

# An evaluation of the Young Futures Prevention Partnership panel pilot in Merseyside

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# AN EVALUATION OF THE YOUNG FUTURES PREVENTION PARTNERSHIP PILOT IN MERSEYSIDE

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## About this report

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Merseyside is one of several areas allocated funding since 2019 by the UK government to establish a Violence Reduction Unit. To inform the continued development of the Merseyside Violence Reduction Partnership (MVRP) since November 2019, Liverpool John Moores University (LJMU), have been commissioned to evaluate the MVRP as a whole (Quigg et al., 2020, 2021, 2022, 2023), and selected work programmes. In addition, since 2022/23, LJMU have been commissioned to implement additional research to fill gaps in local knowledge. This report forms one of a suite of outputs from the 2025/26 research and evaluation work programme and specifically presents an evaluation of the Young Futures Prevention Partnership (YFPP) panels. Additional reports for 2025/26 explore:

- Whole System Evaluation (Harris et al., 2026).
- Operation Inclusion (Wilson et al., 2026).
- Custody Navigators (Hearne et al., 2026).
- Be the Change (Smith et al., 2026).
- Neurodiversity Toolkit (McCoy et al., 2026).
- Fire Champions (Smith et al., 2026).
- Children and young people's survey findings (Butler et al., 2026; Quigg et al., 2026).

Outputs are available on the MVRP website: [www.merseysidevrp.com](http://www.merseysidevrp.com) or via the author.

## Acknowledgements

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- All study participants who took part in interviews and focus groups.
- Louise Crane and Isha Chopra at LJMU for assistance with transcription.



## Executive Summary

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In July 2025, the UK government announced the launch of Young Futures Delivery Unit as part of their Safer Streets mission which includes Young Futures Prevention Panels and Young Futures Hubs. The Young Futures initiative intends to bring together community services to support young people who are at risk of gang involvement, violence or knife crime. As part of the Young Futures initiative, the Government also announced the piloting of new multi-agency Prevention Partnership (YFPP) panels to proactively identify young people at risk and unknown or not engaged in services and refer them to suitable support. In the first phase, YFPP panels were piloted in the 20 Violence Reduction Unit (VRU) areas across England and Wales which includes Merseyside Violence Reduction Partnership (MVRP). The pilot began in April 2025, with YFPP panels being designed and implemented across the next 12 months. In 2025/26 MVRP piloted YFPP Panels across two areas: 1) North Liverpool where a new panel was established; and 2) Knowsley where their existing Vulnerable Children’s Meeting (VCM) was repurposed. Learning from these pilots will inform regional and national rollout to non-VRU areas from April 2026.

### Evaluation Aim

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The study aimed to evaluate the Young Futures Prevention Partnership (YFPP) Panels pilot across Merseyside. The evaluation answered the following questions:

- 1) How have the YFPP panels been implemented across the different areas of Merseyside in the pilot year?
- 2) What are the key barriers and enablers to effective delivery of the YFPP panels?
- 3) How, and to what extent, has the YFPP panels pilot met its objectives?
- 4) What changes to the implementation processes of the YFPP panels should be made if the panels are sustained beyond the pilot?

### Methods

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A mixed methods approach was used to evaluate the YFPP pilot by combining document analysis and observation, analysis of routine monitoring data, and qualitative interviews with stakeholders (n=17) and young people (n=3). Findings were triangulated using the Re-AIM framework. Ethical approval was granted by Liverpool John Moores University Research Ethics Committee (approval reference: 25/PAH/015).

### Findings

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YFPP panels received data from the police pathway on potentially eligible CYP (residents aged 10-18 years, named suspect on two or more offences resulting in No Further Action [NFA]) and securely shared with multi-agency partners one week in advance of the monthly triage meeting for visibility checks and gathering of contextual data on CYP by multi-agency partners. Multi-agency partners then reviewed CYP at a monthly triage meeting using a risk assessment tool developed by MVRP and decided whether to proceed the CYP to panel, redirect, or close them. In the majority of cases, young people who proceeded to panel were referred to a Voluntary, Community, Faith, and Social Enterprise (VCSFE) or statutory provider for one-to-one support.

## How have the YFPP panels been implemented across the different areas of Merseyside in the pilot year?

The pilot demonstrated that it was feasible to develop and implement YFPP panels in two areas in Merseyside (North Liverpool, Knowsley). Police data on eligible CYP (residents aged 10-18 years, with two or more NFAs in the past 12 months and not in receipt of services) was successfully extracted and triaged at monthly panels. Ninety CYP were referred to monthly panel meetings during the pilot with 79% (n=71) referred to early intervention VCSFE support, 20% (n=18) referred into statutory support, and 1% (n=1) resulting in no further action. Knowsley adapted their existing Vulnerable Children's Meeting (VCM) while Liverpool created a new panel leading to some contextual differences in implementation. Notably, Knowsley had a statutory referral pathway from their panel (to the voluntary STEP service within Knowsley Youth Justice<sup>1</sup>) which allowed them to take a tiered approach to referral based on young people's presenting risks and needs. The panels also differed in their method of provider referral, with Knowsley chairs allocating providers at triage, whilst in North Liverpool providers volunteered their support during the panel. Knowsley incorporated a regular contextual update on community level incidents and interventions from their commissioned youth providers to allow partners to place CYP's behaviours and needs within the context of their peers' schools and communities. North Liverpool consulted with young people on their panel processes, resulting in a co-designed letter to be sent out to families informing them of their referral.

Participants had mixed views on sustaining the YFPP panels. Those in favour felt the panels gave the opportunity to intervene earlier and refer CYP to reputable organisations with relevant expertise even when statutory services were overwhelmed. However, some participants felt the length of the pilot period (a 6-month commissioning and preparation period and 6 months of implementation) had been insufficient for partners to establish if the YFPP panels were the correct approach.

## What are the key barriers and enablers to effective delivery of the YFPP panels?

Across the two pilot areas, YFPP panel delivery was facilitated by an efficient triage process, good representation and contribution from multi-agency partners, and a knowledgeable and committed panel chair. These factors increased partners' confidence that the approach was working and their accountability for identifying additional support for CYP. VCSFE providers were also viewed as a key facilitator with their persistence, flexibility, local reputation, and varied support offered within their communities regarded as vital to building trusting relationships with CYP. VCSFE providers felt confident to support CYP referred from the YFPP panels within their business-as-usual offer.

Lack of contextual information in police referral and wider partner data sometimes impeded partners ability to develop a full picture of young people's needs, and was a barrier to engaging families and CYP, identifying the most appropriate intervention and undertaking the correct level of safeguarding and risk assessment. This was compounded by a lack of integrated data systems to gather all the contextual information needed on CYP. Parent/carers not expecting the YFPP panel referral was also seen as a barrier to engagement. Finally, the short-term nature of the pilot which was seen as incompatible with existing local authority provider tendering processes and impacted on the recruitment of coordinators to short term contracts.

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<sup>1</sup> A targeted and specialist prevention team (STEP Support, Together, Empower, Prevent) who work with children to prevent them from committing crimes and to improve their life chances.

## How and to what extent has the YFPP panels pilot met its objectives?

Participants were uncertain that the police referral mechanism was reaching the Home Office's intended cohort. A substantial proportion of young people were considered to have more complex needs than could be supported by early intervention or more severe criminal offences receiving an NFA than had been anticipated. The pilot also highlighted two cohorts of CYP who had not been given full consideration in the existing Home Office Guidance, namely CYP who had been placed into a residential placement by another local authority (who were offered support) and CYP who had two NFAs and were still under investigation for an ongoing offence (who were not triaged until the ongoing investigation was resolved). These eligibility issues led to delays in recruiting young people into support and CYP requiring higher safeguarding accommodations from providers. Following panel referral, 62% of CYP in Knowsley consented and engaged in provider support (retention data was not available for North Liverpool by the end of the pilot) and participants in qualitative interviews across both panels felt the number of CYP retained in provider support following panel referral was lower than intended. Participating stakeholders noted that CYP require flexibility, persistence and time to build relationships and engage in support and this should be taken into account when setting objectives relating to engagement and duration of support.

For participating young people, having someone they could talk to openly, who supported them with their problems was the most important impact. CYP engagement was seen as an important short-term step to supporting young people to achieve intermediary goals including emotional regulation, increased confidence, better decision making, and re-engagement in interests. At a partnership level, outcomes included earlier identification of CYP, improved multi-agency communication, working and data-sharing, and reduced referrals into higher tier panels such as Multi-Agency Child Exploitation (MACE)<sup>2</sup> panels. Longer term outcomes included reduction in serious violence and crime, improved educational outcomes and reduced substance use.

Whilst establishing effectiveness is not traditionally an aim of pilot studies, the findings suggest some challenges in outcome measurement which could impact upon further effectiveness studies. During the evaluation, the Shortened Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) tool was piloted with providers as a method of measuring changes in CYP's emotional wellbeing (week 1 and week 12). Whilst providers found the measure acceptable, completion was low (n=12) with providers suggesting the burden of existing data requirements was the greatest barrier. Further work with providers is therefore recommended to comprehensively review their existing data collection processes and establish where these are comparable or adaptable. Participants also felt a lack of Home Office guidance and dispersed data outcome measurement systems were significant barriers to establishing the long-term outcomes of YFPP panels.

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<sup>2</sup> Multi-Agency Child Exploitation (MACE) panels are multi-agency meetings which share information and coordinate interventions to protect CYP against contextual harm including child sexual exploitation, criminal exploitation, serious youth violence and harmful sexual behaviour.

## Recommendations

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1

Referral pathways should be expanded beyond the current Police Pathway. The existing VCM referral pathway (in Knowsley) may provide a useful blueprint, but consultation with all implementing areas should be undertaken to identify which referral routes are acceptable and feasible and what contextual information is required from the referrer. When introducing these new referral routes, panels should consider the time and resources required to ensure potential referrers are sufficiently informed about the intention of the YFPP panel, the eligibility criteria and the referral process.

2

Panel chairs should consult collaboratively to agree a common approach for CYP who have been placed by another local authority. A decision-making matrix which considers additional contextual information on the nature of the NFA, additional risks, the placement location, length of placement, and consultation with CYP's social worker should be included in the existing triage risk assessment framework. A panel member from the local authority should be identified who is responsible for communicating with out of area social workers prior to provider referral.

3

MVRP and local policing representatives should make a collective decision on how best to triage referrals for CYP with an ongoing investigation. Creating analytical capacity within MVRP or Merseyside Police and support from prevention panel coordinators and police representatives could assist with following-up with the officer-in-charge to understand the likely outcome. Panel members should also consider whether it is feasible to provide young people with interim support through existing YJS representatives on the panel, with an understanding that they may be stepped up to formal youth justice support depending on the outcome. This would require recording of the YFPP panel outcome to be visible to youth justice colleagues to ensure effective handover.

4

Currently, panels are implementing two different approaches to provider referral with North Liverpool operating voluntary allocation and Knowsley using Chairs' allocation. MVRP and panel chairs should consult with providers about their preferred method and consider the extent to which local variations in delivery are acceptable during the full implementation phase.

5

Existing and new panels should hold consultation meetings with new providers to ascertain if their current delivery models, practices, and policies (for example safeguarding and risk mitigation) align with the aims and processes of the YFPP. Providers, panel chairs, and those responsible for grant agreements should work to identify collaborative solutions and adaptations to ensure young people receive the most appropriate support.

6

The current pilot suggests VCSFE providers are appropriate and beneficial for most CYP. However, some CYP are presenting with more complex needs. A statutory support pathway (such as the STEP pathway operating in Knowsley) may be an effective way to support CYP who score highly on the risk matrix and where there are additional safeguarding concerns from a VCSFE provider perspective. Panel members should consider whether it is feasible and beneficial to have a statutory referral pathway to sit alongside VCSFE support.

7

Informing parents of the panel's decision and next steps may increase parent/carer engagement. Panel members should consider a process for routine communication with parent/carers in advance of provider engagement either through their panel coordinator role or a designated youth worker.

8

The list of required multi-agency representatives attending triage meetings and panels should be reviewed following this pilot to ensure consistent membership and equity of support for CYP across all areas.

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9

A YFPP panel agenda item for community level updates from commissioned youth providers and Local Authority Community Safety Teams on incidents and ongoing interventions appears a promising approach in ensuring CYPs needs and behaviours are considered within the context of their peers, school, and community.

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10

Panel members and the evaluator should meet with providers to review their routine outcome monitoring data and consider if and how these can be used to monitor intermediary outcomes for young people. Where this is not possible, agreement should be made on a common outcome measure and the requirements for completion. Reminder systems for overdue outcome measures should be implemented. For example, through routine communication from the panel coordinator for at 1 and 12 weeks and panel review of CYP outcomes at 13 weeks (dependent on desired outcome duration).

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11

Chairs and panel members should consider strategies for improving data sharing across different data systems including: 1) analysis of referral trend data to inform implementation; and 2) identification of staff member at appropriate level who can access data across multiple reporting systems and ensure reporting between multi-agency panels to allow clear progression of support should CYP's needs escalate (for example to MASH/MACE).

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# 1. Introduction

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## Background

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In July 2025, the UK government announced the launch of Young Futures Delivery Unit as part of their Safer Streets mission which includes Young Futures Prevention Partnership (YFPP) Panels and Young Futures Hubs. The Young Futures initiative intends to bring together community services to support young people who are at risk of gang involvement, violence or knife crime. As part of the Young Futures initiative, the Government also announced the piloting of new multi-agency Prevention Partnership (YFPP) panels to proactively identify young people at risk and unknown or not engaged in services and refer them to suitable support. Since 2019, the MVRP has commissioned Liverpool John Moores University and its partners to evaluate the MVRP as a whole and selected work programmes. This year, this includes evaluation of the YFPP pilot.

### Policy context

The YFPP panels form part of the UK governments Safer Streets Mission (Home Office, 2025). The Safer Streets Mission is the UK government's pledge to address serious violence by halving knife crime and violence against women and girls in the next 10 years, reducing antisocial behaviour and improving children and young people's (CYP) access to effective support services. The UK Government acknowledges that the complexities of multi-agency collaboration and data sharing can impact on public sector services ability to identify and provide support to young people who may be vulnerable to being drawn into involvement with crime. This was reflected in the 2024 Joint Targeted Area Inspection (Ofsted et al., 2024) into multi-agency approaches to serious youth violence which identified repeated missed opportunities to intervene earlier with CYP at risk. To address this, the Safer Streets Mission places a strong emphasis on prevention, aiming to reduce demand on policing by more coordinated services which address risks early and improve outcomes for CYP.

This approach is also reflected in recent policy in children's social care, where there is increasing focus on how approaches can be enhanced (MacAlister, 2022) with a shift to a place-based approaches through local safeguarding partnerships and contextual safeguarding approaches which highlight the importance of incorporating extra-familial contexts into child protection frameworks (Firmin et al., 2020). The Independent Review of Children's Social Care commissioned by the UK Government in 2022 highlighted that the current UK social care system was "*increasingly skewed towards crisis prevention*" and recommended the introduction of multidisciplinary Family Help Teams based in trusted community settings to reduce referral between team and services and ensure provision of meaningful and responsive support (MacAlister, 2022).

These policies come against a backdrop of increasing pressure on key safeguarding systems including children's services, policing, education, youth services, and health due to rising demand, financial pressures, and increasing complexity of need, with the consequences of these pressures often most felt by CYP experiencing multiple disadvantages (Foster, 2026; Ofsted, 2025).

## Early intervention and multi-agency approaches to support young people at risk of criminal justice involvement

Criminal exploitation has a range of negative impacts on CYP including poor emotional well-being and mental health, threats to physical health (including potentially fatal violence), criminalisation, reduced educational attainment, and negative impacts on future behaviours (e.g. behavioural difficulties/use of violence). Coercion to carry out criminal activities can also lead to CYP being treated as perpetrators rather than victims (Firmin et al., 2023; Turner et al., 2019) which is not easily responded to by services that are often set up to work with either victims or preparators (Firmin et al., 2023; Turner et al., 2019). Importantly, evidence suggests that CYP at risk of criminal exploitation often reach “critical moments” in their lives such as being excluded from school, physically injured, or arrested. When CYP reach these critical moments, a decisive response is vital in making a difference to their long-term outcomes (Child Practice Review Panel, 2020).

Multi-agency working is mandated in legislation and policy (Serious Violence Duty, 2023). However, there remain challenges in implementation including uncertainty of roles and responsibilities and timely information sharing due to incompatible data systems, variations in recording, and caution due to the data protection implications of information sharing (NSPCC, 2025; Ball and McManus, 2024). Evidence from the UK suggests several factors can support effective multi-agency working including practitioners who have clarity, competence and confidence in their roles, congruence between strategy and operational activity, proactive, passionate and productive leaders, and effective partnerships underpinned by a culture of inclusion and challenge (Ball et al., 2024). A recent study of multi-agency approaches for extra-familial harm in 10 neighbourhoods across the UK, found it was feasible to recruit and retain young people into 12 weeks of keyworker support through a multi-agency panel. Successful delivery was impacted by trusting relationships between CYP and keyworkers, strong relationships between statutory and VCSFE partners, strong existing cultures of working in partnership to address violence and exploitation, and proactive commitment from leaders in partner organisations to create capacity (Quigg et al., 2025). However, the research evidence remains limited on if and how the effectiveness of multi-agency approaches can be measured.

### Local context – Merseyside Pilot

Merseyside is one of twenty areas allocated funding by the Home Office since 2019 to establish a multi-agency Violence Reduction Unit (VRU). Merseyside Violence Reduction Partnership (MVRP) aims to take a whole system public health approach to prevention that complements existing multi-agency partnerships and brings together partners to develop a coordinated approach to tackle the root causes of violence. In the first phase, YFPP panels were piloted in the 20 VRU areas across England and Wales which includes Merseyside Violence Reduction Partnership (MVRP). The Merseyside pilot began in April 2025, with a six-month commissioning and design phase (April-September 2025). During this phase, local Authorities in Merseyside were invited to apply to be one of two pilot areas, and areas were selected by MVRP based on the suitability of their population and their readiness. The two selected pilot sites were: 1) North Liverpool where a new panel was established (funded through the Home Office allocation for YFPP panels); and 2) Knowsley where their existing Vulnerable Children’s Meeting (VCM) was repurposed (funded through MVRP’s wider funding allocation). Following the commissioning and design phase of the pilot, the panels were implemented for 6 months from October 2025 to March 2026. Learning from these pilots will inform regional and national rollout to non-VRU areas from April 2026.

## Evaluation Aim

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The study aimed to evaluate the Young Futures Prevention Partnership (YFPP) Panels pilot across Merseyside. The evaluation answered the following questions:

### Objectives

- 1) How have the YFPP panels been implemented across the different areas of Merseyside in the pilot year?
- 2) What are the key barriers and enablers to effective delivery of the YFPP panels?
- 3) How, and to what extent, has the YFPP panels pilot met its objectives?
- 4) What changes to the implementation processes of the YFPP panels should be made if the panels are sustained beyond the pilot?

## 2. Methodology

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### Evaluation methods

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A mixed methods approach was used to evaluate the YFPP pilot by combining document analysis and observation, analysis of routine monitoring data, and qualitative interviews with stakeholders and young people (see figure 1 below). Ethical approval was granted by Liverpool John Moores (LJMU) University Research Ethics Committee (UREC, approval reference: 25/PAH/015). The mixed methods findings were synthesised using the Re-AIM framework (Glasgow et al., 2019).

Figure 1: Evaluation methods



**Review of documentation and observation (objectives 1, 2 and 4):** the researcher reviewed relevant policy and process documentation developed during the pilot and attended YFPP panels as an observer (n=10) to gain an in-depth understanding of panel implementation in each area.



**Analysis of routine monitoring data (objectives 2, 3 and 4):** routine monitoring data collected by MVRP during the panel to understand reach, retention, and engagement. The Shortened Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) was piloted with providers to measure CYP's wellbeing outcomes (n=12).



**Qualitative Interviews (objectives 1, 2, 3, and 4):** Semi-structured interviews were undertaken with panel members (n=17) representing MVRP, Community Safety Partnerships, Children's social care and Family Help, Education, Health, Youth Justice, and five VCSFE youth providers to explore their experiences of implementation and delivery. Semi-structured interviews were completed with young people (n=3) who had reached week four of support by the conclusion of the pilot.

## The Re-Aim Framework

The Re-Aim Framework (Glasgow et al., 2019) was developed to support programme planners, evaluators and policy makers to consider essential programme elements that can improve the sustainable adoption and implementation of effective and evidence-based interventions. The re-aim framework recommends the evaluation of interventions across five domains:

- R** **Reach:** into the target population. The number, proportion, and representativeness of individuals who are willing to participate in the intervention and reasons why/not.
- E** **Effectiveness:** the impact of the intervention on important outcomes.
- A** **Adoption:** settings and intervention agents who are willing to initiate the programme.
- I** **Implementation:** the fidelity and consistency of delivery and clients use of the intervention.
- M** **Maintenance:** the extent to which the programme becomes part of routine practice and policy and the long-term effects (post 6 months).

## 3. Findings

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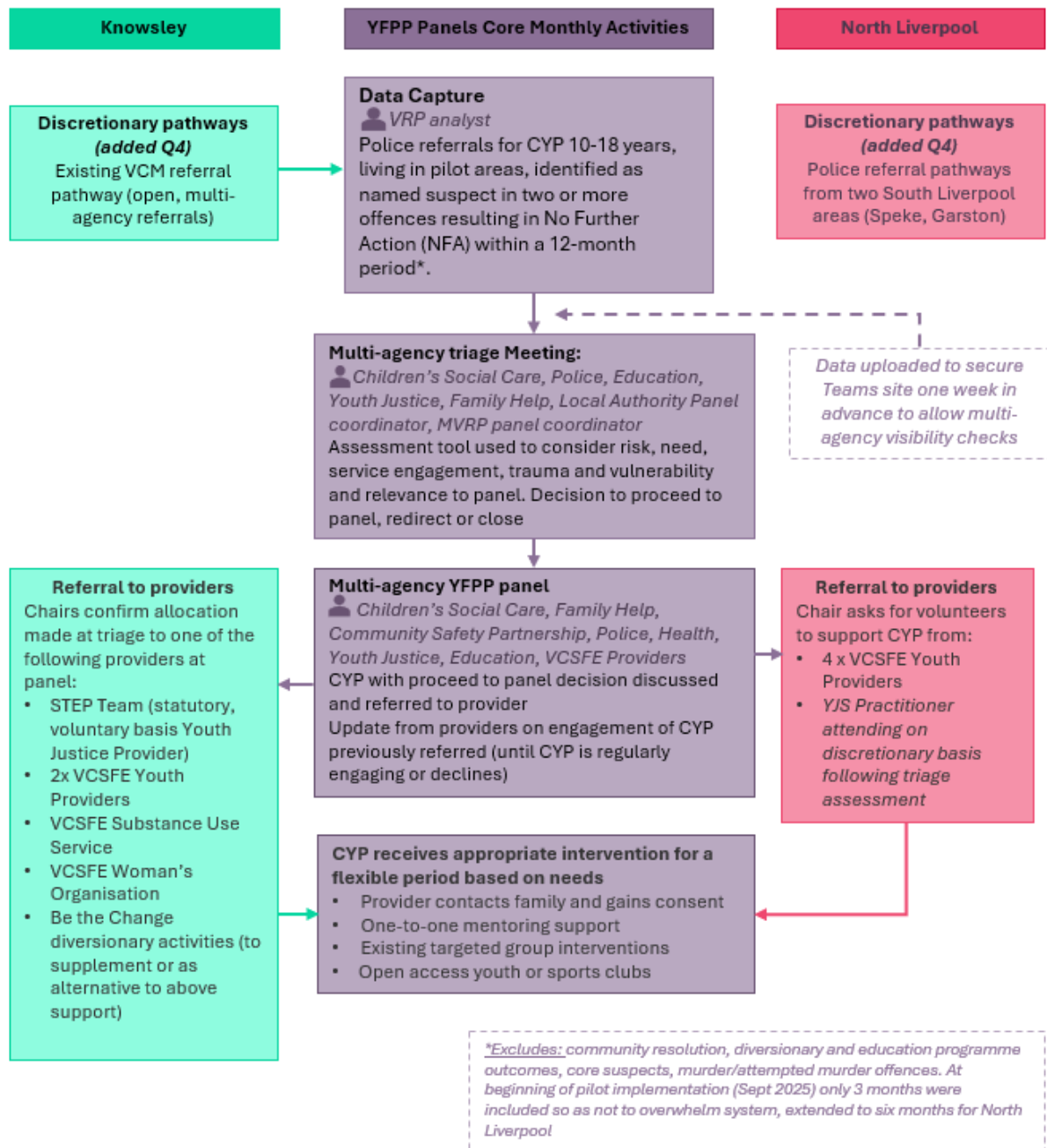
### Description of Models

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Both YFPP panels followed the same core activities which are outlined in detail in Figure 2. Panel implementation began in October 2025 of the pilot period and ran for six months (March 2026). Data was captured by an analyst at MVRP from police databases on potentially eligible CYP (aged 10-18 years, living in pilot areas, named suspect on two or more offences resulting in no further action [NFA]), and securely shared with multi-agency partners one week in advance of the monthly triage meeting for visibility checks and gathering of further contextual information on CYP. Multi-agency partners then reviewed CYP at a monthly triage meeting using a risk assessment tool developed by MVRP which considered risk, needs, service engagement, and trauma/vulnerabilities. The triage panel decided whether to proceed the CYP to panel, redirect, or close them. The majority of young people who proceeded to panel were allocated a provider who approached them to provide one-to-one support (with a small proportion referred to statutory services where appropriate).

The Knowsley YFPP panel was integrated into their existing Vulnerable Children's meeting whilst the North Liverpool panel was a new panel, and this led to some contextual differences. As illustrated in Figure 2, after the first six months of the implementation phase (October-December 2025) both panels established that the volume of CYP being referred from police data in the past 3 months (the recommended YFPP pathway) was manageable. Following this both panels widened their referral pathway between Jan-March 2026. For Knowsley this involved incorporating their VCM pathway (which was open to multi-agency referrals) into the YFPP process, creating opportunities for CYP from the VCM route to be supported by the full range of providers on the panel (including those funded through the YFPP pilot). In North Liverpool, the panel continued with police referrals but extended to CYP from the past 6 months and added CYP resident in two additional South Liverpool (Speke and Garston) where panel members felt there were ongoing support needs.

Figure 2: YFPP pilot model for Liverpool and Knowsley



## Reach

The UK Home Office intend YFPP panels to identify “young people vulnerable to being drawn into crime at local authority level and provide them with support at the right time” (Home Office, 2025). In particular, the panels focus on reaching young people who might otherwise be missed or not prioritised for help. Eligible CYP are those: 1) aged 10-18 years; 2) living within the panel area (Knowsley or North Liverpool); 3) with two or more criminal offences in the past 12 months where No Further Action (NFA) had been taken by police; and 4) who are either unknown to services or not currently receiving any statutory support. During the pilot, data for all CYP eligible in the three months prior to the first panel was pulled by MVRP from police data systems. Data

sharing agreements were put in place with all partners, and data uploaded to a secure MS Teams channel one week before a monthly triage panel. This allowed partners to gather relevant information on each CYP prior to the meeting. CYP identified as eligible at triage were then taken forward to the full panel one week later.

### Eligibility

Police data on potentially eligible CYP were sent to triage panel members one week prior to the meeting. Partners were then able to complete visibility checks, although some participants noted that during the pilot period these checks were not routinely undertaken in advance of the triage by all partners. MVRP developed a RAG rating tool which allowed the triage panel to prioritise young people for discussion based on offending frequency, seriousness of the offence, the presence of multiple risk factors and vulnerabilities, and whether the young person was open to support. When reviewing a young person's support needs, the triage panel considered whether the child had: 1) current support in place to address their presenting risks; 2) unmet needs, escalating risks, or barriers to existing services; and 3) had disengaged or refused support, and considered if the panel could provide more coordinated multi-agency support, additional VCSFE support or a more trauma-informed and family centred approach. The RAG rating tool was well received by panel members who felt it assisted in prioritising for triage and identifying the correct support.

“The risk matrix provides more objectivity and information around where we should pitch that particular child...whether they need a more targeted early help offer for example that would align itself to STEP, as opposed to a child where...it's low level offending... there's not secondary vulnerabilities or risks around school attendance...whereby it is more of a mentoring support.” (P9)

Following discussion, the triage meeting recommended one of three possible outcomes: 1) proceed to panel; 2) redirect the child to more appropriate support; and 3) close if the child did not meet the threshold or engagement was rejected. During the pilot period 57.4% of Knowsley CYP and 66.9% of North Liverpool CYP proceeded from the triage meeting to the YFPP panel.

Participants were uncertain if the police referral mechanism was reaching the Home Office's intended target cohort of CYP with lower-level needs suitable for early, preventative intervention. A substantial proportion of CYP not known to services were felt to have higher complex needs. Participants also discussed unanticipated cohorts identified within police data including higher numbers of females, a wider range of more severe criminal offences with NFA (ranging from antisocial behaviour and community disturbance to sexual offences, threats to kill and knife related offences). In Liverpool, a substantial number of CYP were identified who had been placed in the area under the care of another local authority which presented both ethical and practical challenges. Ethically, participants acknowledged that all CYP residing within their local authority should be provided with the same offer of support. However, panel members acknowledged that CYP placed by another local authority may not always be the most effective use of the panels' limited resources, as these CYP would often have a higher level of need and already be in receipt of extensive intervention from their corporate parent. Practically, panel members experienced difficulties contacting and seeking consent from out of area social workers (who may be unaware of the purpose of the panel) and recognised some young people may have moved before or during the offered support.

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*“It's because of the complexity of the criminality as well, though...because I think all of us didn't expect... significant Section 47 assault, sexual offences...There's children in the panel where it was like anti-social behaviour, and they were in school and had 86% attendance - I think probably that's the cohort of children we thought we were going to get...when you read all of the information about these panels...But we haven't had that, have we? Probably because the children that we should be targeting don't go to an investigation for a criminal offence, do they? They probably just become known to police...officers who are working in schools or in the community who are aware of children who are on that periphery but they're not being arrested.” (P10)*

”

## Recruitment

During the pilot period (October 2025-March 2026) 46 young people in Knowsley and 44 young people in North Liverpool were referred to the YFPP panel. Just over half of referrals were male (56.7%), and the majority were aged between 13 and 17 years (90%) and of white ethnicity (86.7%) (figure 3). Initially, the number of referrals received was lower than participants had anticipated and both panels made decisions to widen their reach in the second quarter (January-March 2026) of panel implementation. In Liverpool, the eligible time period was expanded in January 2026 from three months to six months prior to the pilot start date and two additional South Liverpool areas were added (Speke and Garston). In Knowsley, referrals were included from the VCM (which had an open referral pathway from a range of providers) from January 2026, allowing CYP referred through the VCM route to access support from all providers including those funded through the YFPP pilot. Liverpool participants similarly expressed a desire to receive referrals from a wider range of sources including education, health, VCSFE providers and wider community organisations.

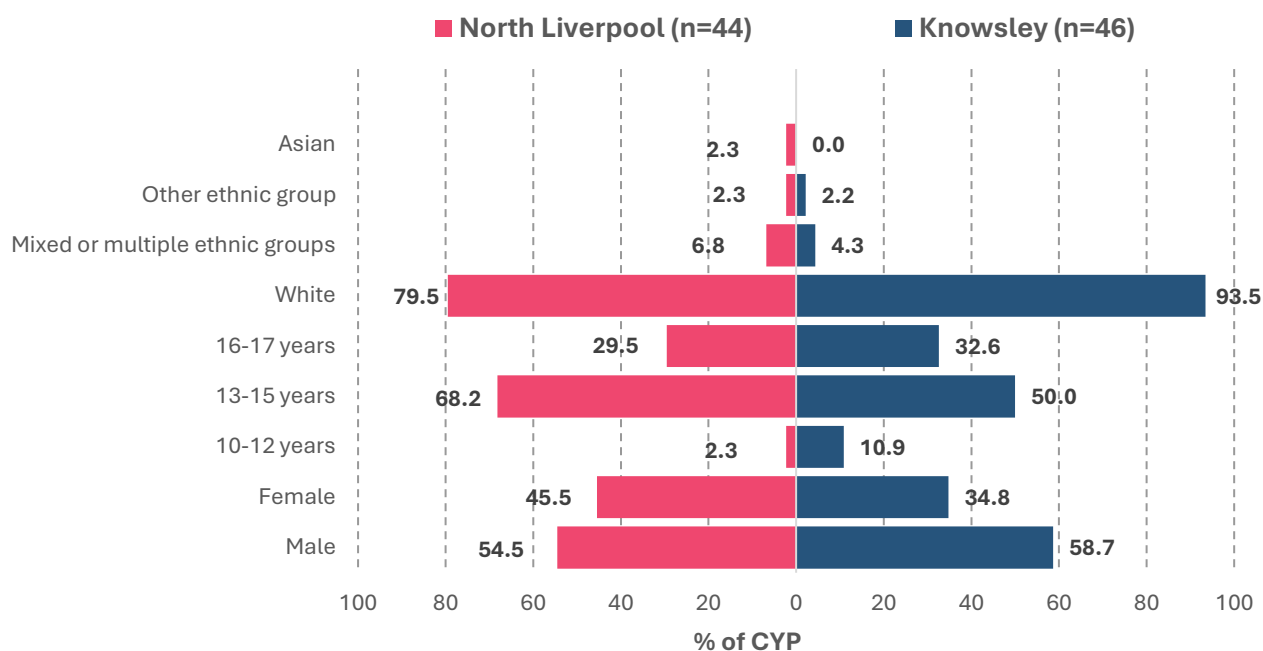
Participants noted some barriers to recruiting eligible CYP into the panels. Firstly, there were a substantial number of CYP with two NFAs who were still open to another investigation and no Home Office guidance was provided on this issue. MVRP currently lacked the analyst capacity to follow-up with the officer in charge on the likely outcome for these CYP. A local decision was made to exclude these CYP until the ongoing investigation was resolved, as if the investigation outcome led to a youth justice referral then they would not be eligible for YFPP panel support. Participants felt the significant time taken to resolve ongoing investigations delayed referral of eligible children to the panel thus reducing the window of opportunity for meaningful engagement from providers. Some participants also noted that a substantial number of young people were picked up by statutory services at triage, rather than being referred to the panel, due to complex interfamilial or social care needs (for example when offences had happened within a residential care placement).

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*“My concern is the length of time that investigation is taking means that they're excluded from being offered something in the interim. And in that time, we could lose that window of opportunity of engaging with them, that motivation...to change and address behaviours and...possibly prevent them from becoming involved in other activities... until that investigation is pending, completed, we don't know what the outcome is...what we don't want to do is get in the way of that natural referral to the Youth Justice Service or the Prevent service.” (P15)*

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Figure 3: CYP referred to YFPP panels by gender, age and ethnicity



### Retention

Of the young people recruited, 34 (73.9%) in Knowsley and 37 (84.1%) in North Liverpool were referred from the panel to VCSFE early intervention support, with the remaining young people (n=18) referred to other statutory support services.<sup>3</sup> The most common interventions referred to were mentoring (Knowsley 91.2%, North Liverpool 10.8%), sports programmes (North Liverpool 27.0%), interventions to prevent school exclusion (Knowsley 6%, North Liverpool 16.2%) and after school programmes (North Liverpool 16.2%). In Knowsley, 38.5% of young people offered support declined or did not engage. Retention data was not available for North Liverpool during the pilot period.

The process of referring young people from the panel to a provider differed slightly between local authorities. In Liverpool, the four commissioned VCSFE providers were asked during the panel to volunteer to support each CYP based on any previous contact and the suitability of their existing interventions. Providers were positive about the opportunity to identify which CYP would benefit from their support in advance of the panel, but felt this sometimes led to unequal allocation of CYP between providers. In Knowsley, the co-chairs identified which provider they felt was most appropriate during the triage process and then confirmed the provider was happy with their allocation during the panel. This allowed the co-chairs to implement a tiered response with CYP scoring higher on the risk matrix considered more suitable for the STEP service (a service attached to Knowsley Youth Justice service offered to CYP on a voluntary basis) rather than mentoring from a VCSFE provider. Liverpool did not have a direct statutory referral pathway from their panel, but in some months of the pilot, an additional Youth Justice Service representative

<sup>3</sup> A decision of No Further Action was made for one young person following panel referral, further details are not reported due to confidentiality.

attended the panel to discuss referrals to their targeted services for young people with higher levels of risk.

“Those kind of more serious concerns there could have been...possession of a knife...where it’s more than just antisocial behaviour that they’re potentially just that step up from getting involved in that youth justice side... they could have had an intervention from Crime and Communities. So, for me that’s where it feels like it’s a STEP referral really.” (P1)

Participants from both areas expressed concerns about the number of children who were declined or did not engage with provider support following the panel. Several factors impacted upon retention at CYP, family and provider level and these are explored in greater detail in the adoption section below.

## Adoption

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Both panels commissioned external VCSFE organisations to provide support to CYP and by the end of the pilot eight organisations had adopted the approach and received referrals (one statutory, seven VCSFE). In Knowsley, CYP could either be referred through their existing VCM pathways (STEP service, VCSFE youth provider, substance use service) or to two newly commissioned VCSFE providers (one youth work and one for women and girls). This was supplemented by a referral pathway through the Knowsley Be The Change programme to additional community activities including sports and arts-based activities. Liverpool commissioned four VCSFE youth work providers.

The most significant adoption issue for participants from both panels was that the number of eligible CYP who had not engaged with provider support by the conclusion of the pilot period. Three key factors were associated with low engagement: 1) provider level barriers related to safeguarding and level of risk; 2) challenges in contacting and gaining consent from families or corporate parents; and 3) CYP declining support. These issues are discussed in the relevant sections below.

### Providers

Participating youth work providers were positive about adopting YFPP and felt it was a good fit with their business-as-usual offer. All providers had experience working with similar cohorts of young people (for example as existing VCM members or through former partnership meetings), had well-established links in communities and schools, and could provide a flexible programme of support to meet CYP’s needs (through mentorship, targeted programmes and open access youth clubs or sports).

“It was children who have come to the attention of police...a couple of NFAs within the last 12 months, which I think is really important because a lot of the young people that we do support, evidentially it would say that they are the ones that could potentially become involved in the criminal justice system in one way or another. So, I think it really does align to what we were doing anyway.” (P11)

However, participants did identify some provider level barriers to adopting YFPP. Providers noted receiving less contextual information about CYP from the police referral pathway compared with their normal referral processes. Panel members also highlighted the importance of

supplementing police data with “softer intelligence around peers, associations...historical involvement of services...education issues” (P9) from other partners. Participating providers with limited contact details and no named referrer, generally relied on ‘cold calling’ YFPP referred families, which was not their usual practice. For two providers this presented difficulties because their organisational risk assessment and safeguarding processes did not always align with the requirements of the panel. For example, they had insufficient contextual detail to complete the risk assessments required to allow children with higher levels of risk (such as sexual offences) to access their programmes, and their staff safeguarding policy prevented them making home visits to non-responding families. Both providers and panel members felt the rapid and emerging implementation of the pilot had contributed to this. Participants acknowledging that time for more meetings with providers to establish expectations prior to the first panel would have identified these barriers earlier.

“...maybe a little bit more of an understanding of how organisations work...we've felt a little bit of pressure that we've got to kind of speed these referrals through...when you see some of them...they've got Section 18s, caught with a weapon, sexual harassment. Even if the first-time offence or second time offence is an NFA, we've still got to go through a full referral process... sexual offences is a very difficult one as a charity with young people...we can mitigate them, but we've just got to make sure that we've done that properly. And sometimes it takes longer than five days to do that...it might have been beneficial just to have had a couple of meetings...say this is how it's going to work, and that's where we might have been able to...maybe we should be speaking to the young people or the services prior to them coming to panel. So, we know if they want to access our support on and that would obviously save time. So, I think that pre-work might have helped...that's learning from it, isn't it? (P14)

### Parents/Carers

YFPP support was offered on a voluntary basis, with both panels deciding that consent would not be sought until after the young person had been accepted and referred to a provider. Participants recognised that positive engagement with families was an essential facilitator of young people’s engagement with could be impacted by multiple complexities including stressors within the family, wider needs, and previous experiences of statutory services. Providers described frequently having multiple communications with parent/carers before they gave consent.

“...the nature of the referrals, because...the parents are aware that [the child is] known to the police, they may have been open to social services previously or whatever it may be.  
“ That conversation has to change because you typically find them on a defensive as soon as you say...you've received the referral to mentoring...people don't know the ins and outs of who every organisation is...and go this is something to do with the police, so breaking down that barrier is the biggest challenge that we've got to engaging both parents and young people. And...the fact that it's not a mandatory service also makes it challenging...a lot of the time we found the parents aren't on board with accepting help because they find that it's a slight on them as a parent, and so breaking down that barrier is also a bit of an issue.” (P2)

VSCFE providers were viewed as well placed to develop a trusting relationship with parent/carers due to their persistence, flexibility, pre-established relationships with communities, and lower perceived stigma for families compared to statutory service referral. For example, one provider

gave the example of a parent stating they had accepted a referral because they had a pre-established relationship with the provider through engagement in their local community. However, participating providers felt that not seeking consent from parents prior to the panel was a significant barrier to engagement, with parents being caught off guard when the provider made contact. This was further exacerbated by the significant amount of time taken for the police investigation to be closed, with families having put the incident behind them and stating the CYP no longer required support or did that they not wish to re-visit old issues and emotions. At a community level participants also suggest that making local communities aware of the aim of the panels and monitoring geographical variations in engagement rates could help improve engagement.

“... if I was a parent, I just suddenly got that through the door, even though my child's offence was 12 months ago, you wouldn't link the two together, would you?...if you go and offer an intervention to a family when the offence was 12 months ago and they haven't re-offended in that time, you're going to be like, well, he sorted himself out anyway, aren't you?” (P10)

### Young people

Participating CYP described some initial uncertainty but felt they had become comfortable with their keyworker from the provider supporting them quite quickly. Participants noted there might be some historic distrust between statutory services and young people who have “*maybe been let down a little bit*” (P13). As illustrated in the quote below, VCSFE providers emphasised the importance of developing a trusting relationship with young people, providing a place of safety and removing physical barriers to access such as travel, distance or cost. Participating young people emphasised the importance of having someone they felt comfortable to talk to and who listened to them authentically.

“Because like, it's confidential, so she doesn't tell anyone about what we're speaking about...if someone's bothering me, I can speak to [keyworker]...Just things like that.” (Young Person 3)

“My message to the staff is, no matter what you've had going on in your day, them kids are here for three hours...giving them our best three hours because they deserve it...they might have woke up in the morning...haven't got the uniform ready...then get to school...teacher says something that's taken the wrong way, and then they blow up, and then they're sent out of school... the last thing we want is negativity.” (P17)

## Implementation

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### Facilitators

Participants identified several strengths which they felt had facilitated the YFPP panels during the pilot period.

Triage process: Firstly, the majority of participants felt the triage process was “*efficient*” (P15) with sufficient time for information gathering, established information sharing agreements and a clear criteria for progression. A key mechanism which led to the successful implementation of the triage process was having members who were confident in their roles and who took accountability to pursue further support for young people when they identified complex needs.

“We’re able to ensure the child is being safeguarded...the strengths of the panel is if social care is saying hang on this kid...and when I see a child doesn’t have access to education, I’m straight away going out to the other services and saying they’ve been picked up, this needs to be sorted, this child’s vulnerable.”  
(P3)

**Panel membership and chairs:** Good membership representation was seen as a facilitator of the YFPP panels. While there had been some initial reticence to introduce a new panel into their existing systems, participants described good buy-in and contribution to the panel from attending partners. Representation and attendance at the panels varied between panels over the pilot period, but key participants required were policing, youth justice, children’s social care and/or family help, child exploitation and missing from home service, education (including a specific SEND representative), health, VCSFE youth providers, crime and communities, and housing. During the pilot period, Knowsley had low attendance from police (outside MVRP) and education representatives, whilst Liverpool did not have a health or child exploitation and missing from home service representative. Neither panel had SEND or housing representation.

“I would say one of the key strengths so far has been that engagement from the partners and the buy in...both areas were like you’ve got our full support if this was to continue, we are really bought into it. So, I think that engagement and actually really working closely with the local authorities rather than the feeling like we’re doing it to them. I think that’s been a key strength of it working really.”  
(P7)

The panel chair was also identified as an important facilitator. A good chair was described as having good knowledge of local CYP, communities and services, developing a good relationship with providers, and sufficiently directing the panels to allow all children to be heard. In Knowsley the panel was co-chaired by an early help lead (children’s social care) and the manager of the STEP prevention team (youth justice), who were the existing chairs of the VCM. They felt “*consistency of leadership*” was important, with the co-chairs described as being “*on the same page*”, “*work[ing] together*” (P1) and invested in the outcomes they wanted to achieve. In Liverpool, the new panel was initially chaired by a family help lead, as partners felt this would facilitate shared responsibility across agencies rather than YFPP being viewed as the sole responsibility of police or children’s social care. However, by the end of the pilot it was agreed that youth justice should take over chairing due to the preventative nature of the panel and greater familiarity with CYP and the providers.

“Consistency all the way through. So, I’m very much invested in it, and I think it does a really good job because what we’ve seen...is that it did reduce numbers going to MACE for criminal exploitation and not having inappropriate referrals...we’ve got a graduated response...I think it matters that the chairs work together. So, I think me and [name] are on the same page with that...it’s just that consistency leadership within that meeting.” (P1)

**VCSE providers:** Having VCSFE providers attending the panel and supporting young people was seen as a facilitator. Both panels had commissioned VCSFE providers because they were “*well embedded, well established, reputationally sound...within their community...also got that local knowledge of any agencies and organisations they can signpost to...local sort of intelligence that they’ll hear from other young people*” (P15). Participants felt the benefits of VCSFE providers

where they had a wide range of programmes and interventions catering to CYP’s needs and interests, delivered by experienced youth workers, and which could be adapted across the course of CYP’s engagement. VCSFE providers also facilitated continuity for CYP once mentoring support provided through the YFPP panel came to an end through their open access youth provision, outreach presence in local communities and existing networks and partnerships across the pilot areas and region.

Participating providers welcomed the opportunity the panel gave for collaboration with statutory partners and described how working collaboratively with other VCSFE providers allowed them to increase their capacity and the options available to young people. The Knowsley panel also received a monthly update from their commissioned youth provider and crime and communities’ team on ongoing youth engagement work happening in their local authority. Participants felt this was extremely beneficial as it: 1) placed the needs of young people discussed at the panel within the context of wider community risks and incidents; 2) identified resources and activities available to young people alongside the YFPP support; and 3) provided partners with useful information to safeguard staff and amend delivery in response to local incidents and trends.

“It’s obviously a positive to get four big organisations together...discussing young people within our areas and how we can work together to offer support. I think we’ve been able to provide some collaborative work... and that’s really good because we can all only give so much time to that young person across a week... doing a bit of work with [provider], but then also accessing a couple of sessions at [provider]...you’ve got a bit more of a wraparound support.” (P14)

## Barriers

Data quality: As previously discussed within the reach section, the availability of accurate referral data from the police was vital to the success of YFPP. The absence of integrated statutory datasets to gather a complete picture of young people’s circumstances was seen as a barrier, and this could sometimes be hindered by inaccurate recording of key information such as name or date of birth. As previously discussed, the limited nature of guidance from the Home Office on how to proceed for CYP who had two NFAs but were still open to ongoing investigation for other charges created delays in the YFPP panel process. Participants felt delays in clarifying the case status for these young people with the Officers in Charge (OICs), resulted in some eligible young people being excluded from panels or declining because the opportunity for meaningful engagement had passed.

Referral and consent process: As previously discussed within the adoption section, participants identified some barriers in retaining young people. Participating providers noted that the information provided by the police sometimes lacked contact details for families and social workers and contained less contextual information than their usual referral processes. This had created challenges for some providers in contacting CYP, identifying the most appropriate intervention programme for them, and undertaking the correct level of safeguarding and risk assessment. Staff safeguarding procedures also prevented some providers from cold calling at young people’s addresses. Parents/carers, CYP and social workers not being notified that young people would be discussed at panel or expecting the referral was seen as a barrier to engagement. In Liverpool, the number of CYP placed by an out of area local authority, also highlighted a barrier in terms of who was responsible for seeking social worker consent, and gaps in the current notification processes to the local authority (education, social care) when CYP moved into the area.

Coordinator role and panel capacity: Both areas had experienced delays in recruiting administrative support for their panels which had placed additional pressures on panel chairs during this interim period. Panel administrators were vital in communicating with panel members, recording information on the relevant systems and capturing panel performance data. In addition, both areas identified a requirement for coordinator support to reach out and speak to parents, respond to queries from CYP and families, seek their consent, and coordinate referrals to providers and to other external agencies where required. In Liverpool, the panel intended for this work to be undertaken by the panel coordinator post, and they had worked with their youth consultation panel to design a young person friendly leaflet to explain the consent process. In Knowsley, participants had identified the need for a designated worker from the STEP team to “*be that bridge between [the panel] identifying what’s needed and [young people] getting there*” (P1).

“*I don't know whether once a young person is being accepted on the panel, that should be a case of someone from panel contacting the family...saying you will receive a call from [provider]... [an] e-mail [...with] a little bit of information [or] a letter, so that when a call does come, they're not like, What do you mean? What's the Young Futures panel? (P17)*”

Length of the pilot: The short length of the YFPP pilot was seen to compound these barriers and limit the panel’s ability to demonstrate outcomes. At an organisational level, a short pilot implementation period was incompatible with existing local authority tendering, governance and procurement processes. To overcome this barrier each panel had to rely on commitment from a small number of trusted, credible local VCSFE organisations, making use of existing grants where possible. The short-term nature of the employment contracts that could be offered was also believed to have impacted upon the recruitment of staff into key roles such as panel coordinator posts. At the CYP level, the short timescales limited the panels’ ability to embed long-term meaningful support and identify suitable outcome measures. Providers acknowledged that building trust and rapport with young people can take time, and for many CYP there had not been sufficient time by the end of the pilot to build this trust, secure their engagement and work with them consistently and meaningfully.

“*...we're coming to that point and we're asking people for where they're up to and it's been three or four weeks and you're still not getting no response from the young person, and then before you know it's finished.” (P17)*”

## Effectiveness

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The short-term nature of the YFPP panels pilot and complexities of implementation meant that many young people had not reached a sufficient stage of support by March 2026 to demonstrate clear outcomes. However, insights were gathered from stakeholders and a small number of participating young people on intermediary outcomes at a young person and system level, as well as their reflections on the evaluation process.

### Outcomes for young people

By the end of the pilot, a small number of CYP had reached week four of support and participated in an interview to discuss their experiences (n=3). For all participating young people, having someone they could talk to openly who listened to them and supported with their problems was

the most significant outcome. Providers supporting young people agreed that their priorities at this early stage of engagement were building trusting relationships with young people, being a consistent and positive presence, advocating for them, and allowing them a safe environment to discuss their emotions and make mistakes.

“It’s like if people like are struggling with maybe bad mental health problems or just problems in general then it’s better than having problems on you that you just can’t tell no one. Like its better telling someone that you’ve got like problems at home or something, I think than keeping them to yourself.” (Young Person 1)

For providers, CYP’s engagement was seen as an important short-term outcome which allowed CYP to set intermediary and long-term goals. Individual goals identified by CYP included regulating anger, increasing self-esteem and confidence, making better choices, reengaging with interests (for example gymnastics, travel, mechanics), and health outcomes such as reducing or quitting vaping. Several CYP had already made progress towards these goals including improved confidence, improved sleep, and engagement with school and training. Providers viewed these intermediary goals as equipping young people with the skills they needed to achieve longer term goals such as re-engagement in school, improved school attendance, improved academic achievement and reduced criminal justice involvement. For example, a young person’s keyworker from a VCSFE provider had attended an education meeting with the young person to review their current educational provision (tuition twice a week) and as a result the young person had started a course with a hairdressing academy (figure 4).

“...they've been doing things like going Pilates sessions...and loads of talk on the way there, on the way back...it's really made her come out of her shell, and she's tired out a bit and she's going to bed early and getting off to school [in the morning]...She came in yesterday, especially to tell me [keyworker name] I was early for school today!...that little bit of structure...Mum said she's been doing really well.” (P17)

Figure 4: Examples of young people's goal setting



Keyworker

*I think another goal...you'd said to me that you didn't feel as supported in school in terms of your learning, so I've gone away before the half-term...see if we can set up a meeting for you, me and your mum to see what other things can be looked at within school...to support you.*



Researcher

*And do you mind telling me a little about like what support you'd like in school, or what's a bit difficult at the moment?*

*Just in like some lessons like when the teacher explains things, I don't like know it as quick as other people, it takes me a bit longer to like understand and teachers will ask me...and keep saying it. And with spelling as well...my dad he was trying to spell something to me the other day and I was going 'bloody hell I can't think that fast'...I couldn't like think it, like click it into me brain.*



YP1



Keyworker

*And then...if you don't understand the work and you get frustrated or annoyed, then what happens?*

*I just give up really...That's when the teacher moans at me then I probably walk out.*



YP1



Keyworker

*...it kinda snowballs from there doesn't it? So...that's like a goal in itself you know, how can we solve that?*

*And what would it look like if it was better for you...?*



Researcher

*I'd probably be able to stay in the lesson more. Cos in Science I'm not really ever in there, I'm never really in the classroom 'cos like me behaviour and that.*



YP1



Keyworker

*So, I went with [YP2] to her school for an education meeting because, you explain about where you were before the meeting...what your provision was and where you were like doing like your schoolwork and stuff*

*Yeah, I was just doing my English and maths, but she said to me, like, do you want to do like something else?*



YP2



Keyworker

*Yeah, because [YP2] was only getting tuition up in [place name] twice a week. So, I said, what are you doing on those other three days? Because I felt it was important that [YP2] did something else...so I supported with the meeting in school because she's got an EHCP. So, the outcome of that was to support with going to [name] Hairdressing Academy...so she started there now. So how has that gone?*

*I mean, it's actually good*



YP2

Participants hoped the long-term outcomes of the panel for CYP would be to change their trajectory away from further criminal justice system involvement and reduce first time entry to the criminal justice system. They hoped through the support of positive adult mentors, diversionary activities and extended support networks, CYP would be equipped to make safer, more informed choices when encountering risk. Neither panel had specified the duration of the support CYP could receive. For providers, the decision to end support with CYP would be based on the CYP, school, and family feeling the CYP had achieved the goals they set or had the tools and strategies to continue working towards their goals, and they are linked into ongoing services or universal youth support. Knowsley participants confirmed this aligned with their previous experience, reflecting that when they had first implemented the VCM, tenacity had similarly been required to engage young people (with some children taking up to six months to fully engage with the STEP service).

### Outcomes for multi-agency partners

A key outcome desired by participants from the pilot phase was improvements in multi-agency working. Multi-agency partners felt the YFPP panel had been successful in increasing their awareness and ability to identify suitable intervention for CYP who otherwise would not have come to the attention of services. Examples included identifying CYP placed from out of area where the local authority had not been notified and identifying CYP who were home educated and eligible for an elective home education nurse visit. In some cases, the panels had also highlighted gaps in multi-agency communication. For example, CYP who had been out of education for 12 or more months because they were awaiting alternative provision, SEN

provision, EHCPs or educational psychology assessments, and were not known to children’s social care. Partners also noted the panels had led to greater sharing of contextual data about CYP for their own data recording systems which allowed other practitioners coming into contact with the CYP to be aware of their additional needs and associated risks.

“Improvements in multi-agency working...in the pilot phase, being realistic, ...if we’ve addressed some key themes/gaps – whatever that looks like across the systems in both areas, this pilot should hopefully be a catalyst to either go back into their governance structures or national government to really drive those improvements.” (P7).

“...there's hundreds of children who have elective home education and sometimes by attending the meeting... we might need to go out and do a health assessment...[so] I think, right, I'm going to have to let the elective home education nurse know about this one because they've been discussed at that meeting...for example, [because of] shoplifting...we would look as part of a holistic health needs assessment, finances within the family, any worries, things like that for the young person or parents and put that early support in if sort of consent is gained and if they respond to us.” (P16)

As a system level, an outcome that partners wanted to see was reducing the number of CYP coming to other panels such as MACE. In Knowsley, where the existing VCM meeting had been running for several years, participants felt the panel was part of a graduated response that prevented later escalation of CYP to higher tier panels for more serious offences or criminal exploitation. Seeing a reduction in the number of young people referred to these panels, gave partners confidence that the work they were doing was effective.

“So, I’m very much invested in it, and I think it does a really good job because what we’ve seen...is that it [VCM] did reduce numbers going to MACE for criminal exploitation and not having inappropriate referrals...we’ve got a graduated response.” (P1)

## Evaluation processes

**Data monitoring:** Participants described a lack of clarity from the Home Office on what outcomes would indicate the YFPP panels were an effective intervention. The existing outcomes including reducing youth offending and identifying children at an earlier stage were considered very broad and challenging to measure, particularly in the short time period of the pilot. Participants also described the Home Office monitoring requirements (number of young people who declined support and engaged with support) as minimal, with MVRP left to identify measures which reflected the type of support received and the impacts upon young people at a regional level. Significant barriers to more comprehensive data monitoring were the lack of a single data system which could be used by multi-agency partners to “consistently map the journey” (P15) and “track those outcomes for young people and see improvements in their mental health, their wellbeing, their employment, education” (P7), and a lack of analytical capacity to support with this work.

“How are we measuring the outcomes? I don't know how...so, we're saying that the children, they have to have two offences within initially six months, and it went to 12 months. But in terms of outcome, what is our outcome? So, these children don't reoffend in 12 months, or they don't reoffend in six months...one

*thing that I'm struggling with is how we're measuring the outcome of this panel and the outcome of the interventions...have the police even got a system to be able to say, right, we discussed that child at a panel here, he's now re-offended. Like how is that communication [happening]? (P10)*

Participant priorities for the YFPP panels beyond the pilot period were the need to develop a central monitoring system. As well as allowing the monitoring of young people's outcomes across multi-agency domains (e.g. education, health, youth justice, police), participants highlighted three additional priorities for this centralised system. These were: 1) informing social workers that CYP had come to the attention of the panel so that they can encourage engagement and collaboratively promote early intervention; 2) sharing of information with other multi-agency panels and specialist early intervention services to ensure young people are provided with holistic support if they move between higher and lower tier support; and 3) monitoring of trends to inform contextual interventions within local communities, for example if a number of referrals were coming from one school or residential placement.

“With other panels and groups, the just doesn't seem to be that information sharing, and I find a lot of kids will appear on other panels and other services, and other chairs don't know that they're on that panel...it would be somewhere centrally to record that there had been involvement from the panel and who was on the panel and what that decision was...so that everybody who might come into contact with that child is aware. I think that would be a good way of closing the loop, definitely.” (P3)

**Outcome measurement:** Tools to measure interim outcomes for young people were piloted as part of the evaluation. Five outcomes measurement tools were initially considered: 1) the Shortened Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS); 2) the Strength and Difficulties Questionnaire (SDQ); 3) the Child and Youth Resilience Measure (CYRM-R); 4) the Goals and Goal based outcomes (GBO) progression chart; and 5) the My Mind Outcome Star. After consultation with each panel, the decision was made to use SWEMWBS and the My Mind Outcome Star as these were considered to be child-friendly, measured the most appropriate outcomes, and both were already used by at least one commissioned provider. Each local authority agreed to fund the purchase of outcome star licenses for providers, however the keyworker training requirements to allow purchase of a license were considered impractical for the short time period of the pilot. As a result, only the SWEMWBS scale was collected during the pilot. Team managers and keyworkers at each VCSFE provider were provided with online or face to face training on the evaluation processes by the evaluation team and keyworkers were asked to complete the SWEMWBS with young people at week 1 and week 12 of engagement.

Completion of the SWEMWBS during the pilot was low (n=12 week 1 measures and no follow-up measures as no CYP had reached week 12 of support). The mean wellbeing score for CYP when starting support was 21.1 which is just slightly below the UK population average (mean=23.5, SD 3.9). Five out of 12 young people (42%) had a low wellbeing score (within the lowest 15% nationally<sup>4</sup>), and one young person had a high wellbeing score (within the highest 15% nationally).

Feedback from providers suggested that the SWEMWBS questionnaire was acceptable in terms of length and content but was demanding to complete in addition to their existing monitoring

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<sup>4</sup> SWEMWBS: the top 15% of scores range from 27.5-35.0 and the bottom 15% from 7.0-19.5 based on UK general population samples (University of Warwick, 2025)

requirements and requirements of other funders. Providers' preference was for existing outcome measures to be used to report on progress for young people. However, the feedback from participating providers suggests considerable variation in the outcome measures used. The majority of providers collected data on mental wellbeing, confidence and self-esteem (but only one used SWEMWBS), two reported using an Outcome Star measure, and two reported using goal-based tools. The Knowsley statutory provider (STEP) was the only provider to collect data on reoffending (3, 6, 9, 12-month follow-up) and education. Participants recognised that VCSFE providers would not have access to statutory services data, and so monitoring of some outcomes (criminal justice, education) would likely have to take place at a panel level. Participants also felt that CYP's voice was lacking from their outcome measurement processes. During the course of the pilot both panels implemented routine feedback from providers on CYP's engagement and by the end of the pilot Knowsley had begun to reintroduce the collection of case studies which storyboarded the progress of each CYP.

## Maintenance

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Participants had mixed views on sustaining the YFPP panels. Those in favour noted that despite local authorities recognising CYP's need for early intervention, both children's social care and education currently lacked the capacity and resources to implement this. As a result, they felt CYP were heard at higher tier panels (e.g. MACE) who had missed opportunities for earlier preventative support. The YFPP panels provided this opportunity to intervene earlier and refer CYP to reputable organisations with relevant expertise. In Knowsley, participants began the pilot with high confidence in their well-established VCM approach. However, participants felt the additional funding and coordination provided through the YFPP panel had allowed them to increase their capacity through the addition of more providers, offer a more diverse range of support to CYP, take a more robust approach to risk using the triage matrix, and put them in a better position to evidence outcomes for CYP. Participants in favour of sustaining the panels also felt it provided evidence to progress system wide agendas (including contextual safeguarding approaches across Merseyside and national work around CYP at risk of exploitation being placed in unregulated care placements).

“...six months ago, before we started this, we were struggling in terms of the number of referrals. We've extended the range and the diversity of providers, and I think we've got a much better, more robust offer for children...We've never had that level of coordination, the funding has obviously underpinned some of that coordination. So, I think we're in a much better position to apply some of the performance matrix and hopefully evidence some sound outcomes for the children we work with because we've not been in a position before.” (P9)

However, some participants felt the length of the pilot period had been insufficient for partners to establish if the YFPP panels were the correct approach. These participants felt the pilot had been successful in identifying gaps in current provision for young people, including gaps in communication across different multi-agency panels and between children's social care, family help, education, and external local authorities. However, without sufficient time to embed implementation and offer a sufficient level of support (3-6 months) to evidence outcomes for young people, these participants were less certain about what the right intervention approach was. In addition to the outcome monitoring processes discussed above (Effectiveness section), participants identified two adaptations to the panel process they felt would help inform if and how

YFPP panels should they continue. This included: 1) analysis of referral trend data (offences receiving an NFA, young people's wider needs) to inform which interventions should be provided to young people; and 2) Liverpool participants suggested employment of a Criminal Exploitation Education lead within the Support Inspire Learn (SIL) team, to sit on all multi-agency panels (YFPP, MASH, MARFA) who can access all partner systems and collate the required data.

At a system level, there were also concerns that the pilot had been achieved through additional Home Office and MVRP funding, and if YFPP panels became a national requirement local authorities may not be able to sustain the panels in their current format. As one participant described, they were concerned the YFPP panels would become *“another meeting structure that will either get diluted or it just won't continue because of capacity”* (P7). MVRP also expressed concerns that the Home Office shift towards more targeted, downstream preventative activity for young people was at odds with the early years and community level focus of much of their work. They felt this might place Merseyside at a disadvantage in progressing the YFPP panels compared to other VRU areas who had existing capacity and youth worker resources within their systems to undertake substantial scoping work prior to receiving Home Office funding.

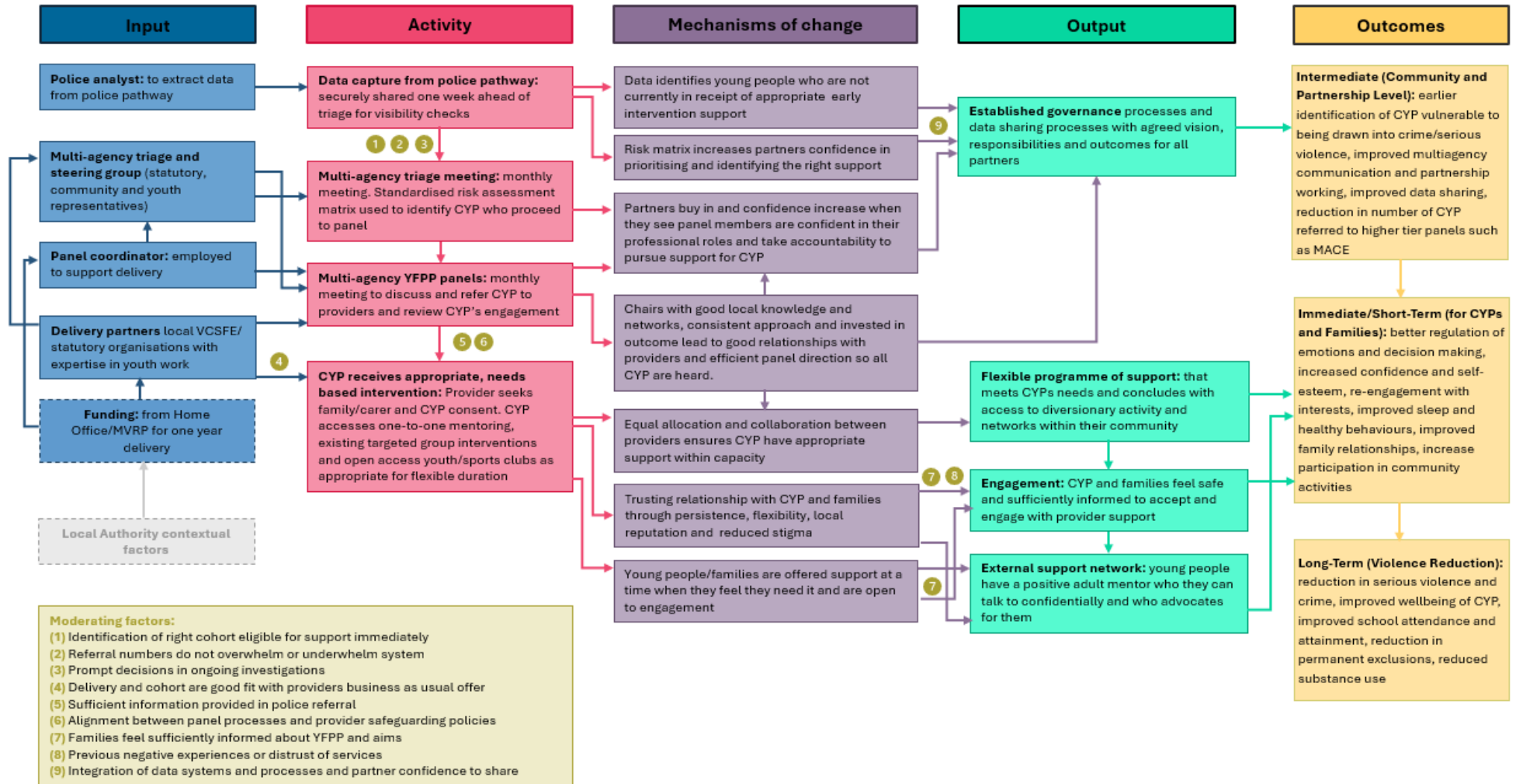
## Theory of Change

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The findings from the pilot study have been triangulated to develop a theory of change for the YFPP pilot (figure 5). The theory of change suggests that YFPP panel activities may lead to successful outcomes through the triggering of seven mechanisms of change which are impacted by nine moderating factors. The intention of the theory of change at this stage is to map the YFPP activities and pose assumptions about how and why the approach works to achieve positive outcomes for CYP and families, partners and at a longer-term system level.

The theory of change provides a blueprint for further consultation, testing and refinement as YFPP panels are expanded regionally and nationally. Detailed contextual factors for each local area have not been included on this diagram, but as the findings have demonstrated there were local variations which impacted upon delivery (see figure 5) and mechanisms of change. For example, Knowsley built upon an existing panel whilst North Liverpool created a new panel which impacted upon how delivery processes were developed and adapted including identifying a chair, selection of providers and the inclusion of a statutory support pathway (figure 5). Variations in the demographics of CYP residing in each local authority area also impacted on implementation, for example in North Liverpool higher than anticipated numbers of young people who had been placed within the area from another local authority led to anticipated complexities in delivery. It is important that local contextual factors are taken into account when considering implementation of YFPP panels in other areas.

Figure 5: Theory of change for the Merseyside YFPP Panel Pilot



## 4. Summary and recommendations

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### How have the YFPP panels been implemented across the different areas of Merseyside in the pilot year?

The pilot demonstrated that it was feasible to develop and implement YFPP panels in two areas in Merseyside (North Liverpool, Knowsley). Police data on eligible CYP (residents aged 10-18 years, with two or more NFAs in the past 12 months and not in receipt of services) was successfully extracted and securely shared with multi-agency partners. A monthly triage meeting was implemented in each area, with a standardised approach to risk assessment and prioritisation of CYP. Monthly panel meetings were successfully implemented in both areas, with 90 CYP referred into the panels following triage and referred to appropriate support including 71 CYP referred to VCSFE early intervention support following panel review.

Whilst both areas retained fidelity to the proposed YFPP model, there were some contextual variations between the two pilot areas. Knowsley built upon their existing open referral multi-agency VCM meeting, that offered a similar support model. Beginning the pilot with consistent co-chairs, practical arrangements and buy-in from attending partners already in place meant they could draw on their existing resources, providers and referral pathways to reduce the impact of earlier implementation challenges. This included delays in coordinator recruitment, lower than anticipated referral numbers, and creating new provider contracts. These factors combined with high partner confidence in their existing approach, meant that by the end of the pilot, Knowsley were already beginning to implement adaptations to improve implementation including formally merging their VCM open multi-agency referral pathway with the YFPP police referral pathway to allow all CYP coming to the panel to have the same options for provider support. Knowsley also had an existing statutory referral route from to their STEP service (a voluntary offer aligned to Youth Justice) which allowed them to provide tiered support depending on the level of risk identified at triage. Considering some VCSFE providers encountered difficulties when seeking appropriate safeguarding mitigations for higher risk CYP, this tiered approach may be a positive element of implementation. Finally, the Knowsley panel received regular updates on community incidents and interventions from their commissioned youth provider and a representative from their Crime and Communities team. In line with contextual safeguarding approaches (Firmin et al., 2020), this allowed partners to place young people's behaviours and needs within the context of their peers, schools and communities.

In North Liverpool, where the YFPP panel was newly implemented there were, unsurprisingly, some additional structural and logistical requirements to be worked through during the early phase of the pilot. However, this meant the North Liverpool model incorporated greater consultation with VCSFE providers and CYP into their design and implementation. For example, North Liverpool shared data on CYP with VCSFE providers in advance of each panel and operated a voluntary referral process (rather than the Knowsley model of the chairs allocating CYP to providers). Participating providers spoke positively about their level of involvement and also spoke more frequently about collaborating with other VCSFE providers in supporting CYP. North Liverpool also incorporated consultation with CYP, developing a co-designed letter to be sent out to families to inform them of their referral.

## What are the key barriers and enablers to effective delivery of the YFPP panels?

Across the two pilot areas, YFPP panel delivery was facilitated by an efficient triage process, good representation and contribution from multi-agency partners and a knowledgeable and committed chair. These factors increased partners confidence that the approach was working and accountability for identifying additional support for CYP. These findings align with the legitimisation domain of Normalisation Process Theory (Murray et al., 2014) with previous research on multi-agency approaches highlighting that partners' belief they can make a positive contribution impacts upon successful delivery (Ball, 2024). As highlighted in previous research (Quigg et al., 2025), VCSFE providers were also viewed as a key facilitator with their persistence, flexibility, local reputation and varied support offered within the communities regarded as vital to building trusting relationships with CYP.

Barriers to implementation included the availability of accurate police referral data and integrated data systems to gather a complete picture of young people's circumstances. Lack of detailed information in police referrals was also a barrier to engaging families and CYP, identifying the most appropriate intervention and undertaking the correct level of safeguarding and risk assessment. Parent/carers not expecting the referral was also seen as a barrier to engagement. Data systems and process issues are well recognised in policy and literature as a significant barrier to multi-agency working (Home Office, 2025; NSPCC, 2025; Ball and McManus, 2024). The short-term nature of the pilot was also seen as a barrier which was incompatible with existing local authority provider tendering processes and impacted on the recruitment of coordinators to short term contracts.

## How and to what extent has the YFPP panels pilot met its objectives?

Participants were uncertain that the police referral mechanism was reaching the Home Office's intended cohort. A substantial proportion of young people were considered to have more complex needs than could be supported by early intervention or more severe criminal offences receiving an NFA than had been anticipated. The pilot also highlighted two cohorts of CYP who had not been given full consideration in the existing Home Office Guidance, namely CYP who had been placed into a residential placement by another local authority (who were offered support) and CYP who had two NFAs and were still under investigation for an ongoing offence (who were not triaged until the ongoing investigation was resolved). As highlighted in the barriers and enablers section, these eligibility issues had several impacts including delays in recruiting young people into support and CYP requiring higher safeguarding accommodations from providers.

Participants therefore felt that the number of CYP consenting and engaging in provider support following panel referral was lower than intended. Comparison is therefore needed with other pilot sites across England and Wales to establish a feasible engagement rate. Retaining young people who are at risk of criminal exploitation or serious violence into voluntary support is a documented challenge in existing research (Smith et al., 2025; Quigg et al., 2025). For example, a recent Youth Endowment Fund pilot following a similar open referral model for extra-familial harm across five local authorities in England and Wales reported an overall retention rate of 88% (Quigg et al., 2025). Locally, Knowsley participants acknowledged they had encountered similar challenges in recruiting young people via the existing VCM to their STEP service when it had first been introduced. Participating stakeholders and existing evidence suggest that CYP require flexibility, persistence and time to build relationships and engage in support (Quigg et al., 2025;

Smith et al., 2025) and this should be taken into account when setting objectives relating to engagement and duration of support.

Whilst establishing effectiveness is not traditionally an aim of pilot studies, the findings also suggest some challenges in outcome measurement which could impact upon further effectiveness studies. For the small number of young people who had reached beyond week four of support, qualitative evidence suggests that young people valued having someone who listened to them and supported them. Young people's progress towards several short-term goals was reported including emotional regulation, confidence, improved school attendance and re-engagement in hobbies and interests. During the evaluation, the SWEMWBS tool was piloted with providers as a method of measuring changes in CYP's emotional wellbeing (week 1 and week 12). Whilst providers found the measure acceptable, completion was low (n=12) with providers suggesting the burden of existing data outcome requirements was the greatest barrier. Further work with providers is therefore recommended to comprehensively review their existing data collection processes and establish where these are comparable or adaptable.

Longer-term outcomes included in the outcomes framework developed by MVRP were reductions in serious violence and crime, improved wellbeing, improved school attendance and attainment, reductions in permanent exclusions, and reductions in substance use. However, a lack of Home Office guidance and dispersed data outcome measurement systems were significant barriers to establishing what and how effective implementation of YFPP panels should look like. The challenge of measuring the effectiveness of multi-agency approaches is one which is well recognised in the existing literature (Ball, 2024; Quigg et al., 2025).

## What changes to the implementation processes of the YFPP panels should be made if the panels are sustained beyond the pilot?

Based on the pilot evaluation findings the following recommendations were identified:

### Recommendations

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1

Referral pathways should be expanded beyond the current Police Pathway. The existing VCM referral pathway (in Knowsley) may provide a useful blueprint, but consultation with all implementing areas should be undertaken to identify which referral routes are acceptable and feasible and what contextual information is required from the referrer. When introducing these new referral routes, panels should consider the time and resources required to ensure potential referrers are sufficiently informed about the intention of the YFPP panel, the eligibility criteria and the referral process.

2

Panel chairs should consult collaboratively to agree a common approach for CYP who have been placed by another local authority. A decision-making matrix which considers additional contextual information on the nature of the NFA, additional risks, the placement location, length of placement, and consultation with CYP's social worker should be included in the existing triage risk assessment framework. A panel member from the local authority should be identified who is responsible for communicating with out of area social workers prior to provider referral.

3

MVRP and local policing representatives should make a collective decision on how best to triage referrals for CYP with an ongoing investigation. Creating analytical capacity within MVRP or Merseyside Police and support from prevention panel coordinators and police representatives could assist. Panel members should also consider whether it is feasible to provide young people with interim support through existing YJS representatives on the panel, with an understanding that they may be stepped up to

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formal youth justice with an understanding that they may be stepped up to youth justice support depending on the outcome. This would require recording of the YFPP panel outcome to be visible to youth justice colleagues to ensure effective handover.

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4

Currently, panels are implementing two different approaches to provider referral with North Liverpool operating voluntary allocation and Knowsley using Chairs' allocation. MVRP and panel chairs should consult with providers about their preferred method and consider the extent to which local variations in delivery are acceptable during the full implementation phase.

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5

Existing and new panels should hold consultation meetings with new providers to ascertain if their current delivery models, practices, and policies (for example safeguarding and risk mitigation) align with the aims and processes of the YFPP. Providers, panel chairs, and those responsible for grant agreements should work to identify collaborative solutions and adaptations to ensure young people receive the most appropriate support.

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6

The current pilot suggests VCSFE providers are appropriate and beneficial for most CYP. However, some CYP are presenting with more complex needs. A statutory support pathway (such as the STEP pathway operating in Knowsley) may be an effective way to support CYP who score highly on the risk matrix and where there are additional safeguarding concerns from a VCSFE provider perspective. Panel members should consider whether it is feasible and beneficial to have a statutory referral pathway to sit alongside VCSFE support.

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7

Informing parents of the panel's decision and next steps may increase parent/carer engagement. Panel members should consider a process for routine communication with parent/carers in advance of provider engagement either through their panel coordinator role or a designated youth worker.

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8

The list of required multi-agency representatives attending triage meetings and panels should be reviewed following this pilot to ensure consistent membership and equity of support for CYP across all areas.

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9

An YFPP panel agenda item for community level updates from commissioned youth providers and Local Authority Community Safety Teams on incidents and ongoing interventions appears a promising approach in ensuring CYP's needs and behaviours are considered within the context of their peers, school, and community.

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10

Panel members and the evaluator should meet with providers to review their routine outcome monitoring data and consider if and how these can be used to monitor intermediary outcomes for young people. Where this is not possible, agreement should be made on a common outcome measure and the requirements for completion. Reminder systems for overdue outcome measures should be implemented. For example, through routine communication from the panel coordinator for at 1 and 12 weeks and panel review of CYP outcomes at 13 weeks (dependent on desired outcome duration).

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11

Chairs and panel members should consider strategies for improving data sharing across different data systems including: 1) analysis of referral trend data to inform implementation; and 2) identification of staff member at appropriate level who can access data across multiple reporting systems and ensure reporting between multi-agency panels to allow clear progression of support should CYP's needs escalate (for example to MASH/MACE).

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