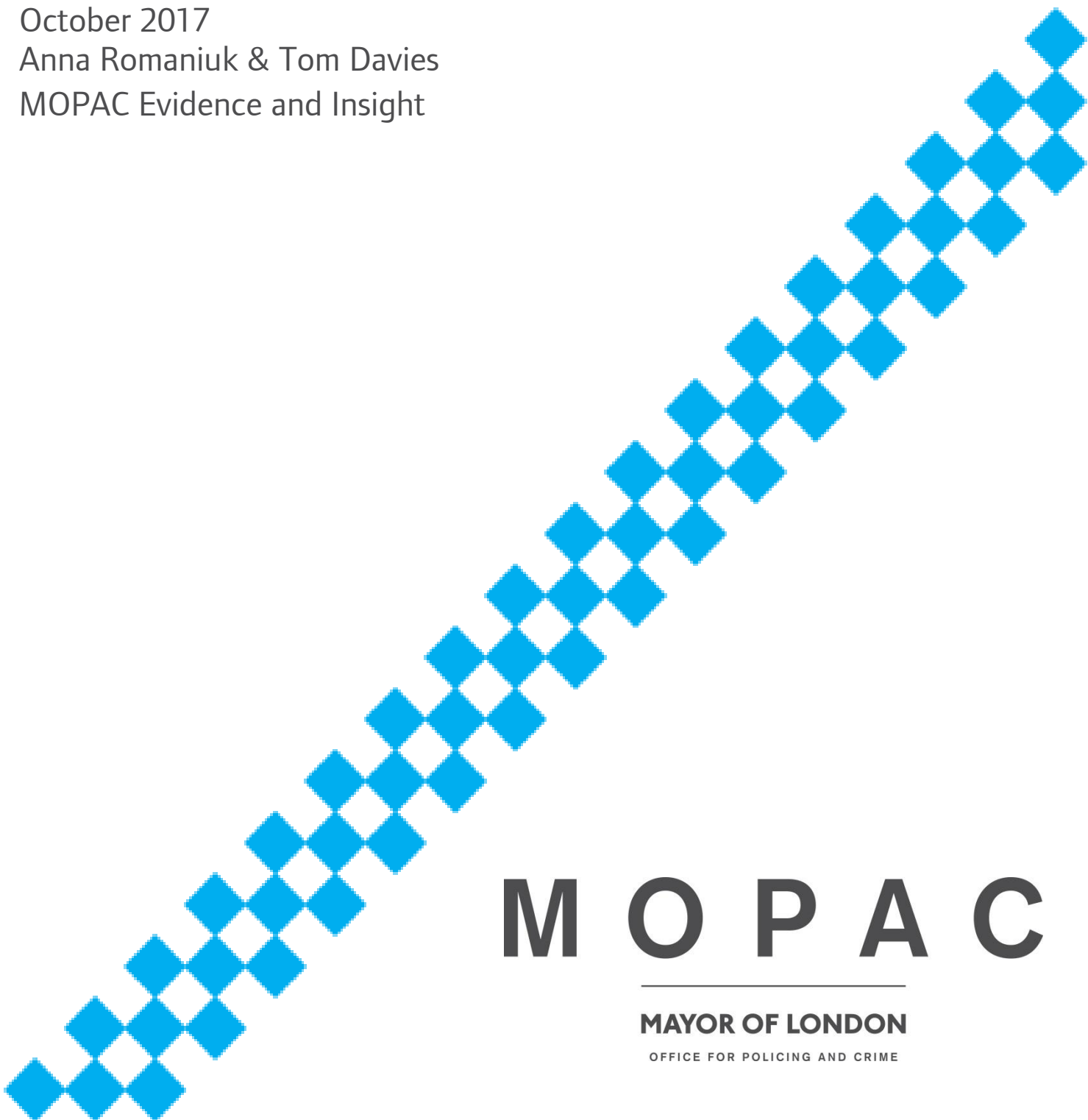# London Gang Exit
Interim Evaluation Report

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Anna Romaniuk & Tom Davies
MOPAC Evidence and Insight

MOPAC

MAYOR OF LONDON

OFFICE FOR POLICING AND CRIME

Contents

Executive Summary

London Gang Exit (LGE) is a £1.5M multi-agency intervention, jointly commissioned by the Mayor's Office for Policing And Crime (MOPAC) and the London Community Rehabilitation Company (CRC). LGE commenced in February 2016 and was initially funded until September 2017. A DMPC decision in July 2017 committed to sustaining the MOPAC funding for this programme until September 2019. The programme is being delivered by a consortia led by Safer London, and includes Only Connect and Redthread. The pan London service was designed to complement and enhance existing local services, filling gaps in provision of support services for young Londoners who are involved or affected by group violence. Young people are not compelled to work with LGE, rather engage on a voluntary basis.

The evaluation of London Gang Exit is being conducted by MOPAC's Evidence & Insight Team (E&I). This interim report provides an update on progress from the preliminary progress report[1] and Quality Assurance report commissioned by CRC, highlighting ongoing and emerging risks. It presents key performance data to date and process learning from staff survey and client interviews. The report also explores the early indicative impact of LGE on offending and victimisation. Given the low throughput of clients at this stage[2], caution should be applied when interpreting these findings.

Key findings:

A total 224 cases were referred to LGE between the launch of the programme (17th February 2016) and 15th March 2017. Of those 46 individuals completed[3], 67 cases were still open, 21 were marked as 'on hold'[4] and 90 cases were closed meaning they were not completed or the client disengaged. LGE clients were predominately male (91%, n=204) and the average age was 20 years old.

Process evaluation

- Practitioners believed LGE had a positive impact on clients both in the short and long term, highlighting client motivation as key in achieving results. They also had largely positive views on all key aspects of the programme including partnership working, data sharing, LGE model and processes.
- Interviewed clients reported positive experiences with LGE. They described their case workers as being very responsive to any emerging issues and easy to contact. Clients emphasised how well LGE staff engaged clients from their first meeting, which helped to build trust early on.
- Centralisation of a Referral Centre has been well received and the staff believe it creates more appropriate referrals by facilitating better communication between Referral and Assessment Teams.

Offending and victimisation analysis

From the 113 in-scope cases, indicative impact of LGE on offending and victimisation was explored for 70 cases where at least nine months has elapsed post-referral.

- A volume of offending seen in re-offending analysis was found to be driven by less than a half of LGE clients who had previous history of offending. The same pattern was seen for victims of crime, who represented only around 30% of the analysed cohort.

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[1] Made available to partners in December 2016.
[2] Period between 17th February 2016 (project launch) and 15th March 2017.
[3] Meaning they had received a minimum of six months intervention and had exited the programme.
[4] A case can be on hold for multiple reasons including client moving, temporary loss of contact or medical treatment.

- Early offending analysis shows that LGE clients are very diverse in terms of their involvement in group violence, risk posed and victimisation levels, which is a reflection of broad eligibility criteria. Differences in offending before and after referral were seen between those who appear on the MPS Gangs Matrix and those who do not.
- Preliminary analysis of non-proven offending and victimisation indicates a decrease in an average count of being a suspect/accused and a victim after receiving interventions from LGE. However, this is not statistically significant and the lack of a counterfactual combined with small sample size mean results should be treated with caution.

1. Introduction

Background

Youth violence in London continues to be a significant concern with 16% of Londoners believing that gangs are a problem in their local area[5]. Gangs range from organised criminal networks involved in Class A drugs supply and firearms, through to street-based gangs involved in violence and personal robbery[6]. According to recent MPS intelligence there are around 225 recognised gangs in London, with around 3,600 identified as being involved in gang violence on the MPS Gangs Matrix of the most harmful gang members identified on the MPS Gangs Matrix[7]. It is estimated that this relatively small number of people is responsible for approximately 17% of serious violence and stabbings, 7% of personal robbery, 40% of shootings and 12% of aggravated burglary[8]. However, it should be noted that the Matrix does not reflect the full extent of youth violence in London.

The 2017-21Police and Crime Plan[i] sets out strategies to comprehensively address the problem of gang related violence, offending and exploitation in London in response to recent rises in proxy indicators of gang related violence, such as knife and gun crime offences. The Mayor of London's Knife Crime Strategy[ii] further seeks to address the wider but overlapping problem of knife-related violence in the capital. Whilst recognising the continuing need for tough enforcement, both approaches also emphasise prevention and intervention, highlighting the importance of joined-up, diversionary approaches in helping vulnerable young people out of serious offending and violent victimisation.

London Gang Exit Overview

London Gang Exit (LGE) is a £1.5M multi-agency intervention, jointly commissioned by MOPAC and the London Community Rehabilitation Company (CRC). LGE commenced in February 2016 and will run until September 2019. The programme is being delivered by a consortia led by Safer London, and including Only Connect and Redthread, who fund secondments with expertise in secure estates and health. The pan London service was designed to complement and enhance existing local services aiming to support exit from gangs, filling gaps in provision. It seeks to create a consistent service across London, integrating with local delivery and providing additionality to local services with the aims specified in the table below (Table 1). Young people are not compelled to work with LGE, rather engage on a voluntary basis.

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[5] 2016/17 Public Attitudes Survey. Percentage agreeing gangs were a problem in their local area (major/minor problem) at an MPS level.

[6] These estimates are dictated by a number of factors, particularly the definition of 'gangs' applied, thus it should be noted that the figures can vary across sources. Particularly there are gangs who are involved in less serious crimes, whose activity will not be reflected by these figures.

[7] The MPS intelligence tool for identifying and monitoring the most violent gang members on each borough.

[8] Metropolitan Police, Trident Gang Crime Command FAQs [accessed 07 July 2017]

Table 1. *List of LGE outcomes as set out by LGE Theory of Change[iii].*

Outcome 1	Reduced/ceased involvement in gangs
Outcome 2	Reduced/ceased harm from gangs
Outcome 3	Reduced seriousness and frequency of offending
Outcome 4	Increased ability to access stable and secure housing
Outcome 5	Improved health and well-being
Outcome 6	Improved relationships (peer, sexual, partners, etc.)
Outcome 7	Improved family dynamics
Outcome 8	Improved work-related skills, knowledge and employment[9]

Process Model

To be eligible for referral to LGE, the young person (male or female) is required:

- To be aged between 16 and 24 and be involved in or at risk of becoming involved in group violence.
- To be at significant risk of harm from or exploited by those involved ingroup violence, (such as through child sexual exploitation), or a risk to themselves, or posing a risk of harm to others.
- To show some motivation to want to move away from violence and a willingness to engage in the service.

Anyone can make a referral including the young person themselves, but they are typically received from statutory organisations and processed by a centralised LGE Referral Unit[10]. Cases are assessed using information on the referral forms, and through dialogue with the young person to inform risk and motivational assessments. Once accepted a client is usually referred for either:

- 'Component 1' – one to one support / mentoring - they are allocated a support worker to act as their case manager;
- 'Component 2' – specialist input - they are allocated a relevant specialist worker to act as case manager.

    (Note: In many cases clients are submitted for both component 1 and 2).

In the initial bid made by the delivery consortium the proposed time for intervention was 6 months per client. However, it was recognised by both sides that this was an average and that there would be a good proportion of clients that would need more than 6 months engagement, and a small proportion that would need less, thus the standard duration of the programme was extended to 9 months.

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[9] Not every Aim and Outcome is relevant to every young person engaged in the programme. Either Outcome 1 or 2 (the overall goals of the LGE programme) will apply to every young person engaged, depending on whether they are involved in gang activity or affected by gang activity. Outcome 3 relates primarily to service users who are involved in gang activity. Outcomes 4 to 8 will apply to young people depending on the assessment of their needs and the Specialist Services to which they are assigned (if any). The Specialist Services provided in the LGE programme in general map one-to-one to one of these outcomes.

[10] Initially referrals were processed by CRC, which caused issues with communication. Therefore, a decision was made to move the referral system into LGE's offices.

Evaluation Overview

Aims of the evaluation

This interim evaluation report of the LGE programme follows the initial progress report, which was made available to key LGE stakeholders in December 2016.

The objectives of the 2017 interim evaluation are:

- To assess early indicators of LGE's impact on the client's reoffending.
- To critically assess the implementation process and track progress in addressing key recommendations from the initial progress report and Quality Assurance report[iv] (see Appendix 4 for a list of recommendations).

Methodology

The evaluation employed a diverse range of research methods to gain an in-depth understanding of the LGE projects impact and implementation process.

- Impact evaluation[11] – a simple pre and post intervention offending analysis was conducted using CRIS[12]. This was supplemented with semi-structured client interviews, which offered them a chance to reflect on the perceived impact of participating in LGE on their lives. The final report will seek to employ a Matched Control Sample design to assess impact more robustly with the longer timeframe and larger throughput available (see Appendix 3 for timeline).
- Process evaluation – surveys were used to explore practitioner and client views on the implementation process and clients were interviewed about their experience of LGE. This was supplemented with additional information such as Quality Assurance and evaluation reports and contract meeting minutes.

The final report will seek to provide a robust assessment of LGE's impact on client's reoffending frequency and severity, alongside documenting learning from the whole duration of the programme, in combination with value for money analysis[13].

Staff survey

LGE staff were asked to complete an online survey aimed at understanding their views of the programme. The survey was anonymous to encourage employees to express their views freely. The survey was open for completion from 26th April 2017 until 30th May 2017 and included a mix of multiple choice and open-ended questions. 15 responses were received, a response rate of 83%.

Client interviews

Five semi-structured interviews were conducted with LGE clients (two conducted via phone and three face-to-face) between 30th May and 7th June 2017. Questions covered their motivation to join LGE, perceived impact on them, and general views on the programme. All interviewees were males under 25.

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[11] Impact evaluations aim to determine whether an initiative or intervention has had an effect. Process evaluations explore how an initiative or intervention has been implemented.

[12] Crime Information Recording System used by Metropolitan Police Service (MPS). Police National Computer (PNC) analysis of proven reoffending was not possible to due restricted time periods.

[13] Dependent on throughput, data provision and its quality.

2. Performance Monitoring

Cohort Demographics

Performance data was extracted from the LGE case management system. MOPAC Evidence & Insight were provided with information on 224 clients referred between the launch of the programme (17th February 2016) and 15th March 2017[14]. Analysis showed that of these:

- 46 cases were completed, meaning that they had received a minimum of six months interventions and had exited the programme.
- 67 cases were still open and 21 were marked as 'on hold'[15].
- 90 cases were closed meaning they were not completed or the client disengaged. This data suggests that 40% of clients had not completed LGE. However, it should be noted that this includes cases, which were referred but were never open as they did not meet eligibility criteria.

Referrals have been received from most London boroughs[16]; no referrals have been received from Kingston upon Thames, Richmond and Sutton boroughs during this period. Southwark and Lambeth made the most referrals (n=21 and 18 respectively). Westminster, Greenwich and Hounslow all made 12 referrals each.

91% (n=204) of clients were male, which is only slightly lower than figures for perpetrators of gang-flagged offences across London; only 20[17] (9%) females have participated in LGE[18]. The average participant age was 20; the youngest client was 12 years old and the oldest 29. 86% of the cohort (n=194) were of Black and Minority Ethnic (BAME) background, which is higher than London average for gang flagged offences (82%). A total of 23% clients (n=52) had an identified disability, with learning difficulties being the most common category (n=17).

MPS Gang Matrix

Just under half (44%, n=50) of clients in ongoing or completed cases had appeared at some point on the MPS Gangs Matrix. Of these, the majority (n=42) featured on the Matrix prior to their referral to LGE. A total of 35 were on the Matrix at the time of their referral[19]. The Matrix scores individuals based on violent offending, police intelligence and victimisation, separating them into three harm bands indicating relative harm (Red, Amber, Green with Red signifying greatest harm), which means it does not reflect the full extent of gang-related crimes (e.g. drug supply) or those on the peripheries of gangs (i.e. gang associates). A total of 37 appeared on the Matrix at the time of analysis.[20] Of these, 11% were graded red (n=4); 35% Amber (n=13) and 54% Green (n=20), which is broadly in line with the RAG status distribution of the full Matrix.

The proportion of clients not on the Matrix (54%, n=63) highlights the broad eligibility criteria for LGE; the cohort varies considerably from those with recent, frequent violent offending histories who are well known to police through to individuals who have not come to police notice or are on the periphery of the group violence and vulnerable to exploitation or victimisation. It should also be noted that the eligibility

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[14] Data was received on 13th June 2017.

[15] A case can be on hold for multiple reasons including client moving, temporary loss of contact or medical treatment.

[16] Hammersmith & Fulham, Bexley, Harrow and Hillingdon made only one referral.

[17] For one client demographic information was not provided.

[18] MetStats – Gang Flagged offences from 1st August 2016 to 31stJuly 2017.

[19] Seven appeared and were removed prior to LGE referral and eight clients were added to the Matrix after being referred. Seven individuals were removed from the Matrix post-LGE.

[20] As per 3rd June 2017.

criteria for Matrix inclusion varies between boroughs. It may be those individuals appearing on the Matrix already have access to local or statutory services, in which case there is a greater need to fill the gaps in service provision for a cohort who are affected by gangs but may not be highlighted as high risk for violent offending[21]. Data permitting, the final report will explore the relationship between LGE and the Matrix in greater detail.

Referrals and Interventions

The table below indicates the number of LGE clients referred to specific intervention/support strands[22]. One client can be referred to multiple strands depending on identified needs. 99% (n=210) of the cohort were referred to more than one intervention, 89% (n=189) to more than 3 and 58% (n=124) to more than 4 strands. The most commonly used intervention aims to reduce harm from gangs (n=187). Housing (n=155) also proved popular, which can be reflective of shortage of affordable housing in London (see Table 2).

Table 2. *Volume of clients per intervention.*

Strand name	N	% of full cohort
Harm from gangs	187	88%
Housing	155	73%
Health and wellbeing	125	59%
Gang exit	123	58%
Family support	97	46%
ETE	91	43%
Offending behaviour	84	40%
Child sexual exploitation	6	3%
Harmful sexual behaviour	5	2%

In terms of actual outcomes from those interventions (e.g. supported house moves), MOPAC receives this information on a quarterly basis as a part of performance reporting. In the 12 months prior to June 2017 (no data available since programme launch), 43 clients were supported with housing moves, 36 developed an Independent Living Plan and 78 registered with a GP as a part of health and wellbeing strand[23].

Anecdotal evidence suggests needs assessment and matching needs to interventions is done as a part of the first meeting with the case worker. However, it would be beneficial to have the process of matching needs to interventions documented for future reference and final evaluation.

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[21] At this stage, exploration of change in harm scores or RAG status is not feasible given the limited sample size and limited of data on closed cases.
[22] A total of 212 cases had relevant intervention data. 10 remaining cases were referred recently so it is thought they did not undertake needs assessment before data was shared. 1 case was on hold.
[23] London Gang Exit Quarterly Performance Report April-June 2017.

3. Process Findings

Process learning aims to understand the experiences of individuals to explore how a programme is working enabling challenges to be identified and addressed. Findings in this section are drawn from client interviews and staff surveys and focus on views around LGE model and process, partnership working and data sharing, and LGE impact on clients as perceived by staff and clients themselves.

LGE model and process

All respondents to the staff survey (n=15) said they supported the overarching LGE model, and had a good understanding of the processes involved. They also largely agreed that governance of the project was working effectively. Views on the LGE processes, including risk assessments, were almost entirely positive. However, Quality Assurance recommendations involving embedding an MPS intelligence officer to improve the quality of risk assessment, as well as introduction of case review for high risk cases, are yet to be implemented and will be explored within the final report

Eligibility Criteria and Purpose

Overall, staff feedback indicated positive views around many aspects of the programme such as matching interventions to needs, risk assessments, their own understanding of intervention strands and processes. However, views on the eligibility criteria were more mixed with only 8 out of 15 being positive. Several practitioners (n=4) did not believe that the LGE eligibility criteria allowed them to engage with the right clients (see figure 1). This was seen as a problem with clear communication of programme's purpose, as one respondent comments:

> "Programme could be clearer on its offer and intrinsic purpose and how this is communicated to wider stakeholders".

Linked to the eligibility issue, it was noted in the initial progress report on LGE that the branding of the intervention as 'London Gang Exit' may be misleading as many clients have little involvement in gangs. A new brand strategy is being developed by Safer London to address this issue with involvement of the clients and key stakeholders.
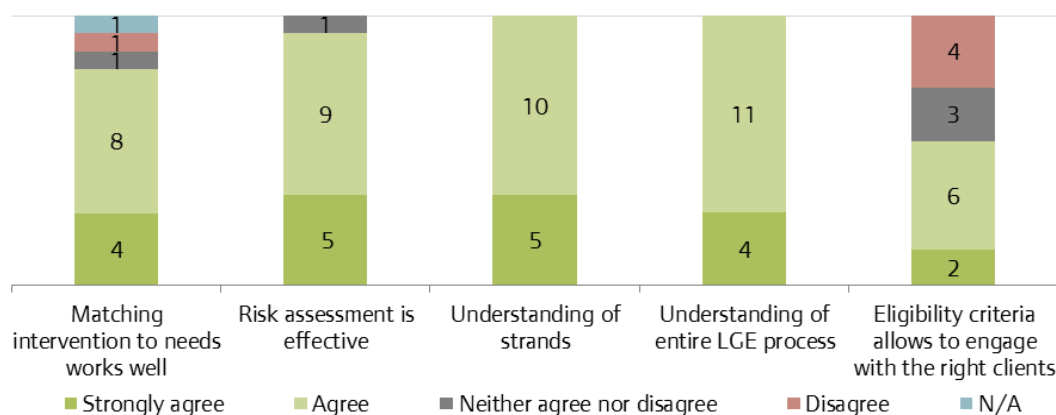

Figure 1. LGE process and staff understanding of them according to staff survey responses (n=15).

Partnership working and data sharing

Practitioners held largely positive views of partnership working, with most agreeing that the agencies work collaboratively on LGE. Respondents had largely positive views on data sharing both internally and between key agencies[24]. Encouragingly, most also believed that data is used effectively when shared. However, the evaluation team have encountered difficulties in obtaining individual level data from LGE; this is likely to have been caused by data migration issues related to the implementation of a new case management system. Whilst this is a significant risk in terms of ensuring effective working as well as enabling robust evaluation, E&I continue to work with LGE to maximise the potential for greater access to individual level data to inform the final report next year.

Staff training

Although the majority of staff (n=11 out of 14) were satisfied with the quality of training received, a number of training needs were identified, including suicide prevention and conflict management. Some frontline staff also indicated they required more training in working with individuals with moderate to severe learning difficulties. This training need is emphasised by the fact that 33% (n=17) of clients with disabilities had learning difficulties, which represents 8% of all open and completed cases (n=225).

Staff views on client impact

Almost all respondents (n=14) agreed that LGE has a positive short and long-term impact on young people (see figure 2). However, it was also recognised that clients need to be motivated to change for the whole duration of the intervention, which can be challenging for clients in times of heightened emotional stress. In those times both staff and clients themselves suggested that open channels of communication and responsiveness to changing needs are key to keeping the client on track. However, it should be noted that programme staff typically have positive views on their own work.
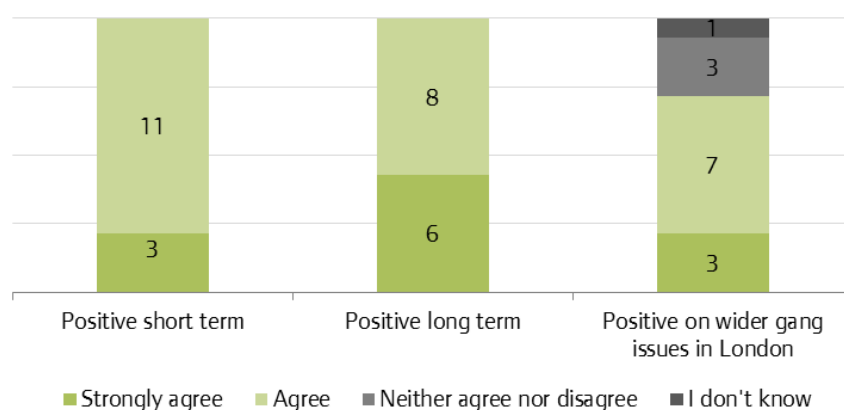

Figure 2. Staff perceptions of LGE's impact on clients and wider gang issues (n=14).

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[24] 29% responded "neither agree nor disagree", which for some may mean they do not have experience of sharing data with other agencies.

The length of the intervention was also raised in terms of ensuring a sustainable impact. However, it should be noted that the duration of the programme has already been extended from six to nine months in the early implementation period as it was recognised that complex cases may require a longer intervention.

> *"I do believe the programme should be longer as practitioners need to gain the trust of the clients, unpick years of learned behaviour and support the client to relearn positive and healthier behaviours"*

LGE staff were also asked to identify elements that work particularly well, that have improved and those than still need improving. The table (Table 3) below summarises key themes from these open-ended questions.

Table 3. *Key themes from answers to staff survey questions on key positives, improvements made and remaining challenges for LGE.*

Question	Key themes	Quote
Elements that work well	LGE staff identified a range of elements that work particularly well on LGE including: **client advocacy, housing intervention strand and partnership working**.	*"I believe the housing advice and advocacy element is particularly effective as all who present with housing need receive advice and that manages expectations which is very important in the current housing crisis we have in London today."*
Elements that have improved	Respondents believed that multiple processes have improved throughout the duration of the project. The most frequent answer was the **centralisation of the referral centre**. This is encouraging as the referral process was identified as one of key issues in the previous E&I evaluation report as well as the Quality Assurance report.	*"Since I started working with LGE I have seen a more streamline and effective method of referral since the referral team and delivery team were co-located."*
Elements that still need improving	The most frequently mentioned area for improvement was an **introduction of more consistent training for all staff**. Other comments included more clarity about the future of the programme, increasing the number of frontline staff, improved stakeholder engagement and extending the duration of the programme.	*"Much more solid training being provided to all the team (in strategic and operational areas) so that everyone is equipped with the same 'tools and the service becomes more consistent."*

Client Perspectives of LGE

Five clients were interviewed about their experience of LGE, two of which had completed the programme[25]. It should be noted that clients interviewed were selected by case workers and may be more engaged than others on the programme[26].

Engagement with case worker

Findings from the interviews suggest that developing a trusting relationship with the case worker is crucial to engaging clients. LGE clients spoke about the following elements, which helped them to stay engaged:

- **Positive first contact** - clients spoke of a tendency not to trust other people, ask for help or accept it when offered. Positive first conversations with the case worker convinced them to join the programme.
- **Responsiveness to emerging issues** - all clients mentioned that it was very easy to get in contact with their case worker in-between meetings, or move appointments. Scheduled meetings are important as they can bring structure to the often chaotic lives of clients, but responding to changing circumstances ensures the clients have support in crisis situations.

    "If I don't know what I'm doing or feel like I'm going through a wrong stage I have got them as back up to just ask them and they can guide me through." (Interviewee 1)

- **Support beyond the duration of the programme** - allows clients to stay on track, but is offered additionally by certain case workers rather than as part of the programme's offer.

Self-perceived impact

All five clients interviewed believed LGE had a positive impact on their life, although they sometimes struggled to fully articulate and reflect on the journey they had gone through. This issue was flagged by LGE's front line staff as a potential barrier to capturing the full impact of the programme. Nonetheless, the interviewees spoke about some enablers for the positive change. Moving away from the locations associated with risk or learning how to avoid potentially harmful situations, frequently featured as an element which reportedly has a particularly strong impact on exiting the gang lifestyle, improving feelings of safety and personal wellbeing.

    "If I didn't join this programme I would still be in the estate I was in, getting in trouble, I had problems in that area which [case worker] knows about and he helped me get away from it and if I hadn't have met him I would probably be in there and [ultimately] end up back in jail." (Interviewee 2)

Clients also felt that support and advice they received as a part of LGE in finding a job or re-entering education were key outcomes from the programme and would allow them to achieve a better future and stay away from crime.

    "I know I definitely wouldn't be working… she pushed me to find work." (Interviewee 3)

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[25] Another interviewee dropped out of the programme after three months. He explained that he was too busy with both working and studying but he still believed LGE had a big impact on his life.

[26] This is demonstrated by their willingness to use their own time to be interviewed (no incentives were used for interview recruitment).

4. Impact on offending: Preliminary findings

Offending history

The following analysis was conducted for completed (n=46) and open cases (n=67) only and did not include information about clients who left the programme before its completion[27], which can bias the sample to show more positive results that it would be for the entire cohort.

A total of 702 cases were identified on CRIS in the time period between January 2014 and June 2017 where a client was named as a suspect or accused (receiving a police charge) for any offence, which represents an average of 6 offences per client. Another 144 cases were found where a LGE client was a victim, which equated to over 1 victimisation per client. 72% (n=81) of the LGE cohort featured on CRIS as either suspect, accused or victim during the period of analysis. This means that 28% (n=32) of the analysed cohort did not feature on CRIS during the entire period of analysis, emphasising the wide range of individuals referred to LGE. The maximum number of offences linked to a single client in this time period was 32.

All LGE clients with CRIS records were a suspect or accused at least once in the analysis period. 88% of all clients who were a suspect or accused (n=71) were involved in violence against the person[28]. 48% (n=54) of clients had been recorded as a victim, of which 80% (n=43) related to violent offences. Almost half the cohort (48%, n=54) had been both a victim and suspect/accused since January 2014 and 34% had been both a suspect/accused and victim in a violent incident, highlighting significant victim-offender overlap.

LGE offending and victimisation (before and after referral comparison)

9 month before and 9 month after referral comparison

From the 113 in-scope cases, indicative impact of LGE on offending and victimisation was explored for 70 cases where at least nine months has elapsed post-referral. This maximised the case sample inclusion and period after referral. **Please note that analysis is indicative only. Caution should be exercised when interpreting findings and the following caveats should be kept in mind**:

- The small sample size available for analysis, relatively low prevalence of offending, and basic before and after methodology this necessitated, mean that robust causal statements as to LGE's impact on offending behaviour are not possible at this stage of the evaluation. The final evaluation report seeks to utilise a matched control methodology, allowing for a more robust exploration of impact.
- Due to restricted time periods for analysis. CRIS data was used; this only allows insight into arrests and charges, and does not represent proven offending (i.e. individuals found guilty at court).

Offending analysis was conducted for nine months before and nine months after each referral[29] to establish if there was any change in offending. It should be noted that 31 (44%) of LGE clients in this analysis did not have any suspect/accused CRIS records nine months before or after referral. Out of those, only two were recorded as victims in the same period of time. The maximum number of offences per client before referral was eight (most frequent score was two), which decreased to two after referral suggesting the decrease is driven by a small number of cases. However, a decrease in the count of incidents in all

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[27] This information was requested by MOPAC Evidence & Insight but LGE could not provide it.

[28] Violent offences in police recorded data are referred to as 'violence against the person' and include homicide, violence with injury, violence without injury and weapons possession offences. The category does not include sexual offences.

[29] E&I were not provided with the actual start date, thus referral date was used as the best alternative.

three major categories, including offending (n=-7), violent offending (n=-8), and victimisation was found (n=-13) (see Table 4 for details). The differences were not statistically significant[30].

Table 4. *Change in CRIS offending and victimisation between 9 months before and after referral.* [31]

Group	Offending			Violent offending			Victimisation		
	Before	After	Change	Before	After	Change	Before	After	Change
Combined (n=70)	95	88	-7 (-7%)	35	27	-8 (-23%)	31	18	-13 (-42%)
Completed (n=40)	50	38	-12 (-24%)	19	12	-7 (-37%)	15	8	-7 (-47%)
Open (n=30)	45	50	5(+11%)	16	15	-1 (-6%)	16	10	-6 (-38%)

Overall, no decrease in the proportion of clients who offended was found (n=30 before and after referral). However, a small decrease was seen for clients who engaged in violent offending or were victims (see Table 5). Generally, those clients who were suspect/accused nine months before referral also offended nine months after, but with less frequency. The only notable exception was shown by three individuals who had no previous records, but appeared 6, 5 and 4 times as suspect/accused respectively nine months after referral.

Table 5. *Number of clients with CRIS records 9 months before and after referral.*

Group	Offending			Violent offending			Victimisation		
	Before	After	Change	Before	After	Change	Before	After	Change
Combined (n=70)	30	30	0 (0%[32])	20	17	-3 (-4%)	20	10	-10 (-14%)

9 month before referral and 3 to 12 months after referral comparison

The same analysis was then conducted for nine months before the referral compared to nine months from three months point (three months point until twelve months post referral) of the programme representing one-third of the typical programme duration (see Appendix 1 for visualisation). This was to allow time for LGE to start having an impact on clients' behaviour as interventions rarely have an immediate effect. The percentage decrease was greater (-20%, n=-11 compared to -7%, n=-7, see Table 6), but the number of cases available for analysis in this time period halved (n=37) giving us less confidence in the findings. For this sample a decrease in victimisation (-52%, n=-11) was statistically significant although still should be heavily caveated due to the small base size[33].

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[30] Paired samples t-test for 70 cases. Offending p=0.716; Violent offending p=0.369; Victimisation p=0.085
[31] Completed cases received full intervention; open cases are ongoing; marked as 'combined' are both completed and open cases. E&I were not provided with information on non-completed cases, so this group is not included in the analysis.
[32] Percentage of the entire cohort (n=70)
[33] Paired samples t-test 95% confidence level, p=0.014.

Table 6. *Change in CRIS offending and victimisation between 9 months before and after referral, with 3 months post referral excluded to allow for behavioural change.*

Group	Offending			Violent offending			Victimisation		
	Before	After	Change	Before	After	Change	Before	After	Change
9 month (n=70)	95	88	-7 (-7%)	35	27	-8 (-23%)	31	18	-13 (-42%)
9 (3) month (n=37)	55	44	-11 (-20%)	23	18	-5 (-22%)	21	10	-11 (-52%)

Table 7. *Number of clients with CRIS records 9 months before and after referral.*

Group	Offending			Violent offending			Victimisation		
	Before	After	Change	Before	After	Change	Before	After	Change
9(3) month (n=37)	18	15	-3 (8%[34])	12	11	-1 (-3%)	13	6	-7 (-19%)

Again, less than a half of all analysed clients had records of previous offending (see Table 7). Those clients tended to offend in the nine month post period but with lesser frequency. The same trend was seen for violent offending. Propensity of victimisation seems to be consistently decreasing both in terms of number of clients who are victims and the cumulative count of incidents suggesting that LGE works well to decrease harm. However, caution should be applied when interpreting these findings, due to relatively low sample sizes.

Subgroup analysis

A total of 53% (n=37) of all clients used for nine month analysis appeared on the MPS Gangs Matrix. There were no large differences in offending and victimisation at the baseline between the group appearing on the Matrix and a non-Matrix group (see Figure 3 below and Appendix 2, Table 9 for details). However, there was a statistically significant difference in the change in general offending between those groups (33%, n=17 for Matrix and -56%, n=24 for non-Matrix) with those appearing on the Matrix showing an increase in offending post referral[35]. Additionally, it was found that for the clients appearing on the Matrix, every individual with a history of offending 9 months after referral also offended in the 9 month period after referral; further 6 clients who did not offended 9 months before, had been recorded as a suspect or charged after referral (see Appendix 2, Table 10). This may suggest more intensive treatment is required for those with stronger connections to gangs.

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[34] Percentage of the entire cohort (n=37)
[35] Independent samples t-test, p=0.029 (offending); No significant difference for violent offending or victimisation p=0.102 and p=0.444 respectively.
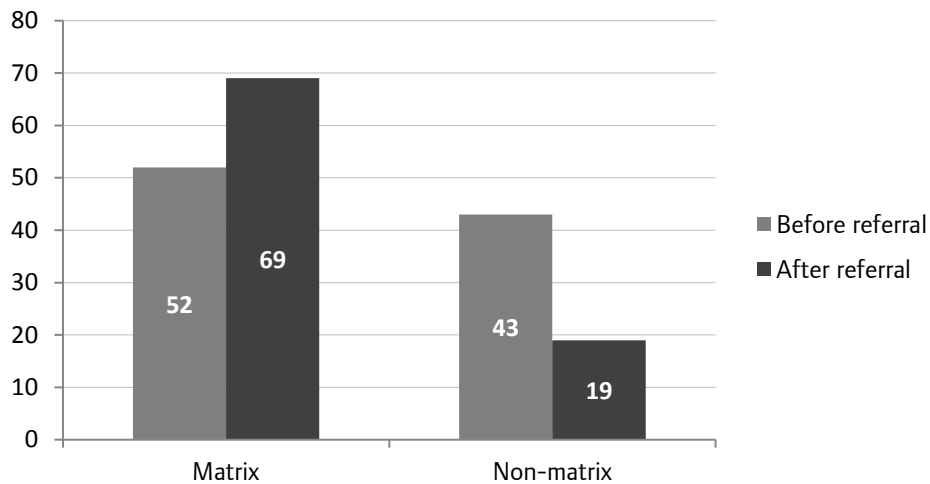
Figure 3. Count of offences for the Matrix and non-Matrix groups before and after referral.

As might be expected, there is a more positive impact for completed cases than for open cases, although the difference is not statistically significant[36]. Similarly, a difference between impact on being accused or suspect was noted, but was also not statistically significant[37]. Further cohort breakdowns and comparisons on the basis of demographics or offending history were not possible due to the small sample size available for this analysis. Contingent on sufficient throughput, this will be explored in the final evaluation report.

Distance Travelled Assessment Tool

The LGE delivery consortium uses the Distance Travelled Assessment Tool to measure the progress made by individuals over the course of their intervention against set outcomes[38]. Both the client and support worker complete the assessment using a 5-point grading scale for each element at set points including the initial appointment, six weeks later once the support worker has developed a relationship with the young person, and again at 3 months and 6 months.

Although initial findings appear encouraging, the evaluation team were not able to access results at an individual level. LGE found 79% of completed cases (n=51) engaged in gang exit activity, an 80% reduction in reports of harm/feeling vulnerable and 75% engaging in activity to address offending behaviour. However, caution should be applied when interpreting these findings as they are entirely based on self-reporting, and the rigour in data collection could not be accurately assessed.

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[36] Independent samples t-test, p=.104
[37] Independent samples t-test, p=0.505
[38] Outcomes assessed include: gang activity, harm from gangs, offending behaviour, housing, health & well-being, relationships, family and education, employment & training.

5. Discussion

This report presents findings from an interim evaluation of LGE. A range of research methods were applied to assess progress from the last progress report, including staff survey and client interviews. The report also explores the early indicative impact of LGE on offending and victimisation. Given the low throughput of clients at this stage, caution should be applied when interpreting these findings.

A number of improvements have been noted in LGE processes and implementation since the preliminary progress report, indicating the benefits of 'action learning'. Feedback suggests that the integration of the referral centre and LGE staff, as recommended in previous process learning, has been received positively. Furthermore, staff feedback indicated positive views around many aspects of the programme such as matching interventions to needs, risk assessments, their own understanding of intervention strands and processes.

Several challenges remain. Some staff believed the programme could be clearer on its purpose and how it is communicated to wider stakeholders, which can be linked to very broad eligibility criteria. There is also a need to improve and centralise collection of client data to enable efficient data sharing with key partners, including MOPAC. It would be beneficial to the risk assessment procedure to address Quality Assurance report recommendation and gain better access to MPS intelligence. Practitioners also believed case workers need additional training in relation to working with clients with learning disabilities. This can prove to be an increasing issue as learning difficulties was the most common disability as identified by the case workers. Further, there is a need for a clear process for high risk cases and reviewing them.

Early analysis was conducted to provide some indication of the offending and victimisation patterns of LGE clients. The analysis of CRIS records shows that the frequency of offending and victimisation seem to be driven by a small proportion of clients. Only less than a half of the analysed cohort had offended nine months before referral and mostly the same clients offended after referral, but with slightly smaller frequency. The same trend was seen for the clients who were victims, but the decrease in a number of clients who became victims after referral was greater than for offending.

The analysis of cumulative count of incidents shows a decrease in the number of CRIS records relating to offending, violent offending and victimisation after referral to LGE. However, it too soon to draw firm conclusions around offending or victimisation given a relatively small sample size, short follow up and most importantly simple methodology with no comparison group. The final evaluation will seek to provide a robust impact evaluation, but this will only be possible with sufficient throughput and access to individual level data.

Appendices

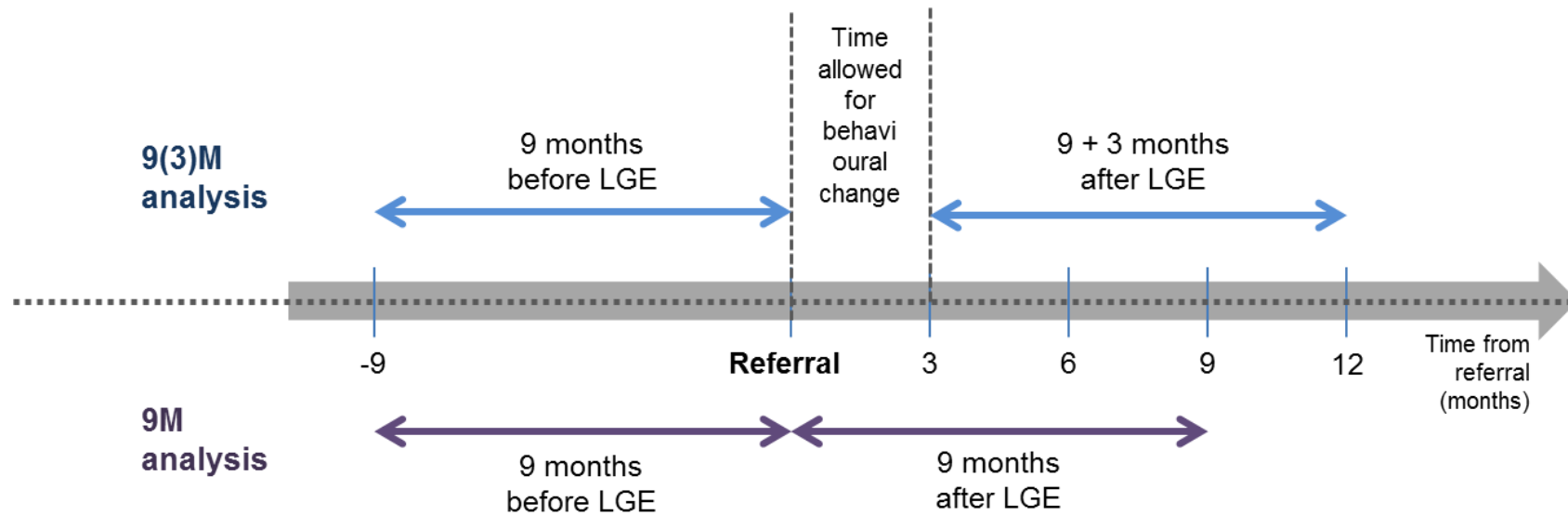## Appendix 1. Timelines for offending and victimisation analysis.

Figure 4. Visualisation of timelines used for offending and victimisation analysis.
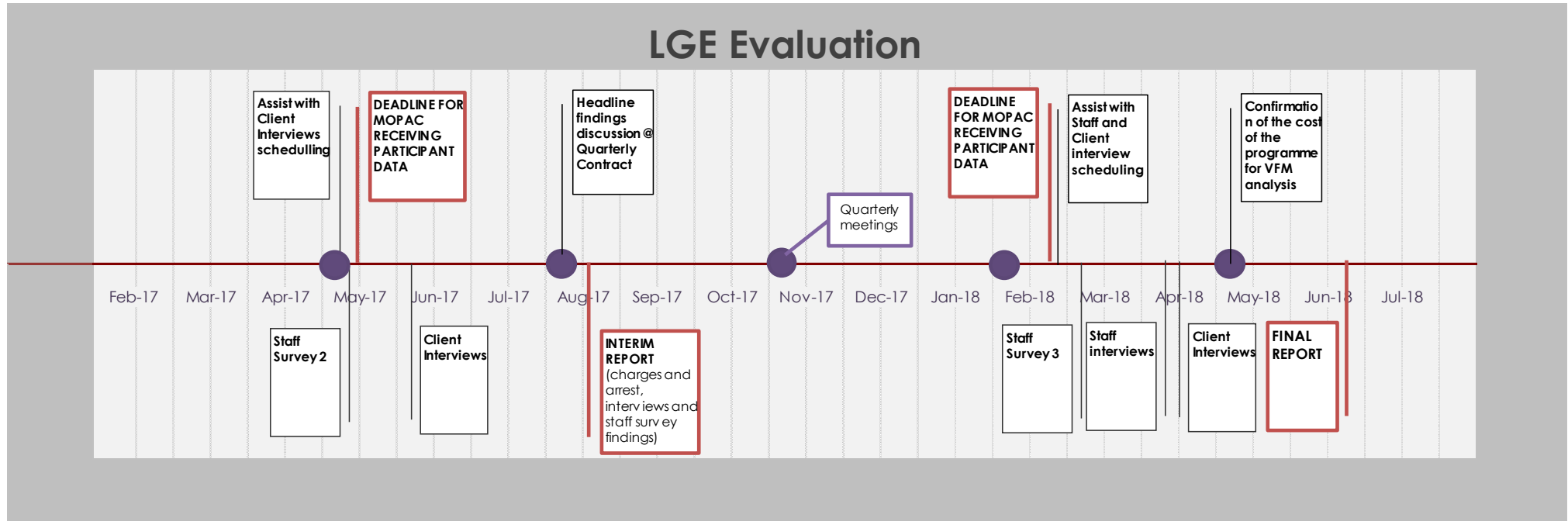
Appendix 2. Detailed offending change figures.

Table 8. *Detailed before and after figures for offending analysis (count of offences).*

Time period	Group	Offending			Violent offending			Victimisation		
		Before	After	Change	Before	After	Change	Before	After	Change
9M (n=70)	Combined	95	88	-7	35	27	-8	31	18	-13
	Completed	50	38	-12	19	12	-7	15	8	-7
	Open	45	50	5	16	15	-1	16	10	-6
9(3)M (n=37)	Combined	55	44	-11	23	18	-5	21	10	-11
	Completed	43	29	-14	18	13	-5	12	5	-7
	Open	12	15	3	5	5	0	9	5	-4

Table 9. *Detailed before and after figures for the matrix and non-matrix group (count of offences).*

Group	Offending			Violent offending			Victimisation		
	Before	After	Change	Before	After	Change	Before	After	Change
Matrix (n=37) - count of offences	52	69	17	21	24	3	15	11	-4
Matrix (n=37) – count of clients with CRIS records	18	24	6	11	14	3	11	6	-5
Non Matrix (n=33) - count of offences	43	19	-24	16	7	-9	14	3	-11
Non Matrix (n=33) - count of clients with CRIS records	12	6	-6	9	3	-6	9	4	-5

Appendix 3. Evaluation timeline and milestones.

LGE Evaluation

Timeline from Feb-17 to Jul-18:

- Assist with Client Interviews schedulling
- Staff Survey 2
- DEADLINE FOR MOPAC RECEIVING PARTICIPANT DATA
- Client Interviews
- Headline findings discussion @ Quarterly Contract
- INTERIM REPORT (charges and arrest, interviews and staff survey findings)
- Quarterly meetings
- DEADLINE FOR MOPAC RECEIVING PARTICIPANT DATA
- Staff Survey 3
- Assist with Staff and Client interview scheduling
- Staff interviews
- Client Interviews
- Confirmation of the cost of the programme for VFM analysis
- FINAL REPORT

Appendix 4. Key recommendations from previous reports.

MOPAC Evidence & Insight LGE initial progress report (December 2016)

Key recommendations

1. The branding of 'gang exit' implies a service designed to solely help gang members leave, yet the programme has a much broader remit to help those affected by gangs, or who are at risk of harm from gangs. This has the potential to exclude certain groups. Looking forward, a consistent level of engagement will ensure the young people most in need are getting access to the LGE.
2. A shortage of LGE staff caused initial problems, with specialist caseworkers taking on clients in the absence of support workers. However, this was identified as an initial mobilisation issue, and staff are now confident there are sufficient contingency plans in place should caseloads reach full capacity (e.g. the use of volunteers).
3. There are barriers associated with the separateness of the referral centre and LGE, which affects the ability to retain the integrity of the programme. Greater knowledge and experience sharing is recommended to ensure a more streamlined feedback loop. Training in specialist areas to upskill all members of the team would also help to improve this.

Johnathon Toy, Pan London Gang Exit Programme – Quality Assurance Final Briefing (October 2016)

Key recommendations

1. It is recommended that a review takes place to understand why the inconsistencies exist between boroughs with known gang problems and what the blockages are for those boroughs who are not referring. An improvement action plan should be implemented and overseen by the service commissioners. The review should consider delivering a more targeted training programme to key borough or services such as education providers, including pupil referral units, academy chains and the secure estate.
2. As recommended in previous reports, it is strongly recommended that the Motivational Assessment Tool is removed from the referral team process and integrated into the delivery consortium assessment interviews. This would allow the delivery consortium to measure the motivational change of the client during the delivery of the intervention.
3. Commissioners and senior managers need to work together to resolve the definition of the risk level of clients eligible for the scheme as a matter of urgency.
4. Improvements to the case management process between the referring agency, referral team and delivery consortium.
   a. It is recommended that it is the referral team that contact the referring agency, as soon as the case has been approved.
   b. The delivery consortium should have the authority to contact the client direct, at the point when the referral team know the case will be approved.
   c. It is recommended that the delivery consortium introduce a system of a lead worker and a co-worker to the client. The lead worker would carry out the majority of the support, the co-worker would be known to the client and have regular but sporadic engagement.
   d. Greater freedom of the location of initial engagement – The key workers and operational managers stated that homes visits with the clients are not undertaken as part of the early engagement except as "a last resort".

e. Greater integration of the MASH – commissioners and senior managers should review the role of MASH in this process and the opportunities or closer alignment with borough based MASHs.

f. Referral team managers and the operational managers of delivery consortiums should undertake a case review and report on cases where a case has been referred and the interventions requested forms part of a statutory provision.

g. is now strong evidence that with the calibre of the staff within the referral team and the key workers, there is an opportunity for greater cases based integration. The case based integration would include a very early dialogue between the referral team officer and a key worker when a case comes in and an ongoing dialogue in the early stages of the case acceptance and progress.

References

[i] MOPAC. (2017). A Safer City for All Londoners: Police and Crime Plan 2017-2021. Retrieved from: https://www.london.gov.uk/sites/default/files/mopac_police_and_crime_plan_2017-2021.pdf

[ii] MOPAC (2017). The London Knife Crime Strategy. Retrieved from: https://www.london.gov.uk/sites/default/files/mopac_knife_crime_strategy_june_2017.pdf

[iii] TSIP. (2016). London Gang Exit Programme: Theory of Change and Programme Outcomes February 2016.

[iv] J., Toy (2016). Pan London Gang Exit Programme – Quality Assurance BRIEFING March 2016, Commissioned audit by CRC.