-of-Hours Liaison and Diversion and Voluntary Attendee Support

Significant gaps were identified in L&D provision outside standard working hours. Due to NHS operating times, L&D practitioners were rarely present after early evening, meaning CYP detained overnight or at weekends were typically supported by private healthcare practitioners commissioned by the police. While these practitioners provided immediate clinical monitoring, their role was described as narrowly focused and custodial, lacking the holistic, public health-oriented assessment, referral, and follow-up that characterises in-hours L&D practice.

The absence of effective handover between out-of-hours private healthcare provision and in-hours L&D services resulted in limited continuity of care. Without direct contact with CYP, L&D practitioners were unable to follow up due to consent requirements and accountability concerns, leaving potential vulnerabilities unaddressed once custody ended. This gap was seen as particularly problematic given the potentially traumatic nature of custody for CYP.

Further gaps were identified for voluntary attendees, where there was no consistent process to ensure L&D or healthcare involvement. Practitioners emphasised the importance of offering equivalent support to voluntary attendees as to those formally detained, but progress was hindered by reliance on response officers to obtain consent and initiate referrals. Participants

suggested that system prompts or reminders could support more consistent referrals, helping ensure that CYP attending police stations voluntarily receive appropriate support and safeguarding input.

Lack of Emergency Foster or Holding Placements

Practitioners identified a significant barrier arising from the lack of emergency foster or short-term holding placements for CYP who could not safely return home after release from custody. In the absence of suitable alternatives, some CYP were effectively detained for extended periods within police settings, despite custody being widely recognised as an inappropriate environment for children.

This issue was particularly acute in high-risk cases involving family violence or safeguarding concerns, where returning home was unsafe and no immediate placement could be secured. As a result, CYP could remain under police supervision for prolonged periods, placing strain on police resources and risking further harm to the child's wellbeing. While custody staff understandably sought rapid resolution to remove CYP from police environments, this sometimes created pressure on social care services that lacked the capacity or availability to respond immediately.

The situation was further complicated by the limits of police powers, with practitioners emphasising that the use of Police Powers of Protection does not guarantee instant placement solutions. Although efforts were typically made to identify extended family placements, this was often not possible for CYP placed out-of-area due to care experience and contextual safeguarding risks. Overall, the lack of emergency placement capacity was seen as a systemic failure that left CYP in unsuitable environments and placed significant strain on multi-agency relationships.

FACILITATORS/SUPPORTS

Facilitators and supports in the context of policing will be dealt with as a whole across the CCPT, METCO role and the custody context.

A Consistent Public Health Approach: Relationships, Standardisation and SPOCs

Despite ongoing challenges such as inappropriate referrals and the absence of a unified digital case-tracking system, the CCPT demonstrated a strong and coherent public health approach grounded in relationships, consistency, and clear points of contact. A key strength was the depth of multi-agency relationships with schools, YJ, social care (via the Safeguarding Hub), and care homes, particularly through the METCO role. Regular contact with schools and DSLs supported effective communication and information sharing, while the Safeguarding Hub functioned as a central, trusted triage mechanism used consistently across agencies, enabling timely and proportionate responses to emerging risks.

Cumbria's large rural geography and recent local authority restructuring created challenges in maintaining consistency across areas. However, standardisation meetings were viewed as an effective mechanism for aligning processes, reducing variation between councils, and sharing best practice county-wide. The use of single points of contact (SPOCs) – which most notably allocated

METCOs for care homes - was highlighted as a critical facilitator of trust, continuity and efficiency. This relational, problem-solving role enabled proactive engagement, direct support to care homes, training delivery, and escalation prevention. Overall, the CCPT's emphasis on stable relationships, standardised processes and identifiable SPoCs was seen as central to delivering a consistent, solution-focused public health policing model tailored to Cumbria's unique context, particularly in relation to its high number of CLA.

Programmes for Prevention: Life Skills and Interactive Sessions

Participants identified several prevention and early intervention programmes as particularly effective, especially those that were skills-based and interactive. The *Future Pathways* programme was highlighted as a strong example, having run for eight years in Derwent and Esk through private sector and PCC match-funding. Delivered in secondary schools to selected students, it focused on breaking down barriers between CYP and the police while developing life skills, self-reflection and employability. Its structured six-week format supported CYP to explore their aspirations, recognise behavioural barriers, and identify existing strengths.

Similarly, the *Your Life, You Choose* programme addressing knife crime and antisocial behaviour was viewed positively due to its interactive, carousel-style design delivered with magistrates and YJ. However, the programme was discontinued after one year because of insufficient funding and staff capacity. This resulted in a shift from interactive sessions to assembly-style delivery, which participants felt significantly reduced engagement. Overall, practitioners emphasised that prevention programmes were most effective when they prioritised active participation and discussion, as interactive formats helped CYP stay engaged, reflect more deeply, and avoid disengaging from passive, lecture-style approaches.

Systems and Processes for High-Risk and Complex Cases

Trigger plans were described by officers as a key multi-agency tool for managing high-risk and complex cases, particularly for CYP classed as frequent missing. They functioned as a "one-stop-shop," bringing together the voice of the child (VOTC) with contextual safeguarding intelligence such as known locations, peers, associates and risk factors, enabling a more informed and consistent response across agencies. A key strength was their longevity: plans were retained on systems even when CYP were no longer missing, meaning valuable historical intelligence remained accessible.

However, officers highlighted longstanding difficulties embedding trigger plans consistently across the wider force. While METCOs maintained oversight and routinely updated them, frustration arose when plans were underused or not acted upon by other teams, limiting their intended impact beyond specialist roles.

Linked to trigger plans, the Philomena Protocol was viewed as working particularly well in Cumbria. The protocol, primarily completed by care homes, supported rapid and informed police responses when CYP went missing, including information sharing with other forces. High compliance levels

were attributed to strong relationships between METCOs and care homes, including unregulated settings that were not formally required to complete the documentation but recognised its value.

Despite this local success, officers identified a need for stronger national coordination. Not all forces had embedded the Philomena Protocol, reducing its effectiveness for CYP placed out of area. Participants suggested that wider adoption would require local authority buy-in, while maintaining care homes as the primary drivers of the process, given their day-to-day knowledge of CYP's lives and risks.

OVERALL IMPACT

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

CCPT officers consistently articulated a trauma-informed, child-centred and relational approach to working with CYP at risk of offending, going missing or being exploited. Central to this approach was recognition of individual difference, with officers emphasising that every child requires a bespoke response tailored to their communication style, needs and lived experience.

Engagement was intentionally flexible and informal, particularly in early contact. Officers described using games and low-pressure activities such as ice-breakers to reduce anxiety, build trust and gain insight into CYP's emotional states and experiences. This relational approach extended beyond CYP to families, with officers offering flexible appointment times (including evenings and weekends) and meeting locations (homes, schools, public spaces or extended family settings) to maximise engagement and reduce barriers.

Officers also demonstrated situational flexibility in how policing presence was presented, making case-by-case decisions about whether uniformed or plain-clothes engagement was most appropriate. This reflected sensitivity to stigma, family preferences and the potential impact of visible police involvement on CYP engagement. Similarly, flexibility was shown in recognising limits of police expertise, with referrals to more specialist services being made when child-centred policing was not the best fit.

A further trauma-informed element was thoughtful matching of officers to individual CYP, taking into account gender, personality and relational dynamics, and recognising that effective engagement often depended on "the right person" rather than a generic police role.

Crucially, officers framed behaviour as communication shaped by trauma, adversity and wider social contexts, including mental health difficulties, bereavement, family breakdown and other ACEs. This resulted in a non-deterministic, empathetic approach that avoided labelling CYP by behaviour alone and instead sought to understand what they were going through rather than labelling them by their behaviour.

Finally, officers emphasised a whole-family and systemic perspective, recognising that punitive responses alone cannot address the root causes of CYP's offending or risk. Instead, they highlighted the importance of addressing parental stress, financial hardship and family

functioning, explicitly rejecting enforcement-led responses in favour of preventative, relational and supportive interventions grounded in trauma-informed principles.

Voice of the Child (VOTC)

VOTC was embedded within CCPT practice as a foundational principle for engagement, disclosure and effective safeguarding. Officers described using the initial meeting as a deliberate space to listen to CYP's perspectives, focusing on what was happening in their lives, what was working well, and what they were worried about. This approach was framed as essential for enabling naturalistic disclosure, rather than imposing adult-led narratives or prescriptive safety plans.

Participants consistently rejected highly directive or authoritative approaches, emphasising that CYP are capable of articulating their own views. Officers highlighted that failing to listen risks disengagement and resistance, whereas incorporating CYP's voices enables shared understanding, reasoning and negotiated responses that are more likely to be effective. VOTC was therefore positioned as both pragmatic and relational, supporting engagement rather than enforcing compliance.

Importantly, VOTC was linked to professional curiosity: listening not only to what CYP say explicitly, but also attending to what may be unsaid, contradictory or emotionally encoded. This reflective stance was described as something officers developed over time, requiring compromise, flexibility and sensitivity to context.

The practical impact of VOTC was illustrated through restorative examples that were provided, including enabling CYP to articulate their experiences directly to police officers. In one case, a young person used a written account to explain the trauma underpinning her behaviour, creating both emotional closure for her and reflective learning for the officer involved. Such examples demonstrated how VOTC can humanise interactions, surface trauma, and promote changes in police responses toward greater empathy and child-centred practice.

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

Evidence across the evaluation demonstrates that the CCPT functions as an effective early-intervention and diversionary mechanism for CYP involved in low-level offending. YJ practitioners consistently described the CCPT as highly effective in meeting low-level need and preventing escalation into the CJS. Central to this effectiveness was the CCPT's gatekeeping role, whereby referrals were filtered and only escalated when necessary, ensuring proportionate responses and reducing unnecessary criminalisation.

The CCPT's preventative impact was closely linked to its operation as a dedicated, specialist team with a relational and safeguarding-led ethos. CYP were framed primarily in terms of vulnerability rather than offending, which influenced both frontline police attitudes and CYP's procedurally just perceptions of the police. Practitioners emphasised that having a whole team - rather than isolated

officers - committed to child-centred practice enabled consistency, continuity and trust, particularly through officers holding relational responsibility for individual CYP over time.

This relational model was reported to influence wider police responses, with vulnerability, exploitation and safeguarding factors being more routinely considered when CYP came to police attention. Importantly, repeat referrals to the CCPT were not viewed as failure but as evidence of trust, with families and partner agencies actively requesting CCPT involvement based on positive prior relationships.

Concrete case examples illustrated the preventative and diversionary impact of this approach, including substantial reductions in missing episodes, offending and risk behaviours following coordinated CCPT and METCO intervention. In some cases, CYP moved from chronic risk and repeated police contact to sustained stability, engagement with support services, and pro-social outcomes. Overall, the findings indicate that the CCPT's dedicated, relationship-based model plays a significant role in early intervention, diversion from the CJS, and longer-term attitudinal change within policing and among CYP and their families.

Findings: Voice of the Child Survey

Nine young people aged 13–18 participated in the VOTC survey, offering insight into their awareness and experiences of the CCPT. While the sample is small, the findings provide a nuanced picture of cautious optimism alongside persistent mistrust of the police more broadly.

Awareness and Perceptions of the CCPT

Two-thirds of respondents had heard of the CCPT, and most of those had direct involvement. However, a significant minority had no awareness of the team at all, indicating inconsistent visibility. Notably, awareness of the CCPT did not equate to positive perceptions of the police: among those who knew about the CCPT, the majority still reported quite or very negative feelings about the police overall. Only one young person reported a clearly positive CCPT experience, described simply as being "nice to talk to," while others cited negative experiences such as repeated stop-and-search, poor attitudes, and lack of communication about accusations.

A clear pattern emerged by age and gender. Younger participants (13–14) and females were more likely to report neutral or positive experiences, whereas older males (15–18) expressed greater dissatisfaction. Overall, 17% described their CCPT experience as positive, 50% as neutral, and 33% as negative. One negative account came from a young person living in residential care, suggesting heightened vulnerability may shape experiences.

Child-Centred Practice and Trauma-Informed Indicators

Despite critical comments, survey responses indicate that child-centred and trauma-informed elements were present in CCPT practice. Most CYP reported that CCPT officers asked about their thoughts and feelings, listened in ways that made them feel heard, and -though less consistently - helped them calm down and feel safe. Listening and communication scored more positively than de-escalation and trust-building, highlighting strengths alongside areas for development.

CCPT Compared to 'Normal' Police

Half of respondents felt the CCPT were different from 'normal' police, with qualitative feedback emphasising calmer, more approachable and less tense interactions. However, a quarter saw no difference, and others felt CCPT interactions were overshadowed by broader negative experiences of policing, particularly aggressive stop-and-search, stereotyping, and lack of explanation during encounters. Overall, two-thirds of respondents reported negative feelings about the police in general, demonstrating the scale of the challenge in shifting perceptions.

Going Missing and Return Home Interviews

Most respondents had been missing from home and had received a RHI. However, RHIs were largely perceived as ineffective in preventing repeat missing episodes. Several young people could not remember who conducted the interview or what impact it had, and one refused outright due to not wanting to speak to someone they did not know. Responses suggest emotional distance from the process and raise concerns about police-led RHIs, particularly where questions focus on criminality rather than wellbeing.

Referrals to Support Services

Half of respondents had been referred to support services. Where support worked well, it was attributed to trusting relationships and practical benefits. Less positive accounts highlighted delays, poor communication and lack of follow-up, undermining confidence in services.

Children's Recommendations

Children and young people called for:

- A more welcoming, non-judgemental approach, even when wrongdoing is suspected;
- Better communication and updates about what is happening next;
- Greater respect during encounters, including avoiding repeated searches and clearer recording of police actions.

VOTC Survey Conclusion

The CCPT has begun to establish a more relational, communicative and supportive model of engagement with some CYP, which contrasts positively with experiences of 'normal' policing. However, this impact is inconsistent and often diluted by broader negative policing encounters, limited visibility of the CCPT, weak follow-up communication, and low trust in processes such as RHIs. The findings point to clear strengths in listening and rapport-building, alongside a need for greater consistency, transparency, trust-building and sustained relational follow-through to fully realise a Child First (Haines and Case, 2015) approach in the eyes of children and young people.

Quantitative Findings: Patterns of Contact, Vulnerability and System Demand

The initial dataset provided by Cumbria Constabulary consisted of incidents and referrals of CYP between July 2020 and November 2022, across North, South and West Cumbria. This dataset had significant limitations in terms of the ability to evaluate the impact of the CCPT on diverting CYP from criminal justice involvement due to two core reasons:

1. recording practices that prioritised binary 'yes/no' responses thereby capturing process activity such as referral rates, equity of referrals and operational performance
2. a lack of outcome data for onward referrals to understand the impact of different diversionary interventions

In particular, CCPT intervention was not recorded at all, support service data was sparse and inconsistent, and long term pre- and post- impact data was entirely missing. As a result, there were significant data gaps around the nature and the impact of diversionary interventions on CYP's future offending that would have allowed an impact/outcome analysis to be undertaken.

To try and overcome these deficiencies in recording within the original referral dataset, a combined data set with more qualitative detail around individual cases was created, to understand the nature of contact, risk levels and criminal justice outcomes (see quantitative analysis below). While this dataset was able to address some of the deficiencies noted above, it was still unable to provide a clear picture of the impact of diversionary interventions through the CCPT and external support services, on CYP's desistance over time.

Concentration of System Contact: Complexity and Repeat Engagement

The quantitative analysis included 548 children and young people identified within the dataset over the three-year review period. Across the cohort, the average number of recorded incidents was 14.35, with a maximum of 106 incidents recorded for a single individual. The distribution of contact was uneven. Nearly half of the cohort (44.3%) experienced 11 or more recorded incidents over the three-year period, indicating sustained rather than episodic engagement, while fewer than 5% had no further recorded incidents beyond their initial referral.

Table 1: 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%

This concentration demonstrates that system contact was heavily clustered within a subgroup of CYP rather than evenly distributed across the cohort. A substantial subgroup of CYP experienced sustained and repeated engagement across safeguarding, crime and missing categories. The pattern reflects ongoing complexity rather than isolated involvement and indicates that system demand is concentrated among those whose contact becomes embedded over time.

Gender and Recorded System Contact: Comparable Levels of Engagement, Distinct Pathways

Overall levels of recorded contact did not differ significantly between male and female children. However, the nature of contact varied. Boys were more frequently associated with crime-related incidents and antisocial behaviour categories, whereas girls were more commonly linked to missing episodes and safeguarding concerns relating to exploitation and vulnerability. These differences suggest distinct pathways into system contact, underlining the importance of responses that are sensitive to how vulnerability presents rather than assuming uniform trajectories.

Geographic Variation in Recorded Incidents Across the CCPT Footprint

Recorded incident frequency also varied across geographic areas within the CCPT footprint. The distribution of CYP and mean incident frequency by area is shown below.

Table 2: 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 average incident frequency was recorded in Barrow / Furness, followed by Derwent / Esk. However, when the four areas were compared without taking other factors into account, these differences were not statistically significant. A different pattern was found when age and gender were taken into account within the regression analysis, where geographic area was associated with recorded incident frequency. This suggests that local context may contribute to differences in recorded contact, although the available data cannot identify the reasons for these differences. Factors such as service availability, referral practices, recording practices and local circumstances may all be relevant.

Age at First Referral and Recorded Incident Frequency

Age at first referral was examined alongside gender and geographic area to explore factors associated with total recorded incident frequency. A reliable age at first referral could be

established for 533 of the 548 CYP, and the age-related analyses were therefore based on this group.

Age at first referral was positively associated with cumulative recorded incident frequency, and this relationship remained when an alternative statistical model designed specifically for count data was used. Geographic area was also associated with incident frequency after age and gender were taken into account, while gender was not.

This age finding requires careful interpretation. The total incident count includes historical records occurring before first CCPT referral as well as later recorded contact, and CYP were not continuously observed over equal periods of time. The finding therefore shows an association between age at first referral and cumulative recorded contact within the available data. It does not demonstrate that individual CYP necessarily experience progressively increasing offending, vulnerability or police contact as they grow older.

Socio-Economic Context (IMD Analysis)

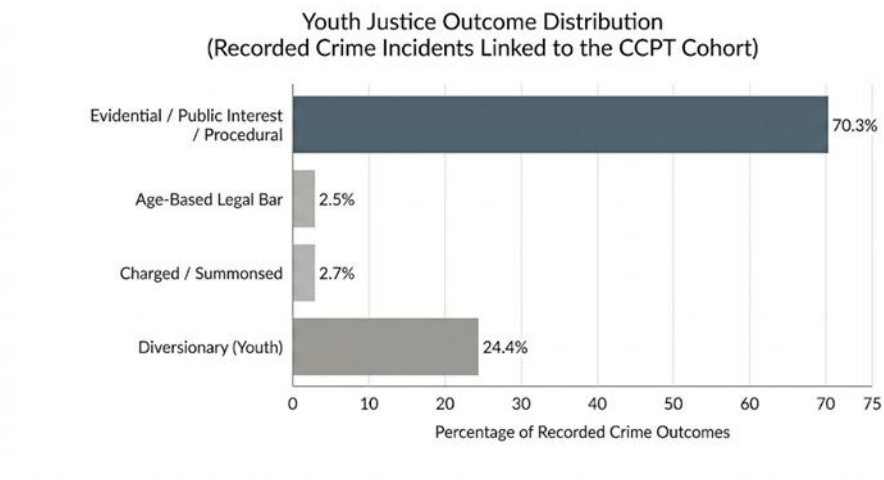
Socio-economic context was examined using available postcode-linked information and the Index of Multiple Deprivation (IMD 2019). Suitable information was available for 69.3% of the cohort.

Within this reduced sample, local authority-level deprivation did not independently predict recorded incident frequency once age and gender were taken into account. This does not mean that deprivation or neighbourhood circumstances are unimportant to individual CYP. The analysis used an area-level measure and incomplete postcode data, meaning that more detailed differences between neighbourhoods could not be examined.

Youth Justice Outcomes: Diversion and Justice Pathways

Most recorded cases involving this cohort did not result in formal prosecution.

- Only **2.7%** of cases resulted in a charge or summons (including alternate offence charges).
- Around **24.4%** were resolved through youth-focused diversionary routes, such as Youth Cautions, Community Resolutions, or other formal diversion interventions.
- In **2.5%** of cases, the child was below the age of criminal responsibility at the time of the offence.
- The majority (**70.3%**) were closed for evidential or procedural reasons; for example, where there was insufficient evidence, prosecution was not in the public interest, no suspect was identified, or time limits expired.



It is important to note that these outcome codes are attached to recorded incidents, not directly to individual children. This means the outcome reflects what happened in the case overall, not necessarily what happened to the child. In some cases, the child was recorded as a victim or witness, so the outcome relates to someone else. These findings should therefore be understood as describing the justice pathways across cases involving the cohort, rather than as a direct measure of how many children were formally prosecuted.

Although this cohort is not directly comparable to national data, the overall pattern is consistent with the wider youth justice picture in England and Wales. National statistics show that formal charges account for a relatively small proportion of youth outcomes (around 5–8%), while the majority of cases are resolved through diversion, evidential decisions, or other non-court routes. Overall, the distribution observed here reflects the broader national emphasis on diversion, proportionality, and reducing unnecessary criminalisation of children.

Quantitative Conclusions

The quantitative findings show that recorded system contact was concentrated within a subgroup of the CCPT cohort, with 44.3% of CYP having 11 or more recorded incidents within the linked administrative data. Overall incident frequency did not differ significantly by gender, although different types of contact were evident for boys and girls. Age at first referral and geographic area were associated with cumulative recorded incident frequency, while local authority-level deprivation was not independently associated within the available postcode-linked sample.

These findings reinforce the value of being able to recognise repeated and complex patterns of contact across services. However, the quantitative data do not establish that individual CYP follow a progressively escalating trajectory, nor can patterns of subsequent contact be attributed directly to CCPT intervention. When considered alongside the wider qualitative findings, the results support continued attention to early identification, coordinated safeguarding and child-centred responses where repeated or complex needs are identified.

Discussion

Building Trust Through Relationships

What worked well

The evaluation found that trusted relationships were at the heart of the CCPT's success. Across schools, youth justice, complex safeguarding and third sector organisations, practitioners consistently described the team as approachable, reliable and child-centred. Rather than focusing only on offending behaviour, officers sought to understand each child within the context of their family, school, community and wider life experiences. This whole-child approach enabled earlier identification of need and encouraged children and families to engage with support before problems escalated.

Why this matters

The quantitative findings reinforced this picture. Almost half (44%) of the children supported by the CCPT experienced eleven or more recorded incidents during the review period. This demonstrates that the team was often working with children experiencing repeated and complex vulnerability rather than isolated incidents. Short-term interventions alone are therefore unlikely to be sufficient. Sustained, trusting relationships are essential if services are to reduce repeat contact and improve long-term outcomes.

Building trust with children and families

Practitioners described trust as something that had to be earned. Previous negative experiences with statutory services often made families reluctant to engage, particularly where support relied on voluntary participation. Officers therefore invested time in listening, understanding family circumstances and explaining the purpose of their involvement. Schools and partner agencies valued the team's regular presence because it helped build familiarity and confidence before crises developed.

Keeping relationships consistent

The evaluation highlighted the importance of continuity. Children were more willing to engage in Return Home Interviews and wider intervention when they could speak to someone they already knew and trusted. Practitioners also recognised that changing workers or transferring responsibility between services could disrupt engagement, particularly for children with complex needs or previous experiences of trauma.

What got in the way

Although the relational model was widely praised, practitioners identified several barriers. Capacity pressures, service thresholds and workforce changes sometimes made it difficult to maintain consistent relationships over time. Some children and young people were also unable to distinguish CCPT officers from response officers, meaning that the team's preventative role was not always well understood.

What this means for practice

Effective child-centred policing depends on more than responding to individual incidents. Children benefit from consistent adults who understand their wider circumstances, work alongside families and coordinate support with partner agencies over time. Continued investment in relationship-based practice, early intervention and strong multi-agency working will help ensure that children receive support before problems become entrenched. Raising awareness of the CCPT among children, families and partner agencies would further strengthen trust and encourage earlier engagement with preventative support.

Working Together Across Services

What worked well

Strong partnership working was one of the clearest strengths identified by the evaluation. The CCPT worked closely with youth justice, complex safeguarding, schools, third sector organisations and the Safeguarding Hub to coordinate support for children and young people. Regular multi-agency meetings, shared decision-making and close professional relationships, helped services identify risks earlier, share information appropriately and provide coordinated responses.

Why this matters

The evaluation found that child-centred policing works best when agencies work together rather than in isolation. Children rarely experience problems in just one area of their lives, so effective prevention depends on education, policing, health, social care and voluntary organisations sharing responsibility and information to create a joined-up picture of vulnerability and risk. Strong partnership working enabled earlier intervention, reduced duplication and supported more holistic responses to children's needs.

What helped effective partnership working

Practitioners highlighted the value of co-location, regular communication, joint training and having clear points of contact across organisations. The seconded police officer within youth justice and the CCPT's gatekeeping role were both seen as examples of good practice because they strengthened relationships between agencies and made it easier to coordinate support around the child.

What got in the way

Despite these strengths, practitioners identified several barriers. Rigid referral thresholds sometimes meant trusted relationships ended when responsibility transferred between services. Referral quality was inconsistent, particularly from schools, and there was uncertainty about eligibility criteria for some services. Short-term funding also disrupted successful interventions, while fragmented digital systems meant practitioners often relied on personal relationships rather than shared information systems to coordinate support.

Supporting children with complex and changing needs

The evaluation found that children do not move through services in a straightforward way. Their needs often change over time, requiring agencies to respond flexibly rather than relying on fixed

thresholds. Practitioners emphasised the importance of maintaining trusted relationships wherever possible, particularly for children with complex safeguarding needs, repeated missing episodes or escalating vulnerability. Rurality and out-of-county placements created additional challenges, making strong partnership working even more important.

What this means for practice

The findings suggest that effective multi-agency working depends on strong professional relationships, flexible referral pathways and shared responsibility for children and young people. Future development should focus on improving referral processes, strengthening information sharing, investing in integrated digital systems and creating greater flexibility so that children can continue to receive support as their needs change. Long-term investment in partnership working will help sustain the preventative, Child First approach demonstrated by the CCPT.

Creating the Conditions for Child-Centred Policing

What worked well

The evaluation found that the CCPT and METCO roles have established a strong model of specialist child-centred policing. Practitioners described a culture that prioritised prevention, trusted relationships, contextual safeguarding and partnership working. These specialist roles were widely recognised for promoting a Child First approach and influencing practice across partner agencies.

Why this matters

The evaluation showed that specialist teams alone cannot transform services. Lasting change depends on the wider organisation adopting the same values and approaches. Child-centred policing becomes most effective when every officer understands children's development, recognises vulnerability and feels confident working alongside partner agencies.

Creating a child-centred culture

Participants highlighted the importance of consistent training, leadership and organisational support. They identified examples of excellent practice but also described variation in knowledge, compassion fatigue, adultification and limited awareness of local services among some officers. The findings suggest that the CCPT should continue acting as a centre of expertise while helping to spread Child First practice across the whole force through training, mentoring and shared learning.
The role of integrated systems

Although professional relationships often compensated for fragmented systems, practitioners consistently identified digital integration as one of the greatest opportunities for improvement. Better connected information systems would enable agencies to share information more efficiently, reduce duplication, improve accountability and identify children experiencing escalating vulnerability at an earlier stage. The evaluation also highlighted the value of consistent recording and shared identifiers to support coordinated safeguarding and long-term evaluation.

Mental health and wider system pressures

Long waiting times for CAMHS and other mental health services placed additional pressure on schools, policing, youth justice and third sector organisations. As children's needs escalated while they waited for specialist support, partner agencies frequently found themselves managing increasing levels of risk. These findings reinforce the importance of strong partnership working, investment in early intervention and close collaboration between health, education, policing and voluntary services.

What this means for practice

The evaluation concludes that effective child-centred policing depends on four interconnected foundations:

1. Trusted relationships with children and families
2. Strong multi-agency partnerships
3. An organisational culture that embeds Child First principles across the whole force
4. Integrated systems that enable agencies to work together effectively.

Continued investment in these areas will help sustain the preventative approach developed by the CCPT and ensure that child-centred policing becomes part of everyday practice rather than the responsibility of specialist teams alone.

Conclusion

The evaluation shows that the Cumbria Child-Centred Policing Team (CCPT) is doing far more than responding to low-level offending. It is supporting children and young people with complex and often repeated needs by working alongside families and partner agencies to intervene early, prevent escalation and build positive futures. The team's Child First approach has strengthened trust, improved partnership working and demonstrated how policing can play an important role within a wider public health approach. Across the evaluation, practitioners consistently valued the CCPT's relationship-based approach. Children benefited from officers who took time to understand their circumstances, worked closely with families and collaborated effectively with schools, youth justice, health, complex safeguarding/social care and third sector organisations. These relationships often made the difference between children engaging with support or disengaging from services.

The findings also show why this work matters. Almost half of the children supported by the CCPT had repeated contact with services during the review period, highlighting that many children experience ongoing vulnerability rather than isolated incidents. This reinforces the importance of early intervention, trusted relationships and coordinated multi-agency support before problems become more entrenched.

The evaluation also identified several opportunities to strengthen the service. While the CCPT is highly valued by partners, its impact is sometimes constrained by capacity pressures, inconsistent referral pathways and eligibility thresholds, fragmented information-sharing systems, and variation in the adoption of Child First and trauma-informed approaches across the wider policing

workforce. Practitioners also highlighted the need for stronger links with health services, more consistent engagement across education settings, improved digital connectivity between agencies, and greater continuity of support for children with complex or emerging needs. Addressing these challenges will require continued investment in workforce development, integrated digital systems, stronger multi-agency collaboration and governance, and better mechanisms for listening to, and acting on, the voices of children and young people. The CCPT has already demonstrated what effective child-centred policing can look like. The next step is to build on this success by embedding the same values and ways of working across the whole organisation. Doing so will help ensure that every child receives a consistent, compassionate and coordinated response, regardless of where they first come into contact with services.

Overall, the evaluation found that the CCPT has helped change how Cumbria Constabulary and partner organisations work with vulnerable children, young people and their families. By placing children's voices at the center of decision-making and focusing on early intervention, prevention and strong relationships, the CCPT has created a more supportive and child-centred approach to policing. However, sustaining and expanding this model will require improvements to referral processes, information sharing, digital systems and joined-up working across services. The evaluation also found that a relatively small number of children account for repeated contact with services, highlighting the importance of identifying vulnerability early and providing timely support before problems escalate. Continued investment in partnership working, early intervention and relationship-based practice will be essential to improving outcomes for children and reducing future harm.

More broadly, the findings offer valuable learning for policing and safeguarding partners beyond Cumbria. They demonstrate that sustainable prevention is built on four connected foundations: trusted relationships with children and families, effective multi-agency working, a strong Child First culture and integrated systems that allow services to work together. By continuing to invest in these foundations, Cumbria Constabulary and its partners will be well placed to reduce repeat demand, strengthen safeguarding and improve outcomes for children and young people.

Recommendations

Cross-Cutting Recommendation 1: Identify and Support Children Earlier

Why this is important: The evaluation found that many children supported by the CCPT had repeated contact with policing and safeguarding services over time. This suggests that vulnerability often develops gradually rather than appearing suddenly. Earlier identification and coordinated support can help prevent children becoming more deeply involved with the criminal justice and safeguarding systems.

Recommendation: Develop an Early Escalation Framework that identifies children experiencing repeated or increasing contact with services and automatically triggers a multi-agency review.

The framework should:

- identify children earlier through patterns of repeated contact, rather than waiting until they meet statutory thresholds;
- maintain trusted relationships wherever possible as children's needs change;
- coordinate support across police, youth justice, education, health, social care and third sector partners; and
- focus on prevention and early intervention before vulnerability becomes entrenched.

Cross-Cutting Recommendation 2: Improve Information Sharing Through Integrated Digital Systems

Why this is important: Practitioners consistently described difficulties caused by fragmented information systems. The evaluation also found that bringing together information from different agencies required significant manual work because of inconsistent recording and disconnected datasets. Better connected systems would help practitioners identify children experiencing escalating vulnerability earlier and coordinate support more effectively.

Recommendation: Develop integrated multi-agency information systems that enable practitioners to build a shared understanding of children's needs across police, education, health, youthjJustice, social care and third sector organisations.

This should include:

- consistent recording of key child identifiers across agencies;
- improved information sharing to support earlier identification of cumulative vulnerability;
- better tracking of interventions and outcomes over time; and
- stronger data to support service planning, evaluation and continuous improvement.

Schools

Continue Good Practice:

- **Continue Building Positive Relationships Between Schools and the CCPT:** Maintain the visible presence of CCPT officers in schools to help build trust with children and young people, promote positive perceptions of policing and encourage early engagement with support.
- **Continue working closely with schools and Pupil Referral Units:** To identify and respond to emerging concerns, particularly around child exploitation, missing episodes and local safeguarding risks.
- **Maintain timely information sharing**: Between schools, the CCPT and partner agencies to identify risk early and coordinate support for children and young people.
- **Continue Delivering Child First and Trauma-Informed Practice:** Ensure that children and young people's views remain central to decision-making and continue using trauma-informed, relationship-based approaches in all school-based work.
- **Continue Delivering Preventative Multi-Agency Support in Schools:** Use schools as trusted environments where children, families and partner agencies can come together to provide early support before problems escalate.

Areas for Development:

- **Strengthen the Voice of the Child**: Develop a consistent approach to collecting and sharing children's feedback across schools and partner agencies to help improve services, evaluate interventions and shape future Child First practice.
- **Improve School Referral Pathways:** Introduce opportunities for schools to discuss complex or uncertain cases directly with the CCPT before making referrals and provide regular training to help staff make high-quality referrals.
- **Improve Information Sharing with Schools:** Develop more consistent and timely information sharing between schools, the CCPT and METCOs, including:
    - children reported missing from home;
    - emerging safeguarding concerns;
    - local patterns of offending or anti-social behaviour; and
    - issues affecting individual schools or communities.
- **Strengthen Communication and Support for Schools:** Provide regular updates, check-ins and opportunities for schools to remain connected with the CCPT, particularly following staff changes or when new safeguarding issues emerge.
- **Improve Access to Information About Available Services:** Develop a shared directory or toolkit of local support services and interventions so schools can easily identify available provision, referral routes and changes to commissioned services.

Third Sector Organisations

Continue Good Practice:

- **Continue Delivering Relationship-Based Support:** Through working with Third Sector organisations that provide long-term, strengths-based and trauma-informed support, recognising the wider circumstances of children, young people and their families rather than focusing solely on individual behaviours.
- **Continue Taking a Whole-System Approach:** Work with organisations that understand how previous experiences with education, health, social care, policing and other services can influence children's trust in professionals and shape how they engage with support.
- **Continue Providing Wraparound Support:** Maintain approaches that provide support before, during and after interventions wherever possible, helping children and young people transition smoothly between services and reducing the risk of disengagement.
- **Continue Strong Multi-Agency Partnership Working:** Build on the strong relationships between the CCPT and Third Sector organisations through joint visits, regular communication, shared training and opportunities to discuss cases before formal referrals are made.
- **Continue Championing Child First Practice:** Support Third Sector organisations to continue promoting trauma-informed, child-centred practice and to constructively challenge systems where children's needs or voices are not being fully recognised.

Areas for Development:

- **Invest in Long-Term Preventative Services:** Work with commissioners to secure longer-term funding for interventions that have demonstrated positive outcomes, recognising that building trusted relationships takes time and cannot be achieved through short-term funding cycles.
- **Maintain Trusted Relationships as Children's Needs Change:** Develop more flexible partnership arrangements that allow Third Sector organisations to remain involved when children's needs become more complex, helping to maintain trusted relationships alongside statutory services wherever appropriate.
- **Strengthen Multi-Agency Coordination:** Improve clarity around lead professional responsibilities, shared support plans and communication between agencies so that children, families and practitioners experience coordinated, joined-up support.
- **Improve Support for Children with Complex Needs:** Develop stronger multi-agency responses for children experiencing multiple and overlapping needs, including child exploitation, mental health difficulties, self-harm and long waits for specialist services, ensuring support continues while children await specialist intervention.
- **Increase Awareness of Early Support:** Work together to raise awareness of the CCPT and available support services among parents, carers and communities, helping families understand how to access support early and reducing stigma around seeking help.

Youth Justice and Complex Safeguarding

Continue Good Practice:

- **Continue Strong Partnership Working:** Continue the close working relationship between the CCPT, youth justice and complex safeguarding through joint visits, shared training, co-location and regular communication. These approaches strengthen relationships between professionals, improve information sharing and support earlier intervention.
- **Continue Building Trusted Relationships with Children and Families:** Maintain relationship-based practice that builds trust with children, young people and their families, helping to improve engagement, procedural justice and willingness to access support.
- **Continue Embedding the Voice of the Child:** Ensure that the views and experiences of children and young people continue to shape assessments, intervention planning and service improvement through regular feedback and meaningful participation.
- **Continue Flexible, Child-Centred Partnership Working:** Build on the strong relationships between the CCPT, youth justice and complex safeguarding to provide early, preventative support wherever possible and respond flexibly as children's needs change.
- **Continue Strengthening the Safeguarding Hub:** Maintain the Safeguarding Hub as a central point for coordinated decision-making, information sharing, risk assessment and multi-agency planning.

Areas for Development:

- **Improve Referral Pathways and Access to Support:** Simplify referral processes, provide greater flexibility for early intervention and ensure practitioners have clear information about available services, eligibility criteria and referral routes so that children receive the right support at the right time.
- **Identify Escalating Vulnerability Earlier:** Introduce a multi-agency escalating vulnerability review process for children who repeatedly come to the attention of police and partner agencies. Instead of responding to each incident in isolation, repeated contact should trigger a coordinated review that:
    - considers the child's full history across agencies;
    - identifies patterns of increasing vulnerability;
    - builds on previous interventions rather than starting again;
    - maintains trusted relationships wherever possible; and
    - agrees coordinated support to prevent needs from escalating.

- **Strengthen Information Sharing:** Improve information sharing between youth justice, complex safeguarding, police, liaison and diversion, healthcare providers and partner agencies to ensure children receive coordinated support, particularly following custody, during weekends and out of hours, and where information is needed to inform decision-making.
- **Improve Support for Children with Complex Needs:** Develop coordinated multi-agency support for children experiencing multiple and overlapping needs, including repeated anti-social behaviour, exploitation, missing episodes and complex safeguarding concerns. Ensure

intervention plans are tailored to individual needs rather than relying on single-agency responses.

- **Strengthen Relational Practice Across Key Interventions:** Wherever possible, ensure that important interventions, such as Return Home Interviews, are delivered by trusted practitioners who already know the child. Review operational processes to provide greater flexibility for complex cases where additional relationship-building or multi-agency planning is needed before intervention.
- **Build Consistency Across the Whole System:** Expand joint training and shared learning across youth justice, complex safeguarding, the CCPT and response policing to strengthen Child First practice, improve understanding of safeguarding pathways and develop more consistent responses for children across Cumbria, including those placed from outside the county.

Child-Centred Policing Team and the METCO Role

Continue Good Practice:

- **Continue Delivering Personalised Early Support:** That is tailored to each child or young person, including flexible use of uniform and matching officers to children where relationships are likely to work best.
- **Continue Using Trauma-Informed Practice:** To build trust through empathy, curiosity, active listening and age-appropriate communication.
- **Continue Strong Multi-Agency Partnership Working:** Maintain strong multi-agency working through regular meetings and shared decision-making across Cumbria.
- **Continue Strengthening the Safeguarding Hub:** Through using the Safeguarding Hub to coordinate referrals and timely support.
- **Continue Protecting Early Intervention Pathways:** Protect the dedicated CCPT gatekeeping role to screen referrals, reduce duplication and avoid unnecessary criminal justice involvement.
- **Continue Developing Specialist Support for Children in Care:** Through developing the METCO role as the main point of contact for residential care homes.
- **Continue Good Practice for Children Missing from Home:** Through the use of Trigger Plans and the Philomena Protocol to improve responses when children go missing.
- **Continue Keeping Children and Families at the Centre:** By involving families wherever possible and keep the child's voice central to decision-making.
- **Continue Sharing Learning and Good Practice:** By sharing learning across police forces to strengthen understanding of trauma and children in care.

Areas for development:

- **Improve Referral Pathways:** By simplifying referral pathways and provide clearer guidance for schools.

- **Strengthen Support for Children with Complex Needs:** Through the introduction of more flexible support for children with complex needs, including practitioners with lived experience where appropriate.
- **Develop Integrated Digital Systems:** Through a shared digital system to track referrals, interventions and outcomes.
- **Improve Access to Early Intervention Programmes:** By ensuring consistent access to life-skills, resilience and employability programmes.
- **Secure Long-Term Investment:** Through funding for effective early intervention services.
- **Increase Specialist Capacity:** Of CCPT and METCO roles, particularly in rural areas.
- **Continue Building Workforce Expertise:** By investing in specialist training on child exploitation, neurodiversity, mental health and complex safeguarding.
- **Recruit and Retain the Right Workforce:** To ensure the recruitment and retention of staff suited to relationship-based work.
- **Raise Awareness of the CCPT:** Through accessible resources for professionals, young people and their families.
- **Strengthen Child-Centred Communication:** By encouraging trauma-informed language in records e.g. case notes, and through providing regular updates to children and families.
- **Expand Restorative Practice:** By strengthening restorative opportunities that allow children to explain their experiences to support voice of the child.
- **Improve Access to Trusted Support:** Through increased access to specialist youth workers and allow greater flexibility for re-engagement.
- **Share Learning and Build Partnerships:** Re-engage Public Health partners and promote Cumbria's approach as national best practice.

Custody, Liaison and Diversion, and Response Officers

Continue Good Practice:

- **Maintain Close Working Relationships:** Between child-centred partners in Liaison and Diversion and the CCPT.
- **Maintain Child First and Trauma-Informed Training:** By ensuring that all staff working in custody are trained in Child First and trauma-informed practice.

Areas for development:

- **Deliver Joint Training:** Across custody, Liaison and Diversion, CCPT and response officers.
- **Introduce Routine Screening**: For neurodiversity and wider vulnerabilities in custody.
- **Improve Information Sharing:** Between Liaison and Diversion services and the CCPT.
- **Improve Access to Liaison and Diversion Support:** By ensuring voluntary attendees can access Liaison and Diversion support where appropriate.
- **Strengthen Early Identification and Diversion:** By introducing enhanced vulnerability screening and fast-track diversion for first-time entrants to custody.
- **Strengthen Out of Hours Safeguarding Arrangements:** For children detained in custody overnight or at weekends.

- **Develop Emergency Accommodation Arrangements:** For children unable to return home.
- **Undertake Joint Commissioning Activities:** To explore introducing a specialist Exploitation Nurse in with L&D teams; Complex Safeguarding; METCOs or MACE panels.
- **Provide Trauma-Informed Training:** For investigators undertaking rapport-based interviewing harnessing the Mendez Principles.

Whole-Force Policing

Continue Good Practice:

- **Continue Championing Child First Policing:** Through promoting the CCPT as an example of Child First policing.
- **Continue Supporting Specialist Practice:** By maintaining specialist pathways that allow Response officers to focus on higher-risk work.

Areas for development:

- **Promote Positive Attitudes Towards Children and Young People:** By challenging negative attitudes and stereotypes about children and young people.
- **Embed Child First Practice Across the Force:** Through extending Child First and trauma-informed training across the wider workforce.
- **Strengthen Workforce Knowledge and Skills:** By providing regular training on child development, trauma, communication and de-escalation.
- **Strengthen Joint Learning with Partners:** Through the delivery of joint learning with residential care providers.
- **Promote Trauma-Informed Operational Practice:** Ensure stop and search and restraint are delivered in trauma-informed, proportionate ways.

Future Research

- How to improve consent, engagement and partnership working between families and services.
- Effective responses for children with highly complex needs.
- Better ways of managing repeated call-outs involving care homes.
- The experiences of children living in unregulated or highly restrictive placements.
- Best practice for interviewing vulnerable children, particularly those with neurodiversity.

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