London Gang Exit:

Final Impact Evaluation Report

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MOPAC Evidence and Insight

MAYOR OF LONDON

OFFICE FOR POLICING AND CRIME

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Acknowledgments

Executive Summary

London Gang Exit (LGE) is a holistic support service to help individuals involved in gangs or at risk of gang violence or exploitation. Originally jointly commissioned by the Mayor's Office for Policing And Crime (MOPAC) and the London Community Rehabilitation Company (CRC)[1], the intervention went live in February 2016. MOPAC took over sole funding of the project from October 2017 and LGE is currently funded to March 2022. The programme is being delivered by Safer London with key delivery partners Catch-22 and the Department of Work and Pensions (DWP). The pan London service is designed to complement and enhance existing local services, matching need to bespoke support across mental health, employment, family support, housing advocacy and specialist support for girls and women.

Through this programme of support, the key overarching aims for LGE are:

- Reduced / ceased harm from gangs;
- Reduced / ceased involvement in gangs; and
- Reduced seriousness and frequency of offending.[2]

The Evidence and Insight (E&I) Unit are the Mayor's Office for Policing and Crime's (MOPAC) in-house social research and analytical team were commissioned to evaluate the service. Over the course of the programme, E&I have produced two interim evaluation reports focusing on the process of implementation as well as three indicative analyses of offending and victimization to inform Payment By Results (PBR) awards over the life of the programme.

Results

Summary of performance insights

- Since launch, the programme has received over 2000 referral enquires and over 900 children and young people have been referred onto the programme, with 270 having completed the full six-month intervention by the end of FY2020/21.
- Referrals have been received from all London boroughs, across statutory agencies and including self-referrals. Referrals generally align to boroughs with well documented gang and serious youth violence issues.
- The LGE clients were predominantly **young, male and black**. The average age of individuals completing the programme is 19; 70% are male and 89% BAME. Senior managers highlighted a range of structural inequalities and referral bias that may contribute to these demographics.
- The group present many vulnerabilities. Large proportions had needs relating to personal safety (77%), two thirds were assessed as having 'gang exit' needs, nearly

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[1] Withdrew as a partner in late 2020.

[2] Please see the Appendix 2 for a full list of the outcomes. The current key outcomes refer to reducing/ceasing harm from and involvement in 'serious youth violence' rather than 'gangs', considering victimisation, severity and frequency of offending. This is reflective of the subjective nature of gang assignation.

half were assessed as having housing needs, with just over a third having ETE (Education, Training and Employment), health and wellbeing or offending needs.

- Most clients presented multiple needs; the average number across all valid cases was 3.4 (n=770). Just over a fifth of cases listed 5 or more needs (22.5%, n= 171).
- 84% (n=542) had at least one sanction at any point in their criminal history. This group were responsible for a total of 7020 sanctions at an average of 10.8 sanctions each (ranging from 1 to 62).
- At least 37% of the in-scope LGE cohort have been on the MPS Gangs Violence Matrix (GVM) at some point (n=239).
- The intervention on average lasted just under 6 months.

Impact on Offending & Victimisation

- Impact was undertaken through a variety of research methods (broadly aligning to programme aims); proven reoffending before and after the programme[3], police data in victimisation, as well as staff and client assessments.
- When examining **proven offending,** results demonstrate a ***non-significant*** reduction in overall offending. However, there is ***a significant reduction*** in the proportion of violent offenders in the 24 months after start date compared to before. To illustrate;

  - **43.3%** of clients offended in the *12 months prior* to LGE versus **40.5%** in the 12 months subsequent to LGE (not a significant difference);
  - **61.1%** of clients offended in the *24 months prior* to LGE versus **59.1%** in the 24 months subsequent (not a significant difference);
  - **37.4%** committed a violent offence in the 24 months prior to intervention start, compared to **28.7%** in the 24 months after the start date. **This is significant;** and
  - Deeper analysis identified the specific reduction in violence occurring within year two, in particular around the 18-month mark.

- Exploring victimisation in the 12 months pre and post intervention produces similar findings to previous reports, with **statistically significant decreases** across *all*, *violent* and *serious* number of incidents of victimisation. For example, for all LGE cases 38.6% were victimised in the 12 months prior compared to 26.8% in the 12 months subsequent (at a reduced rate from 0.73 to 0.48). These are significant differences.
- Across measures of case worker risk assessment and mutually assessed distance travelled findings were positive on the progress made - particularly against key outcomes such as gang involvement - while valuable, this should be caveated by data quality issues, the subjective nature of the reporting tool and absence of a control.
- This final report - which focuses on the impact of LGE - should be read in conjunction with previous published reports and brings the evaluation to a close.

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[3] Analysis considered all, violent and serious proven offending.

1. Introduction

1.1 Background

Since 2014 England and Wales has seen a substantial and well documented rise in serious violence – be this knife crime, knife violence with injury or homicide.[4] A key issue for London over recent years has been continuing concerns over the prevalence and severity of serious violence involving children and young people, and the role that gangs play in this. This issue was a key focus of the 2017-21 Police and Crime Plan, which set out strategies to address the problem of gang related violence, offending and exploitation. The Mayor of London's Knife Crime Strategy also addressed the wider but overlapping problem of knife-related violence in the capital. Whilst recognising the continuing need for enforcement, both approaches also emphasise prevention and intervention, highlighting the importance of joined-up, diversionary approaches in helping vulnerable children and young people out of serious offending and violent victimisation. It is in this context that London Gang Exit was devised. In the five years since LGE started, a stronger emphasis on early intervention and prevention has been apparent, as can be seen in the launch of the Mayor of London's Violence Reduction Unit (VRU) in 2019, forwarding a holistic, public health orientated approach.

While serious violence involving children and young people remains a key concern, there have been some recent positive signs that this violence has begun to stabilise in London – particularly the more severe type of offending. **Table 1** below demonstrates recent decreases seen in knife crime with injury and gun crime offences. Although the COVID-19 pandemic has clearly impacted on all serious violence, decreases in serious gun and knife violence were also evident before the onset of lockdowns in FY2020/21.

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[4] It should be noted that improvements in police crime reporting practices contributed to some of the increase post 2014.

Table 1: Violence and weapon enabled crime by year

		2018/19	2019/20	2020/21	Pre COVID % change (2018/19 vs 2019/20)	Post COVID % change (2018/19 vs 2020/21)	Post COVID % change (2019/20 vs 2020/21)
Violence Against Person	Violence Against the Person	209,121	219,029	224,559	5%	7%	3%
	Violence with Injury	77,145	73,484	67,646	-5%	-12%	-8%
	Homicide	139	144	127	4%	-9%	-12%
	Youth Homicide	29	30	33	3%	14%	10%
	Serious Youth Violence	7,800	7,651	5,866	-2%	-25%	-23%
	Non-Domestic Abuse VWI	53,137	49,578	44,732	-7%	-16%	-10%
	Violence withouth Injury	131,837	145,401	156,786	10%	19%	8%
Weapons	Possession of Weapons	7,647	6,966	5,869	-9%	-23%	-16%
	Knife Crime Offences	14,850	15,604	10,366	5%	-30%	-34%
	Knife Crime With Injury	4,289	3,834	3,104	-11%	-28%	-19%
	Knife Crime With Injury victims under 25 (non DA)	1,772	1,547	1,170	-13%	-34%	-24%
	Knife Crime with Injury Personal Robbery	598	533	414	-11%	-31%	-22%
	Knife Possession	5,813	4,973	4,534	-14%	-22%	-9%
	Gun Crime Offences	2,391	2,073	1,580	-13%	-34%	-24%
	Gun Crime Lethal Discharge	393	281	268	-28%	-32%	-5%
	Gun Crime Personal Robbery	597	446	296	-25%	-50%	-34%

1.1.2 Gang Violence and Exploitation

Despite these recent positive indications on violence more generally, gangs continue to have a significant impact on the landscape of violence in London, with 55% 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]. Difficulties in accurately measuring this have been widely acknowledged,[7] and it is important to recognise the subjective nature of gang terminology, but with these caveats in mind it is useful to present what proportions of certain offences are believed to be related to gangs. Seemingly, the proportion of 'gang involvement' would appear to have reduced across many violence measures (i.e., homicides, knife injury under 25, lethal barrel discharge) – see Table 2. Nonetheless, gang-related violence still accounts for a significant proportion of the most serious violence in London; over half of shootings and nearly one quarter of homicides are believed to be linked to gangs.

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[5] MOPAC Public Attitudes Survey (PAS) 55% think gangs are a major/minor problem in their local area (FY 20/21 – Q3/Q4; MPS level response). Please note that this figure is not directly comparable to previous years due to changes in survey methodology.
[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] See, for example Update on Gangs Matrix Review (February 2021)

Table 2: Gang related violence by year

		2016	2017	2018	2019*
Homicide	**All Homicides**	**112**	**136**	**134**	**115**
	Gang related	29%	27%	34%	22%
	Homicide (Non-DA & Non-CT)	**95**	**115**	**105**	**115**
	Gang related	35%	32%	44%	22%
Firearms	**Lethal Barrelled Discharge**	**334**	**354**	**433**	**214**
	Gang related	50%	40%	49%	38%
	Lethal Barrelled Discharge - Victim Shot	**136**	**144**	**142**	**75**
	Gang related	62%	49%	63%	52%
Knives	**Knife Injury under 25 (Non-DA)**	**1853**	**2138**	**1827**	**1271**
	Gang related	26%	21%	19%	15%

Up to and including 30th September.

1.2 London Gang Exit Overview

London Gang Exit (LGE) is a holistic support service to help individuals involved in gangs or at risk of gang violence or exploitation. Originally jointly commissioned by the Mayor's Office for Policing And Crime (MOPAC) and the London Community Rehabilitation Company (CRC), the intervention went live in February 2016 and was initially funded until October 2017. MOPAC took over sole funding of the project after this date and LGE is currently funded to March 2022. LGE also received contributory funding from the Mayor's Young Londoners Fund between 2018-21. The programme is being delivered by Safer London with key delivery partners Catch-22, Department of Work and Pensions (DWP)[8] and the community CRC[9]. The pan London service is designed to complement and enhance existing local services, matching need to bespoke support across mental health, employment, family support, housing advocacy and specialist support for girls and women. The programme works with children and young people between the ages of 15-24 years on a voluntary basis. The key overarching aims for LGE, measured through a combination of police recorded data and a practitioner/client 'distance travelled' assessment tool are:

- Reduced / ceased harm from gangs;
- Reduced / ceased involvement in gangs; and
- Reduced seriousness and frequency of offending.[10]

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[8] DWP contributed to programme funding 2016-17, providing a secondee from 2018 onwards.
[9] Withdrew as a partner in late 2020.
[10] Please see the Appendix 2 for a full list of the outcomes. The current key outcomes refer to reducing/ceasing harm from and involvement in 'serious youth violence' rather than 'gangs', considering victimisation, severity and frequency of offending. This is reflective of the subjective nature of gang assignation.

1.3 LGE Delivery Model

LGE has seen a number of changes to its delivery model, as would be expected for a programme in its sixth year. This section outlines the delivery model in place currently, before briefly highlighting key changes. It should be noted that changes to programme delivery can complicate the evaluation in terms of understanding impact and issues pertaining to programme integrity.

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

- To be aged between 15 and 24[11];
- To be involved in or at risk of becoming involved in serious youth violence OR to be at significant risk of harm from or exploitation by those involved in serious youth violence; and
- To show some motivation to want to move away from violence and a willingness to engage in the service.

Referrals can come from any agency, voluntary and community sector organisations, family or children and young people themselves. Incoming referral forms are reviewed by the Referral and Assessment Team,[12] and through dialogue with the young person to inform risk and motivational assessments. Once accepted on the programme, the young person will have a detailed assessment to determine the core and specialist strands most suited to their individual needs. Referrals can be made for specific, specialist parts of the LGE service (e.g., family support, mental health, housing) or for more generic support/casework:

- **Core Services** – providing one to one support / mentoring; cores services include targeted support for girls and young women and those with substantial health needs.
- **Specialist Services** – providing one to one specialist support across the following areas:
  - o Education Training & Employment (ETE);
  - o Emotional Wellbeing;
  - o Family & Community; and
  - o Housing.

The intervention is designed to last a minimum of six months (this has fluctuated over the course of the programme due mainly to the variance in client need), with individuals regularly updating their perceptions of progress within core and specialist strands with their

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[11] Individuals outside this range may be supported in exceptional situations where this is considered necessary, assessed on a case by case basis.

[12] 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.

caseworker via the distance travelled tool. Onward referrals can also be made if the young person is deemed to have specific needs to those covered by the LGE services.

Referral pathways were changed and strengthened over the course of the programme[13], whilst the exact nature of the support packages offered to clients also varied over time as the programme adapted to structural/organisational changes, staffing churn at all levels, funding and resource fluctuations and the impact of COVID-19. In recent years the overarching strategy and ethos of Safer London has shifted, positioning itself as a conduit to the community, and offering a centralised, 'single front door' policy for referrals to its range of youth support services including LGE. The COVID-19 pandemic has necessitated significant changes to service delivery. Whilst service delivery has now reverted to face-to-face interaction, in line with Government advice Safer London moved all client work engagement online for significant periods of 2020 and 2021.[14]

Safer London have used three different case management systems over the course of the programme to date.[15] This has caused a number of issues with data extraction and quality, with the first year's programme data being particularly affected in terms of needs and vulnerabilities and 'distance travelled' outcomes data. These issues meant that data requests for the final evaluation had to be revised to mitigate impact on Safer London resources. For example, it was not possible to retrieve activities and outcomes on separate intervention strands or conduct thorough analysis of how well interventions were matched to needs.

Whilst the programme delivery and case management system changes described above are not unexpected for a multi-year programme, it should be noted that they can present risks to programme integrity and complicate the evaluation of impact. This is particularly true of the changes to the eligibility criteria which directly affects the client base being worked with. Shifting several times over the course of the intervention, based primarily on varying degrees of evidence of gang involvement required. The current criteria encourage referrals from a wider base including lower risk individuals involved in serious youth violence.

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[13] For example, LGE ran a Trauma Unit referral pathway between 2017 and 2019, whilst more recently Safer London's parallel Rescue & Response service has received LGE referrals for individuals involved in County Lines
[14] Feedback from practitioner interviews/monitoring meetings suggested this was sometimes beneficial to engagement.
[15] Excel based (2016- March 2017; Lamplight (April 2017 – August 2020); Apricot (September 2020 to date).

2. Evaluation Methodology

This section sets out the methodology used within the Evaluation. Evidence and Insight (E&I) are the dedicated analysis and research function within the Mayor's Office for Policing And Crime (MOPAC). The team is an amalgamation of a long-established analysis function within MOPAC and a team of social researchers that moved across from the MPS in 2014. E&I were commissioned to undertake a multi-year mixed methods evaluation of the LGE programme. So far this has resulted in a suite of published reports delivering a range of learning on the set up, delivery, process and indicative impact – however this final report focusing on impact of LGE against its stated outcome completes the evaluation.

The objectives of the E&I 2021 final LGE impact evaluation are to:

- Outline the key performance data captured across the duration of the LGE programme;
- Assess LGE's impact on the client's *proven* offending, focusing on violence and serious offences; and
- Assess LGE's impact on *police recorded* victimisation, focusing on violent and serious offences.

2.1 Evaluation Sample Selection

2.1.2 Programme Data

The LGE cohort in scope for evaluation consists of all accepted referrals between programme start in February 2016 and March 31st 2020 (end of year 4). The cut off to allow sufficient time for offending and victimisation data capture post intervention. In total there are **782 cases in scope,** featuring **756 individuals** (26 individuals were referred on the programme on two separate occasions). **The evaluation cohort represents 80% (n=782/983) of all accepted referrals over course of the programme to date** (31/03/2021), and 97% of completed cases (n=263/270).[16]

2.1.3 Impact Analysis

A rigorous matching process was carried out on the 756 individuals in the evaluation cohort to identify records on both the Police National Computer (PNC)[17] and MPS Crime Reports

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[16] Current case status was updated for the evaluation cohort until February 2021.Not all completed cases are included in the impact analysis.

[17] The Police National Computer (PNC) is a system that stores and shares criminal records information across the UK.

(CRIS) for victimisation. [18] Please see [Appendix 1: Offending & Victimisation Sample Methodology](#) for a detailed explanation of this process. After matching, 70% of individuals were eligible for 12 months pre/post proven offending analysis (n=524) and 79% of individuals were eligible for 12 months pre/post police recorded victimisation analysis (n=594).

2.1.4 Gangs Violence Matrix

The LGE cohort was also matched to the MPS Gangs Violence Matrix (GVM) to ascertain which individuals had featured on the GVM at any point. Changing data collection methods and missing demographic or PNC-ID data mean that accurate matching was not possible across the entire LGE cohort. Nonetheless, analysis indicates that as would be expected, a notable proportion have appeared on the GVM.

At least 37% of the in-scope LGE cohort have been on the MPS Gangs Violence Matrix (GVM) at some point (n=239). At least 32% (n=205) were on the GVM before their referral to LGE, with a sizeable proportion of these (73%, n=148) remaining on the GVM post LGE intervention. At least 32 individuals were placed on the GVM for the first time after their LGE intervention (it should be noted that these additions were not related to LGE referral).

2.2 Understanding Impact: Offending & Victimisation Analysis

To explore impact, the report draws on a number of data sources. Overall metrics on offending are drawn from the Police National Computer (PNC). These relate to proven reoffending; *"A proven reoffence is defined as any offence committed in a one-year follow-up period that leads to a court conviction, caution, reprimand or warning in the one-year follow-up or within a further six-month waiting period to allow the offence to be proven in court"*.

This metric is the most robust metric for police recorded offending – although still presents the caveats of not capturing all crime (i.e., unreported crime). Victimisation analysis draws on data from police crime reports (CRIS), meaning similar caveats should be applied in terms of unreported crime. The MPS Gangs Violence Matrix (GVM) is also used to understand risk of violence and gang involvement. The basic analysis compares offending and victimisation **before and after** the LGE intervention, for a period of 12 and 24 months. This is a useful assessment and the 24-month timeframe is able to provide a longer follow on time than many evaluations. However, such a methodology is not able to robustly assess impact as it does not compare results against anything and is subject to a wide array of limitations (i.e., seasonality etc).

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[18] Crime Reporting Information System (CRIS) - an electronic management system for the recording and processing of crime in the MPS.

In order to understand impact on offending and victimisation robustly the development of a counterfactual or 'control' group through which to compare outcomes is essential (i.e., what would have happened in the absence of the treatment). There are numerous methods for creating the counterfactual – however, the design and implementation of LGE presented many challenges in terms of deciphering impact. For example, although there was a criteria for entry to the programme, this changed over time and was subjective – resulting in selection bias that could not be modelled, making many statistical techniques (i.e., Propensity Score Matching) infeasible. Similarly, other complex methods such as Regression Discontinuity Design (RDD) was not possible as there was no single selection score determining acceptance on LGE.

In the absence of a suitable existing methodology, a novel quasi-experimental approach was developed inspired by 'the Knox Test', a technique commonly used in the spatio-temporal analysis of crime. This approach was developed in collaboration with University College London's (UCL) Centre for Global Cities Policing and originally utilised to assess the impact on offending of the MPS Gangs Violence Matrix (GVM) (MOPAC 2018).

2.3 Process Learning

As indicated above, the process of implementation is not covered in this final LGE impact evaluation report. Previous interim reports have covered process learning in detail, with Quarterly Monitoring meetings also acting as a forum where process barriers and benefits are explored.

3. Programme Data

Performance data is a key ingredient in understanding the basic delivery of the LGE – that is - what has been delivered, when, and to whom. It enables the evaluation to consider the delivery of the programme – as well as factors such as cohort demographics, needs, harm and vulnerability and information on soft outcomes measures such as self and practitioner assessed 'distance travelled'. This section of the report provides a brief overview of performance data to date (up to March 31st, 2021), before focusing in more detail on the data relating specifically to the impact evaluation cohort (up to March 31st, 2020).

3.1 The Overall LGE Cohort

In terms of an overview of the programme to date; up to 31st March 2021, LGE received **2229** referral enquires, of which **983** were accepted referrals. This has resulted in **703** opened cases, **270** of which had been successfully completed. Appendix 3: Performance provides a detailed breakdown of throughput by year. The following section focuses on the LGE evaluation cohort, that is the **782** cases featuring **756** unique individuals accepted onto the scheme between January 2016 and March 2020.

3.2 The LGE Evaluation Cohort

The LGE cohort is predominantly young, male and black (see Table 3 below). Overall nearly 90% of referrals were male and this was consistent across the period. Female referrals slightly increased, from 8.3% in year 1 to 10.6% in year 4, with a peak of 15% in year 3 but were always the minority of cases. The mean age at referral across the period of analysis was 19.5, with Year 4 seeing the oldest mean (20.3 years). The youngest age at referral was 12, and the oldest 32. The median age for referral was 19.

The largest demographic group across the overall period was Black (63.5% of clients) which remained broadly stable. Outside of this, the proportion of overall referrals who identified as white[19] was 13% (n=92) (also remained stable) and there was a notable increase in the number of referrals identifying as mixed ethnicity over the evaluation period, increasing from 6.6% (n=14) in year one to 18.8% (n=33) of referrals in Year 4. This was offset by smaller decreases in the number of Black and Asian referrals. Looking at the four-year period overall, age and ethnicity are broadly comparable with that of the MPS Gangs Violence Matrix (MOPAC 2021); the LGE cohort however features a greater proportion of females. It is important to acknowledge the likelihood that cohort demographics are influenced by a variety of external factors, and senior managers at Safer London highlighted young black-males they worked with as particularly affected by issues concerning referral bias and

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[19] Safer London used the 16+1 self-classification for ethnicity. A full breakdown of SCE for the evaluation cohort is included in the Appendices.

adultification, driven by wider inequalities and social injustice (Lammy 2017; Treloar & Begum 2021).

Table 3: LGE client demographics

		Year 1	Year 2	Year 3	Year 4	Overall
Gender	Male	91.7%	90.2%	85.5%	89.8%	89.4%
	Female	8.3%	9.8%	14.5%	10.2%	10.6%
Age	Average	19.6	19.0	19.2	20.3	19.5
	% Under 18	34.7%	34.8%	35.8%	19.8%	31.1%
	% 18 to 24	56.5%	60.4%	58.7%	68.0%	60.8%
	% 25 plus	8.8%	4.9%	5.6%	12.2%	8.1%
Ethnicity	**White**	**13.7%**	**12.2%**	**13.0%**	**13.1%**	**13.0%**
	BAME	**86.3%**	**87.8%**	**87.0%**	**86.9%**	**87.0%**
	Mixed	*6.6%*	*13.5%*	*13.0%*	*18.8%*	*12.6%*
	Black	*65.6%*	*64.1%*	*64.8%*	*59.1%*	*63.5%*
	Asian	*10.4%*	*7.7%*	*4.3%*	*5.1%*	*7.1%*
	Other	*3.8%*	*2.6%*	*4.9%*	*4.0%*	*3.8%*
Individuals		**216**	**164**	**179**	**197**	**756**

3.3 Context and Concerns

A fundamental objective of the LGE programme was to provide a bespoke, tailored response to children and young people's individual needs. The programme data has enabled this to be explored to a degree - unfortunately some of the data captured across the course of the programme was lacking, due mainly to changing recording processes across the various case management systems used. The available data still allows insight into the levels of needs and vulnerability within the cohort, albeit in a somewhat inconsistent manner. **Table 4 below** presents an overview of the various strands of vulnerabilities, behaviours and concerns data, including information from **referral assessments**, and **ongoing case management**.

Table 4: Combined Vulnerabilities, Behaviours & Concerns

		n	Cohort	%*
Context On Referral	Known to Social Services	229	469	**50%**
	Disability	181	519	**35%**
	Benefits	167	528	**33%**
	Current/Former Looked After Child (LAC)	133	756	**18%**
	Homeless at referral	109	616	**18%**
	Caring Responsibilities	83	519	**15%**
	Designated Child In Need (CiN)	62	756	**8%**
	Current Child Protection Plan (CPP)	47	756	**6%**
Crime & Environmental	Gang association	610	756	**80%**
	Explicitly linked to named gang	*150*	*756*	*20%*
	Weapon Carrying	191	540	**35%**
	Victimisation	270	756	**36%**
	Violent Victimisation	*135*	*756*	*18%*
	Sexual violence or exploitation	50	756	**7%**
Family	Safeguarding Concerns	260	540	**48%**
	Risk of Homelessness	168	540	**31%**
	Experienced Domestic Violence	77	756	**10%**
Health & Wellbeing	Substance Abuse	252	756	**33%**
	Mental Health Concerns	116	540	**21%**
Employment & Education	Unemployed/NEET	361	756	**48%**
	SEN or other concerns	97	756	**13%**

Within each of the broad categories variation exists. With the exception of 'context on referral', assessments are dynamic and change over the course of the programme as individual's relationship with their caseworker develops or new information comes to light.

3.4 Mutually Identified Intervention Pathways

The LGE intervention is focused on building trusted relationships between children and young people and their support workers to encourage *mutual* identification of needs and subsequent intervention pathways on a one to one basis.[20] Figure 1 illustrates the proportion of the evaluation cohort identifying needs matched to the eight core and specialist intervention strands. Unsurprisingly, large proportions had needs relating to personal safety (77%), whilst just over two thirds were assessed as having 'gang exit' needs. Nearly half were assessed as having housing needs, with just over a third having ETE, Health & Wellbeing or Offending needs. Most clients presented multiple needs; the average across all valid cases was 3.4 (n=770). Just over a fifth of cases listed 5 or more needs (22.5%, n= 171).[21]

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[20] In order for a need to be recorded and progressed as an intervention pathway the young person must themselves identify the area as a need.
[21] Within the one-to-one needs assessment, clients also define their primary need in terms of LGE support. Illustrative of the vulnerability of the cohort, 'Safety' was the predominant theme, accounting for 57% (n=440) of all primary needs. 'Gang Exit' made up just over one fifth of primary needs (22.5%, n=174), whilst housing accounted for 10.5% (n=81). All other needs were less than 4% of the total.

Figure 1 –Intervention Strand
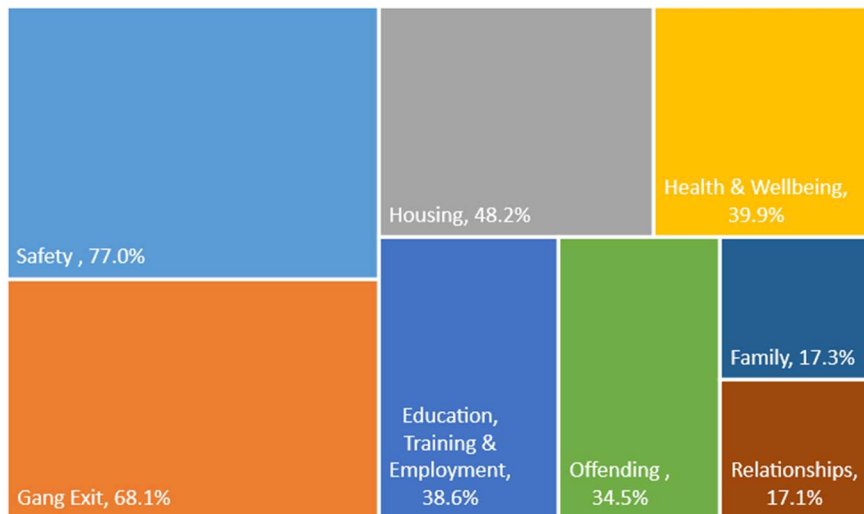
The distribution of need did not remain constant over time; the most recent period saw a more even distribution between Safety (33.6%), Gang Exit (29.4%) and Housing (22.7%), indicating a change in the type of referrals accepted over the duration of the programme. The number of clients with multiple overall needs increased over the course of the programme, with clients being assessed as having a greater number of needs in the most recent year 4 (4.1 needs, 39% with 5 or more, n= 83).

Direct comparisons to the plethora of contextual information presented in the previous section are not possible given their dynamic and crosscutting nature. For example, whilst 20% of clients were officially homeless (no fixed abode) at the point of referral, complex housing situations including hostels, refuges and unsafe or crowded accommodation mean that a far greater proportion identified a need in this area. Similarly, 'Gang Exit' suggests a focus on involvement within a gang which one third of the cohort did not identify with, being affected by serious youth or group orientated violence in different ways. Such nuances are powerfully demonstrated in the two cases studies below.

Overall, we see a disadvantaged, vulnerable group with many individuals presenting multiple and complex needs. Although gaps in the data does not allow for more granular analysis matching intervention to need it is clear these broadly align, it is also clear that the cohort is made up of a variety of (sometimes intersecting) groups; from those more deeply entrenched in gang related criminality, to those being exploited by gangs to those on the peripheries but 'at risk'.

Case Study 1: Richard's Story

"I was sold a lot of dreams, with no receipts to take them back"

Richard experienced a lot young. From being expelled from mainstream education, a victim of extreme violence and imprisoned young – growing up in London wasn't what it should be in a city renowned for endless opportunities.

When life is hard, you can give up. But Richard came out of the other side determined and ready to fight for his future.

"We grew accepting the block, the lifestyle and everything that came with it as normal, but it wasn't"

Growing up all the kids had on the estate was a park with one swing and a broken seesaw. The youth clubs were shut all the time. We had no one teach us about life, or take us on trips. There were no programs, or anything interesting to keep kids off the street.

The police always thought we were up to something, even when we weren't. The first time I got stopped was when I was riding my bike from the shop. A police man started running and yelling 'I see three males', I was by myself and didn't think nothing of it.

Then I was dragged of my bike and asked a lot of questions which sounded more like accusations. I found out I was a minority and I wasn't sure how to feel about it. We feel as if we were judged left, right and centre. If you're black or Asian you're considered a minority who will not make it to 30.

My older brother was in a gang so I was exposed to a lot young. By primary school I knew about girls, sex and drugs. I was interested by the lifestyle and the older I got, the more intrigued I became. Until eventually I decided to join the gang. I wanted to feel power and respect.

A gang is what we were referred as, but I saw them as family – as my brothers and sisters. I felt no one cared about me or helped me as much as they did. What we went through, we all went through. I didn't feel I could speak to anyone but my brothers, they were all I trusted and all I knew.

But family, loyalty and love were all illusion, they never really existed. They just made me think that. It started off being fun and mischievous, but turned violent and evil, which seems to be a cycle never ending. In the end I was willing to take a life for an area that doesn't belong to me and for people who will continue their lives as normal, even when I'm gone.

"I lost years of my life that I would never get back. I went in a boy and came out a man. I knew I never wanted to waste any more of my time not contributing to my future."

Once the verdict was read my bubble burst. I went from dreaming to reality. I realised I wasn't invincible, I had been judging all my life and now it was my time to be judged.

Too many people are sent to overcrowded prison units and not given the help and support they need. Some people complete their sentences without doing any work or making any progression. There's times they leave the same person as when they came in. Without knowing any better or being any different and end up back to where they started.

More time should be taken to find out what young people want, rather than what they need. I grew older and became wiser, saw things for what they were rather than what I would like it to be. It was all lies, illusions and time wasted – but I could not waste anymore. I understood myself better, what I wanted and where I was going. Reading became my mind's best weapon. Emotions become something I could feel and learn to control.

"Even though we hadn't been through the exact same things, it was similar and we could trade stories for days"

I never got along with probation, my younger eyes saw them as the enemy and not showing enough help and support.

I was put in touch with Safer London. To be honest at the beginning before my first meeting with my Support Worker, I was hesitant. I wasn't sure what I was getting myself into. But within minutes of meeting for the first time we connected instantly.

He was easy to communicate and get along with. He taught me to grow, share and that I should never give up. We made a plan together and within a year we completed what we needed.

I met Safer London's housing officer, he worked with me and helped me a lot. Even though I was a man I never knew everything a man should, but he helped me learn. By the time I finished working with him I knew about bills, council and housing. We went through hours of council meetings and applications. He helped me into my hostel flat and we successfully got a grant, which I doubt I would have received without his help.

Case Study 2: Shaun's Story

"I knew I wanted to make a change in myself"

Growing up in London for me was tough. It's a place where there's a lot of things happening and it's hard for us as young people to find a different route in life. I've always been very ambitious, but no one ever really understood me or how ambitious I really was.

Growing up there was some good parts and some bad parts. Family life was pretty poor. I didn't really grow up with my parents. I grew up with my auntie and it was hard for me to talk to her about certain situations. She wouldn't really understand what was going on, how much it was affecting me or what I was going through.

There was a lot of different gangs coming into the area. They were selling drugs to young kids and telling them to go and make money. There were lots of people getting stabbed and sliced. The main issue in the area was that everyone was under a lot of peer pressure.

"From a young age I got involved with a lot of wrong people and I associated myself with the wrong crowd."

I saw them as brothers from another mother. I thought they would support me and help me with anything I needed. Then things went sideways. I was staying out late and things just started building from there.

My main issues were gang affiliations and County Lines. A lot of people were saying to me 'you can make a lot of money doing this'. I had no one, I was getting moved from place to place. I thought that this was the best way to make money.

My situation got very bad. I did a lot of wrong to a lot of people. Certain things I'm not proud of doing. My safety was out of control. I knew that I was going to have a lot of people after me, but I didn't really care.

"I knew I wanted to make a change in myself."

I almost lost my life three times. Someone stabbed me, someone tried to shoot me and I got beaten up. I know that once you die, you die. But I wasn't ready to lose my life in that moment. I knew I wanted to make a change in myself.

At one point I was living on the streets and I found myself in a hostel. It was whilst I was living in the hostel that I was referred to Safer London. Through them I received support for my mental health and my gang affiliations.

"It was different from the other services I worked with because I didn't get judged. There was never anything that I did that was right or wrong."

What made it easier to get out of the lifestyle was having one person I knew who I could trust and rely on. There was a lot of consistency. I knew I always had someone to talk to when I needed them.

Working with their mental health worker was a hard experience for me. I didn't know what to expect. I didn't know the type of angles they would take or how it would work.

At the time my mental health was pretty bad. I wouldn't engage with workers that I was meant to be engaging with. I would put off meetings with my social worker because I wasn't feeling myself. The support was useful and beneficial because now I can engage with a lot more people. I feel more comfortable in myself now.

Working with Safer London helped me come to terms with things. I thought I was right about a lot of things, but they made me see it from a different angle. The most helpful part was knowing what can occur that can make you re-offend. What behaviours that I or anyone else needs to make sure that it doesn't happen again.

"I'm now involved in Safer London's Young Leader work. It's been interesting because I've been able to hear a lot of different people's stories and what they've been through. I know we can all come together and make a difference."

My life right now is a bit hectic! I'm taking care of my daughter, trying to look after myself and find work, and trying to maintain a healthy household.

Without Safer London my life would most definitely have been different. I wouldn't have learnt to have the self-control I need to make sure I don't re-offend again. The encouragement I received gave me a lot of insight on what I could do to help myself. It helped me change my mindset and helped me really to become a better person.

"It's really made me feel like I'm myself now."

3.5 LGE Intervention Data

The report now turns to LGE intervention data – that is, **referral pathways** by organisation and borough, **throughput** and **intervention length**.

3.5.1 Referral Agencies

Local Authority referrals made up over a fifth of total referrals (see figure 2). The source of referrals changed over the course of the programme. Earlier referrals were much more likely to be from the police, probation and CRC. As the programme became more widely known through continued engagement and promotion, the range of referring agencies increased. The work of Catch-22 is evidence by the proportion of secure estate referrals. Although outside the scope of this dataset, recent increases in VCS and self-referrals have been anecdotally attributed to the impact of COVID 19 and changing ways of working for Safer London.

Figure 2: Referral Agency over the entire duration
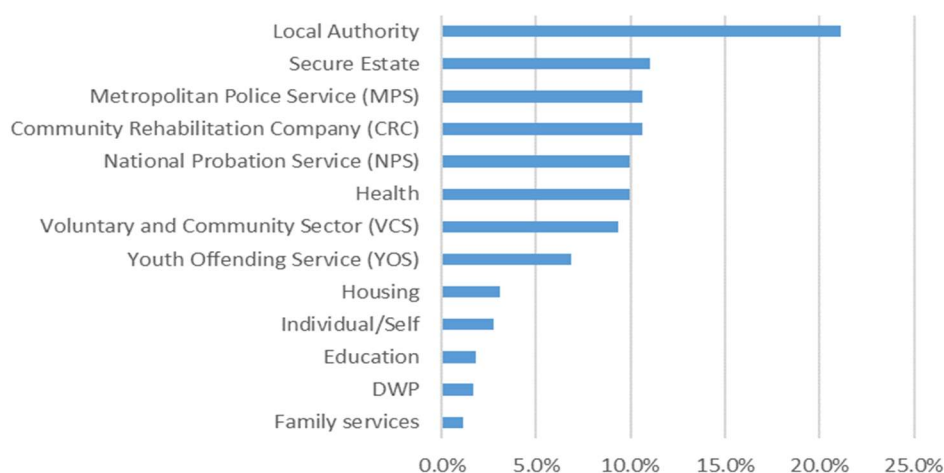
In terms of geographical distribution, there was a wide range of boroughs to refer into LGE. Referrals *generally* align to boroughs with well documented gang and serious youth violence issues. To illustrate, Lambeth accounts for 12.4% of all referrals over the period of analysis (n=96), nearly double the next highest location (Greenwich; 7.2%, n=56). Referrals were received from all boroughs, although 6 boroughs generated under 10 referrals accounts. The top ten locations for referrals account for 57.3% of all referrals (n=444). See figure 3.

As with referral agencies, the geographical distribution of referrals changed over time. This was due to a number of factors including relationships built through Safer London's precursor to LGE, 'Safe and Secure'. As LGE expanded to include all boroughs, mutual agreements with Local Authorities saw the geographical scope of referrals widen, including to boroughs with less documented gangs and youth violence concerns. The latter point is to be expected given the remit of LGE to address gaps in service provision.

Figure 3: Referrals by Borough
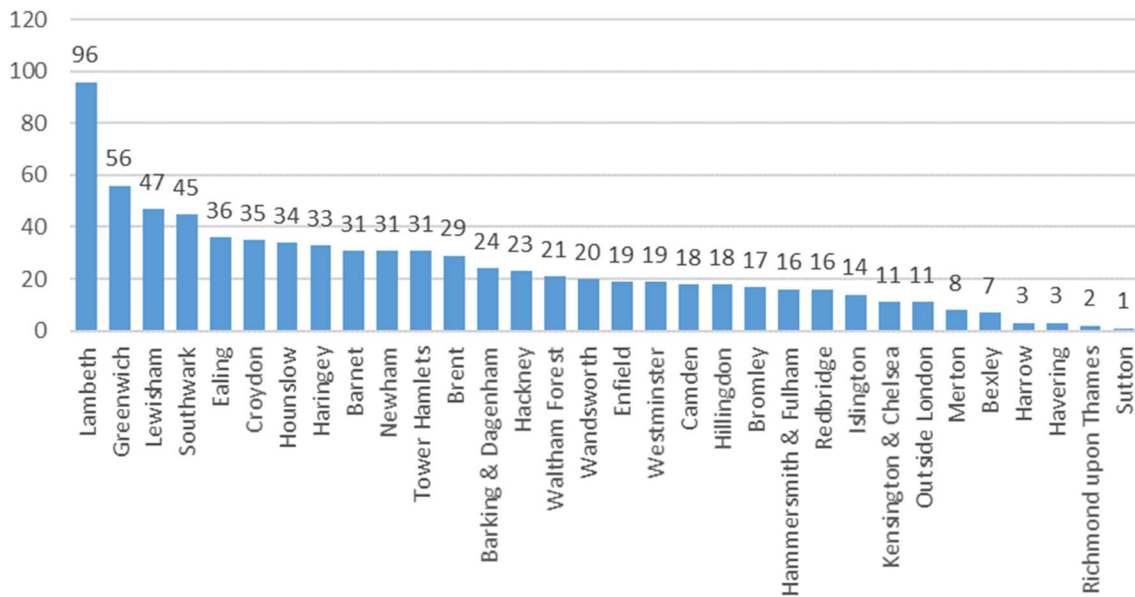
Due to the impact of COVID, enquires, referrals and open case load have fluctuated in line with national and local lockdowns, resulting in a backlog. Over the last 18 months Safer London have reported more young people presenting complex needs, with a greater proportion of individuals assessed as high 'risk to self' categorised by low self-esteem, thoughts of self-harm, anxiety and depression. While this observation is outside the scope of the evaluation data, an increase in the proportion of referrals with above average needs can be seen in Year 4 (pre COVID), with 60% indicating high needs compared to an overall average of around 40%. The pandemic has further created issues with following up clients following case closures.

3.5.2 Case Completions and Closures

Table 5 presents case completions across the period of analysis; from the 782 referrals in scope:

- 34% were recorded as successfully completed (n=263).
- 42% (n=215) of cases were closed ahead of the initial meeting with the client or otherwise before being formally opened and agreement signed, usually due to client non-engagement.
- 37% (n=293) cases were closed without completion during the intervention period.
  - Of these, the majority relate to non or disengagement (n=189, 65%), whilst a further 22% (n=63) were closed due to the client being remanded in or returning to custody. 11 were closed because the service need was not met, and 10 cases were closed when the client moved out of London.
- 11 cases were open and ongoing.

	Year 1		Year 2		Year 3		Year 4		Total	
	n	%	n	%	n	%	n	%	n	%
Intervention completed	80	37%	60	36%	63	34%	60	28%	**263**	**34%**
Closed - No Case / Pre Intitial Appoint	46	21%	45	27%	67	36%	57	27%	**215**	**27%**
Closed - During Intervention	91	42%	64	38%	55	30%	83	39%	**293**	**37%**
Closed - Non/Disengagement	*62*	*29%*	*38*	*22%*	*31*	*17%*	*58*	*27%*	*189*	*24%*
Closed - Custody	*16*	*7%*	*15*	*9%*	*15*	*8%*	*17*	*8%*	*63*	*8%*
Closed - Breached Service Agreement	*3*	*1%*	*1*	*1%*	*1*	*1%*		*0%*	*5*	*1%*
Closed - Moved out of London	*5*	*2%*	*2*	*1%*	*2*	*1%*	*1*	*0%*	*10*	*1%*
Closed - Service not net need		*0%*	*7*	*4%*	*2*	*1%*	*2*	*1%*	*11*	*1%*
Closed - Unknown	*5*	*2%*	*1*	*1%*	*4*	*2%*	*5*	*2%*	*15*	*2%*
Open		0%		0%		0%	11	5%	**11**	**1%**
Grand Total	217	100%	169	100%	185	100%	211	100%	782	100%

3.5.3 Intervention Length

Looking only at cases completed, open or closed after opening (n=541), 60% (n=283) were opened within 21 days (the target timespan), rising to 89% opened within two months of referral (n=480). The median average days between referral and case opening for completed cases is 20 days. See figure 4.

In terms of intervention length, there was considerably more variation. The average intervention length across the entire cohort was 176 days (just under 6 months). While a minimum 6-month intervention period was specified, process learning informed decisions to be flexible with an emphasis on client need rather than fixed targets. The graph below displays intervention length by Case Status.

Figure 4: Intervention Length by Case Status
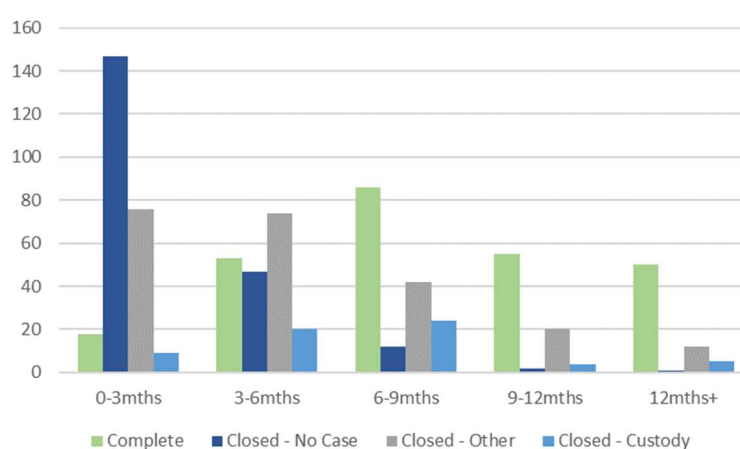
54% of successfully completed cases had an intervention length of between six and twelve months (n=141), rising to 73% when including interventions lasting over 12 months. Whilst

cases closed due to the client going into custody typically lasted less than 9mths (85%, n=53), nearly half of these were between 6 and 9 months (n=24). The proportion of closed – 'other' cases is similar, with the majority of cases ending slightly earlier, within 6 months of opening (67%, n=150).

This section has set out the available LGE performance data across the total duration of the programme. Data indicates that LGE received **2229** referral enquires, of which **983** were accepted referrals, from across London – albeit there was borough variation although these generally align to boroughs with documented challenges in this area. The LGE clients were predominantly young, male and black as well as well as presenting with a range of vulnerabilities. On average the intervention lasted just under 6 months and only 34% of cases were marked as successfully complete.

4. Exploring the Impact of LGE

This section focuses upon examining the impact of the LGE programme – both on offending and victimisation that broadly aligns with the aims of the service in reducing harm, seriousness and frequency of offending, and reduced involvement in gangs. This is undertaken through a variety of methods; proven reoffending before and after the programme (i.e., offending), police data on victimisation (i.e., harm reduction), as well as staff and client assessments across a range of wider outcomes (including involvement in gangs). See appendix 2 for more detail. Before examining impact, the report first establishes the overall level of offending of the LGE group of individuals.

4.1 Offending over lifetime of the LGE cohort

In terms of offending – almost all (91%, n=588/649) of the eligible LGE cohort had a Police National Computer record. 84% (n=542) had a last one sanction[22] at any point in their criminal history. This group were responsible for a total of 7020 sanctions at an average of 10.8 sanctions each (ranging from 1 to 62). Within this group 27% (n=149) had received between 1 and 5 sanctions, whilst at the higher end of prevalence 20% (n=111) had over 20 sanctions each.

Drugs offences make up the largest proportion of sanctions; 28% (n=1981). Of these, 50% (n=995) were minor cannabis possession offences, whilst one third were drugs supply offences (n=725, 37%). Theft and Kindred offences (including robbery) made up 18% (n=1276). At the other end of the spectrum, only seven Sexual Offence sanctions were identified (0.1% of all sanctions).

In terms of the proportion of individuals sanctioned across offence types:

- 70% (n=456) sanctioned at least once for violence including robbery;
- 66% (n=427) sanctioned at least once for violent offence (Offences Against the Person, Weapons);
- 54% (n=350) had a least one sanction for a serious offence[23];
- 38% (n=245) had at least one drugs supply sanction; and
- 25% (n=166) were convicted of at least one Public Order offence.

Indicative of the wide-ranging offending behaviours presented by the cohort, it should be noted that seven individuals were convicted of murder during the period of analysis. Of these,

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[22] The majority are guilty disposals at court (n=6792). The remainder; Cautions (n=126); Reprimand (n=58); Warnings (n=44).
[23] Serious offences include homicide, serious violence, firearms possession, robbery, serious sexual offences and drug trafficking.

six were convicted <u>prior to beginning their LGE intervention</u> (i.e., recorded as 'Closed – custody' or 'Closed - no case'). One individual was convicted of murder 20 months after completion of the LGE programme.

Those sanctioned were reasonably diverse in their offending, with 59% (n=321) of those sanctioned spanning 4 or more crime types. Overall, offending history is reasonably comparable to that of individuals on the Gangs Violence Matrix[24], when taking into account the larger proportion of individuals with no offending records but below adult offending cohorts such as the London Criminal Justice Partnership's Diamond reoffending pilot[25] (20.7 previous sanctions) or Gripping the Offender[26] (36.2 previous sanctions), as would be expected given these later programmes are aimed at older prolific offenders.

4.2 Proven Offending - before versus after

Calculating Proven offending is the most robust measure of offending available to the evaluation (see methodology). When comparing **proven offending** in the 12 months *before and after* the LGE intervention start date, there are some small reductions in proportions to offend (i.e., 43.3% vs 40.5% comparing the 12 months prior to subsequent) – however, **these differences are not significant** in either proportion or the average number of offences per individual. Looking at 24 months before and after the intervention start date presents a similar picture in terms of comparing average offences per individual. **However, a significant decrease in the proportion of violent offenders is apparent**; 37.4% committed a violent offence in the 24 months prior to intervention start, compared to 28.7% in the 24 months after the start date. See table 6.

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[24] https://www.london.gov.uk/sites/default/files/gangs_matrix_review_-_final.pdf
[25] https://www.london.gov.uk/sites/default/files/slp_reducing_reoffending_board_-_may_2011_-_info_item_-_diamond_year2_final_120411.pdf
[26] https://www.london.gov.uk/sites/default/files/gripping_the_offender_interim_report_feb_2017.pdf

Table 6: Proven Offending

		Proven Offending			
		12mths Pre	**12mths Post**	**24mths Pre**	**24mths Post**
All (PNC)	Cohort	524	524	342	342
	Incidents	684	682	929	913
	Individuals	227	212	209	202
	Proportion	43.3%	40.5%	61.1%	59.1%
	Cohort Avg	1.31	1.30	2.72	2.67
Violence (PNC)	Incidents	149	170	201	204
	Individuals	106	95	128	98
	Proportion	20.2%	18.1%	37.4%	**28.7%***
	Cohort Avg	0.28	0.32	0.59	0.60
Serious (PNC)	Incidents	82	122	132	159
	Individuals	45	53	68	66
	Proportion	8.6%	10.1%	19.9%	19.3%
	Cohort Avg	0.16	0.23	0.39	0.46

Bold indicates significant difference: *McNemar **Wilcoxon Signed Rank

Breaking the 12 months before and after period by completed and closed cases, the offending is more prevalent and more serious across closed cases. Whilst there are no significant decreases in proven offending for both completed or overall cases, serious offending shows a significant increase in closed (e.g., non-completed) cases, although the sample size is small.

Table 7: Proven Offending - Completed or Closed

		Complete		**Closed**		**Overall**	
		12mths Pre	**12mths Post**	**12mths Pre**	**12mths Post**	**12mths Pre**	**12mths Post**
All (PNC)	Cohort	192	192	332	332	524	524
	Incidents	208	198	476	484	684	682
	Individuals	74	66	153	146	227	212
	Proportion	38.5%	34.4%	46.1%	44.0%	43.3%	40.5%
	Cohort Avg	1.08	1.03	1.43	1.46	1.31	1.30
Violence (PNC)	Incidents	50	52	99	118	149	170
	Individuals	30	28	76	67	106	95
	Proportion	15.6%	14.6%	22.9%	20.2%	20.2%	18.1%
	Cohort Avg	0.26	0.27	0.30	0.36	0.28	0.32
Serious (PNC)	Incidents	32	30	50	92	82	122
	Individuals	17	12	28	41	45	53
	Proportion	8.9%	6.3%	8.4%	12.3%	8.6%	10.1%
	Cohort Avg	0.17	0.16	0.15	**0.28****	0.16	0.23

Bold indicates significant difference: *McNemar **Wilcoxon Signed Rank

Analysis was also able to explore sub-groups (i.e., risk, needs, age, intervention length etc.) (see Appendix 4 for full breakdown) related to offending. Results found little significant differences between groups. Linked to the significant reduction in the *proportion* of individuals committing at least one violent offence in the 24 months after LGE start date outlined above, sub group analysis demonstrates a significant reduction in proven violent offending across the 24 months before and after period for individuals with above average needs was identified, which may point to potential longer-term benefits. Closed cases show a significant decrease in proportion committing violent offending; this is likely to be driven by a complex array of factors including individuals moving out of London or being incarcerated. A significant decrease in the proportion of LGE committing violent offences was also identified for those individuals aged under 20 at the point of referral, suggestive of the benefits of early intervention. Conversely, a significant increase in proven serious offending was identified for those individuals aged over 20 at the time of referral at 12 months before and after. While low base sizes mean in both cases results should be interpreted with caution, findings chime with Safer London practitioner experiences in that complex cases demand a longer intervention period. Secondly, earlier intervention in terms of age may be beneficial.

4.3 Digging Deeper: Impact of Violent Offending against a comparison group

Before versus after, as outlined earlier, is one of the weakest methods in exploring impact and is not recommended in drawing conclusions. To be able to have more confidence, those receiving the treatment need to be compared to something – such as a similar group on the same measure. Focusing on **violent offending** where previous analysis identified a significant decrease in the proportion of offenders in the 24 months after the LGE intervention, the report now turns to this aspect through the use of the 'shuffle' approach developed by MOPAC/UCL and previously used in the MOPAC Review of the Gangs Violence Matrix (MOPAC 2018) to unpick this aspect more.

The findings from this approach can be seen in Figure **5** – violent sanctions below, which presents the proportion of the entire eligible cohort sanctioned **by month**. The blue 'observed' line represents overall offending by month. The green line represents the estimated offending of the counterfactual, that is those individuals that are comparable but did not receive any intervention, with the band around it representing the upper and lower limits of normal variation. That is – to reach a significant difference the observed line has to exceed the green band to be significant.

The monthly data enables a richer examination of offending behaviours. For example, as would be expected, spikes in the proportion of offending can be seen in the weeks prior to case opening. This is consistent with other interventions where increased offending is likely to be a factor in referral (e.g., Matrix Review) in bringing them to notice.

Examining offending, month by month subsequent to the start, goes some way to illustrate our findings from earlier. One can see little difference within the first 12 months of the

observed group (i.e., LGE) with both peaks and dips, and the main reduction in offending appears to occur during the second year, with the lowest point reached at around the 18-month mark (before some final fluctuation).

4.3.2 A deeper focus: Violent Sanctions

Figure 5: Violent Sanctions By Month
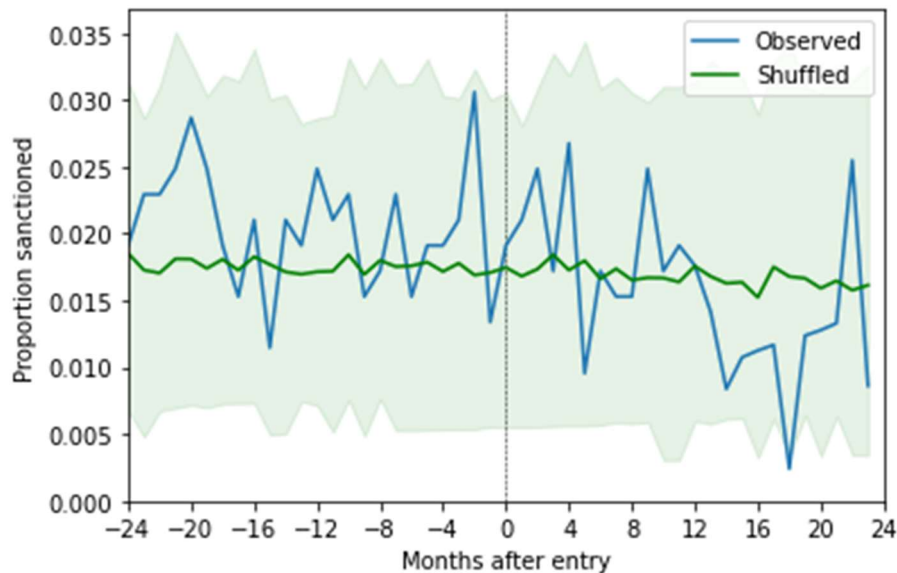
12 months before / after LGE

- For the observed (LGE) group, an average of 2.02% of individuals per month received at least one sanction for a violent offence across the 12 months before entry to the LGE programme. In the 12 months after entry the figure was 1.89%.
- For the shuffled (control) group, an average of 1.75% of individuals per month received at least one sanction for a violent offence across the 12 months before entry to the LGE programme. In the 12 months subsequent to LGE the figure was 1.71%.
- These differences are not statistically significant.

24 months before / after LGE

- For the observed (LGE) group, an average of 2.05% of individuals per month received at least one sanction for a violent offence across the 24 months before entry to the LGE programme. However, in the 24 months after entry the figure was 1.57%.
- For the shuffled (control) group, an average of 1.76% of individuals per month received at least one sanction for a violent offence across the 24 months before entry to the LGE programme. In the 12 months subsequent to LGE the figure was 1.68%.
- As is demonstrated on the above graph with the movement of the blue 'observed' line outside the light green band of normal variation, the decrease in violent offending is statistically significant when compared to the control.

4.4 Exploring an impact on Victimisation

The report now turns to the impact upon victimisation of the LGE programme. Previous published reports suggested that the LGE intervention did have an impact on victimisation, although findings were limited to only including successfully completed cases. Whilst a useful indicator, the final report strengthens the approach and examines victimisation, with a larger sample, including all the eligible cohort regardless of completion, thus proving a more robust assessment.

Exploring victimisation for 12 months pre and post intervention start date produces similar findings to previous reports, **with statistically significant decreases across all, violent and serious number of incidents of victimisation**).

Table 8: Police Recorded Victimisation

Victimisation (CRIS)		Complete		Closed		Overall	
		12mths Pre	12mths Post	12mths Pre	12mths Post	12mths Pre	12mths Post
All	Cohort	212	212	382	382	594	594
	Incidents	165	91	270	193	435	284
	Individuals	85	56	144	103	229	159
	Proportion	40.1%	**26.4%***	37.7%	**26.9%***	38.6%	**26.8%***
	Cohort Avg	0.78	**0.43****	0.71	**0.51****	0.73	**0.48****
Violence	Incidents	103	49	144	87	247	136
	Individuals	67	39	99	60	166	99
	Proportion	31.6%	**18.4%***	25.9%	**15.7%***	27.9%	**16.7%***
	Cohort Avg	0.49	**0.23****	0.38	**0.23****	0.42	**0.23****
Serious	Incidents	45	18	75	43	120	61
	Individuals	38	16	63	37	101	53
	Proportion	17.9%	**7.5%***	16.5%	**9.7%***	17.0%	**8.9%***
	Cohort Avg	0.21	**0.08****	0.20	**0.11****	0.20	**0.10****

Bold indicates significant difference: *McNemar **Wilcoxon Signed Rank

Comparing victimisation rates by year the individual was referred also tells a similar story - all years report at least one significant decline (in either proportion or cohort average). In terms of violent and serious victimisation, reductions are again observed across all years, but in these cases, it is years 1 and 2 that see significant reductions (violent victimisation significant drop in years 1 and 2, serious victimisation significant for year 1 only).

Table 9: Police Recorded Victimisation By Year

Victimisation (CRIS)		Year One		Year Two		Year Three		Year Four		Overall	
		12mths Pre	12mths Post	12mths Pre	12mths Post	12mths Pre	12mths Post	12mths Pre	12mths Post	12mths Pre	12mths Post
All	Cohort	185	185	141	141	172	172	96	96	594	594
	Incidents	126	82	113	66	125	88	71	48	435	284
	Individuals	69	49	61	38	62	44	37	28	229	159
	Proportion	37.3%	**26.5%***	43.3%	**27.0%***	36.0%	**25.6%***	38.5%	29.2%	38.6%	**26.8%***
	Cohort Avg	0.68	**0.44***	0.80	**0.47***	0.73	0.51	0.74	**0.50***	0.73	**0.48***
Violence	Incidents	78	38	68	30	67	47	34	21	247	136
	Individuals	53	23	47	26	44	32	22	18	166	99
	Proportion	28.6%	**12.4%***	33.3%	**18.4%***	25.6%	18.6%	22.9%	18.8%	27.9%	**16.7%***
	Cohort Avg	0.42	**0.21***	0.48	**0.21***	0.39	0.27	0.35	0.22	0.42	**0.23***
Serious	Incidents	38	15	30	16	36	20	16	10	120	61
	Individuals	34	13	24	14	29	18	14	8	101	53
	Proportion	18.4%	**7.0%***	17.0%	9.9%	16.9%	10.5%	14.6%	8.3%	17.0%	**8.9%***
	Cohort Avg	0.21	**0.08***	0.21	0.11	0.21	0.12	0.17	0.10	0.20	**0.10***

Bold indicates significant difference: *McNemar **Wilcoxon Signed Rank

As with offending, analysis explored differences between sub-groups for victimisation (see Appendix 4). Victimisation saw significant reductions across all sub-groups, and regardless of whether the case was completed or not. This suggests that the eligibility criteria and nature of the referral process may have some baring on these findings.

4.5 Other Assessments of Impact

Outside of the offending and victimisation data, the evaluation sought to bring together wider measures of impact, such as caseworker assessed risk and mutually assessed 'distance travelled' against a range of intermediate outcomes (see Appendix). The report now turns to these different measures of success.

4.5.1 Case worker Assessed Risk

Assigned caseworkers were required to assess the risk of those referred onto LGE at various timepoints within the intervention. Risk was considered across three separate areas; Risk To Others; Risk From Others and Risk To Self. This perceived risk was measured on a three-point scale from Low to High, and based on a range of available information from both client interaction and input from statutory agencies. Client risk assessments were revised across the duration of the programme. Assessments were down to the discretion of the caseworker and informed by client meetings, group supervision and discussion team meetings.

Figure 5 demonstrates the movement in risk rating comparing assessment at the time of referral to assessment at competition of the programme. Risk ratings were captured for the **majority of completed cases** (range n=224-253; 85-96%). When comparing the risk at referral

to risk at competition, statistical tests indicate a **significantly lowered risk**.[27] These positive finding across all risk areas speaks to the intended outcomes of the programme, and tallies with victimisation impact findings above ('risk from others'). Although valuable, the subjective nature of the reporting tool and absence of a control somewhat limit the confidence in the result.

Figure 5: Practitioner Assessed Risk (Completed Cases Only)
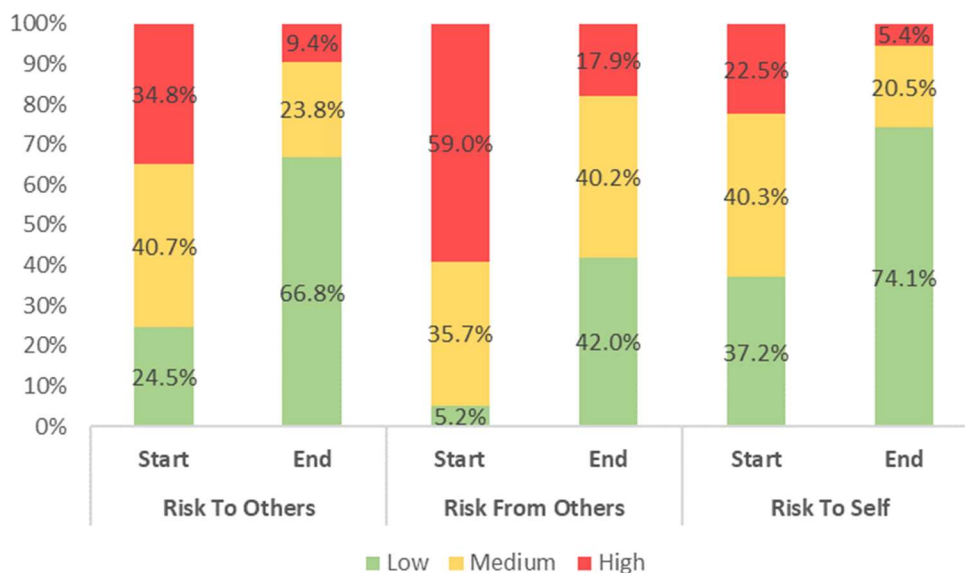
4.5.2 Mutually Assessed Distance Travelled

The LGE programme uses a Distance Travelled Assessment Tool to measure the progress made by individuals over the course of their intervention against set outcomes[28]. 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. For the evaluation, data was only available

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[27] A Wilcoxon Signed Rank Test indicated a statistically significant reduction in 'Risk To Others' when comparing referral assessment to final assessment (completed cases only), z= -9.381, p .000, with a large effect size (r = 0.5). The median score at 'Start' was 2 and the median score at 'End' was 1.

A Wilcoxon Signed Rank Test indicated a statistically significant reduction in 'Risk From Others' when comparing referral assessment to final assessment (completed cases only), z= -9.593, p .000, with a large effect size (r = 0.5). The median score at 'Start' was 3 and the median score at 'End' was 2.

[28] Outcomes assessed include: gang activity, harm from gangs, offending behaviour, housing, health & well-being, relationships, family and education, employment & training. See Appendix X While there was some difference between the aggregated individual level outcomes reported above and those outlined in Safer London's Quarterly Performance Data, the <10 percentage point differences can be explained by issues with data extraction discussed earlier in this report; it was not possible to retrospectively obtain all individual distance travelled data. It should also be noted that the Family Factors outcome generated particular problems with data capture at the individual level and support across case management systems.

for the first and last distance travelled score, however positive progress was noted across all distance travelled outcomes. This is another valuable finding - particularly against key outcomes such as gang involvement and personal safety. There were however some issues with data quality (i.e., only 50% of Family dynamics had completed data) and so these results carry the same limitations as the Caseworker risk data above.

Figure 6: Distance Travelled (Completed cases only)
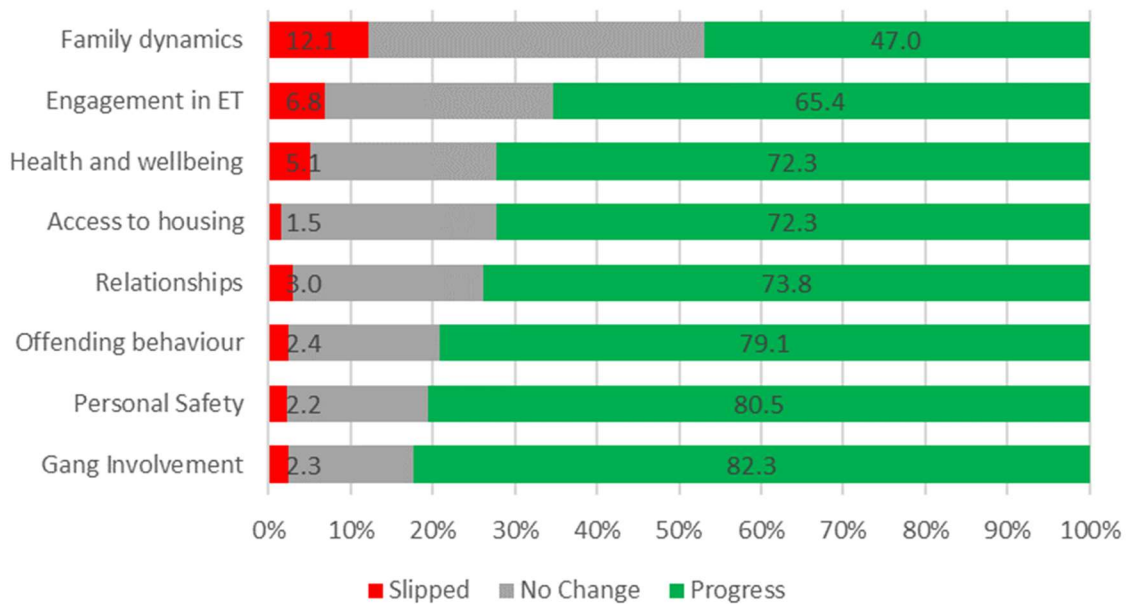
In assessing the impact of the LGE programme the research draws from a variety of data. Results demonstrate a *non-significant* reduction in overall offending but a significant reduction in the proportion of violent offenders in the 24 months after start date. Exploring victimisation for 12 months pre and post intervention start date reports statistically significant decreases across *all*, *violent* and *serious* number of incidents of victimisation. Staff and clients were positive in terms of assessed risk and distance travelled, with statistically significant progress identified against key 'soft' outcomes, albeit with caveats on data quality applied.

5. Discussion

The current report presents final results from a long-term evaluation of the London Gang Exit programme. Over the years this has resulted in a [suite of published reports](#) exploring process learning, payment by results findings and interim findings on impact conducted by the MOPAC Evidence and Insight Team. This final report has had a specific focus upon impact using more robust methods and brings the evaluation journey to an end.

A reminder of the need for the LGE programme

Continuing concerns as to the prevalence and severity of serious violence involving children and young people - and the role that gangs play in this - has been a key issue for London over recent years. The 2017-21 Police and Crime Plan set out strategies to address the problem of gang related violence, offending and exploitation. Recent policy has emphasised prevention and intervention, highlighting the importance of joined-up, diversionary approaches in helping vulnerable young people out of serious offending and violent victimisation. It is in this context that London Gang Exit was devised.

London Gang Exit (LGE) is a holistic support service to help individuals involved in gangs or at risk of gang violence or exploitation. Originally jointly commissioned by the Mayor's Office for Policing And Crime (MOPAC) and the London Community Rehabilitation Company (CRC), the intervention went live in February 2016 and was initially funded until October 2017. MOPAC took over sole funding of the project after this date and LGE is currently funded to March 2022. LGE also received contributory funding from the Mayor's Young Londoners Fund between 2018-21. The programme is being delivered by Safer London with key delivery partners Catch-22, Department of Work and Pensions (DWP)[29] and the community CRC[30].

The pan London service is designed to complement and enhance existing local services, matching need to bespoke support across mental health, employment, family support, housing advocacy and specialist support for girls and women. The programme works with children and young people between the ages of 15-24 years on statutory orders or on a voluntary basis. The key overarching aims for LGE, measured through a combination of police recorded data and a practitioner/client 'distance travelled' assessment tool are:

- Reduced / ceased harm from gangs;
- Reduced / ceased involvement in gangs; and
- Reduced seriousness and frequency of offending.

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[29] DWP contributed to programme funding 2016-17, providing a secondee from 2018 onwards
[30] Withdrew as a partner in late 2020.

The basics of LGE delivery

In the five years of delivery up until March 2021, LGE had received over **2200 enquiries** around referrals and accepted nearly 1000 individuals onto the programme. The evaluation explored impact amongst those referred onto LGE in the first four years, from January 2016 until March 2020; 782 cases featuring 756 unique individuals.

The LGE cohort is predominantly young, male and black. Whilst female representation increased in later years it remained always the clear minority. Around two thirds of clients were black; with the proportion remaining relatively constant. The youngest age at referral was 12, and the oldest 32. The median age for referral was 19.

LGE programme data clearly demonstrates the multiple and crosscutting needs of the LGE cohort, spanning a range of contexts. Unsurprisingly, personal safety was identified as the most prevalent need. Over one fifth of the cohort highlighted 5 or more needs. Although gaps in the data does not allow for more granular analysis matching intervention to need it is clear these broadly align, it is also clear that the cohort is made up of a variety of (sometimes intersecting) groups; from those more deeply entrenched in gang related criminality, to those being exploited by gangs to those on the peripheries but 'at risk'.

Across the 782 accepted referrals, just over a third of cases (n=263) were successfully completed as of June 2021. 42% (n=215) were closed before being officially. Another third (n=293) were closed without completion during the intervention period. Whilst the completion rate from accepted referrals may appear low, it is not entirely unexpected considering the often-chaotic lifestyles and complex needs of the cohort. On average the intervention lasted just under 6 months.

The impact of the LGE programme

As outlined, the final report sought to have a specific focus examining the impact of the LGE programme triangulating across a range of data (i.e., victimisation, staff reports and proven offending) that broadly align to the aims of the service (i.e., reduced harm, reduced gang involvement and reduced seriousness and frequency of offending). In terms of offending, there were some small reductions (i.e., proportions to reoffend) but these did not reach significance. However, there was a significant decline in the proportion of violent offences conducted in the 24 months subsequent to the programme. Results also suggested those with *above average needs* and those *aged under 20* had improved results on violent offending. The use of the 'shuffle' comparison group was able to pinpoint this decline at midway through the *second* year. These results raise more of an understanding of the nature and timescales of the impact and working with this group.

In exploring victimisation for 12 months pre and post intervention start date reports statistically significant decreases across *all*, *violent* and *serious* number of incidents of victimisation.

As we saw the LGE group were young, presented both an offending background and multiple needs, and wider research has documented the link between age and offending and the wider maturation factors that can influence offending (Farrington 1992; Farrington et al 2014;). However, it is within this cohort that LGE reported a significant reduction in the proportion of violent offenders as well as a reduction in the proportion and rate of victimisation. This is a clear positive and should set a foundation for future work.

Limitations

As with all reports of this nature, it is important to note limitations. These stemmed primarily from data access and quality issues due to use of three different case management systems over the course of the programme. Whilst every effort was made to retrieve missing data by the Safer London team this was not always possible. In terms of analysis, impact analysis was limited in scope due to small sample sizes, meaning robust analysis exploring outcomes by specific sub-groups or over longer time periods was not possible. It should also be noted that we were unable to apply a control group methodology to victimisation analysis.

Final thoughts

This report marks the conclusion of an in-depth multiple year evaluation which has generated a suite of learning and insight. Importantly, it contributes to a relatively sparse UK evidence base in terms of what works in reducing gang related offending, as well as the wider evidence base on violence reduction. There is no doubt that substantial learning has been gleaned over entire period, with the suite of reports (and the ongoing programme development to generate improvements) highlighting the benefits of supporting largescale programmes with concurrent evaluations, a practice which should ideally become more frequent allowing a richer evidence base to evolve.

Appendix 1: Offending & Victimisation Sample Methodology

All 756 individuals were submitted to a matching process against police crime reports to obtain victimisation data. Individuals were also matched to records from the Police National Computer (PNC) to enable analysis of *proven* offending.[31] All individuals receiving all or part of the intervention on two separate occasions were excluded (n=23), as well as cases without intervention start dates (n=4). Across the police report and PNC cohorts, cases were excluded from analysis for a variety of reasons, including low matching confidence (n=5). 588 individuals were matched to PNC records and 661 were matched to police crime reports.

Where individuals were not matched to crime report or PNC records, further analysis including triangulation between programme and police data was conducted to ascertain whether individuals should be included with 'nil' values ('no trace'). For example, 30 non-PNC matched individuals were excluded from PNC analysis because police report data indicated they should have a valid PNC-ID. Similarly, 14 individuals were excluded from police report analysis because programme and/or PNC data indicated they were well known to police.

Table 10: Police data cohorts for impact analysis

	Crime Reports (*n* =)	PNC (*n* =)
LGE Cohort	756	756
Matched	661	588
Included overall	679	649
Inc 12 months pre/post	594	524
Inc 24 months pre/post	241	342

Table 10 above breaks down the process. For PNC, this resulted in 649 individuals being in scope for impact analysis, including 588 matched PNC records and 63 individuals identified as 'no trace'. The date of extraction for PNC data was 15/01/2021 with a cut of date for PNC analysis of 15/07/2020, allowing 6 months for information relating to be sanctions to be processed from PNC. **Of the 649 in scope for inclusion in impact analysis, 81% (n=524) were eligible for 12 months pre/post impact analysis (i.e. they had at least 12 months of valid offending data either side of referral date)** and 53% (n=342) eligible for 24 months pre/post.

For victimisation, police crime reports data were obtained on all matched individuals (n=661) for the period 01/02/2015 to 10/10/2020 inclusive, with another 18 identified as valid 'no traces' on CRIS using the triangulated approach described above. This resulted in 679 individuals being in scope for victimisation impact analysis. Of these, **87% (n=594) were eligible for 12 months pre/post impact analysis** and 36% (n=241) for 24 months pre/post.

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[31] All matching was undertaken by the Metropolitan Police Service using validated methodologies. Only matches with >95% confidence were included, and further QC/triangulation by E&I on receipt of data.

Appendix 2: LGE Core Outcomes

Outcome	Measurement	Data / Evidence	Source
Outcome 1: Reduction in harm caused by gang-related activity	Of the young people starting on the programme involved in gangs there is a reduction in involvement or ceased involvement at the end of the programme	Distance Travelled Assessment	Safer London
	Victimization. Reduction in reports of victimization comparing 6 months before the programme and 6 months from the start of the intervention.	Victim of gang related crime	PNC
	Risk from others. Reduction in practitioner assessed harm from others between the start and end of the LGE intervention.	Case worker assessed Risk	Safer London
	Risk to Self. Reduction in practitioner assessed harm to self between the start and end of the LGE intervention.	Case worker assessed Risk	Safer London
Outcome 2: Reducing / ceasing involvement in gangs	Of the young people starting on the programme experiencing gang related harm, there is a reduction in harm at the end of the programme	Distance Travelled Assessment	Safer London
Outcome 3: Reduction in seriousness and frequency of offending	Risk to Others. Reduction in practitioner assessed harm to self between the start and end of the LGE intervention.	Case worker assessed Risk	Safer London
	Frequency and volume of all offending. Comparing 12 months before the programme and 12 months after the start of the intervention with control group.	Proven offending	PNC
	Frequency and volume of violent offending. Comparing 12 months before the programme and 12 months after the start of the intervention with control group.	Proven offending	PNC
	Frequency and volume of serious offending. Comparing 12 months before the programme and 12 months after the start of the intervention with control group.	Proven offending	PNC
Outcome 4: Improved access to pathways of support	Of those identified as needing housing and money management support, there is an increase in the number either accessing and/or increasing their ability to access housing by the end of the programme	Distance Travelled Assessment	Safer London
	Improving health and well-being: Of those with an emotional or physical health need, there is an increase in the number reporting an improvement by the end of the programme	Distance Travelled Assessment	Safer London
	Improved relationships: Of those needing support for improved relationships, there is an increase in the number reporting an improvement at the end of the programme	Distance Travelled Assessment	Safer London
	Improved family dynamics: Of those needing family support due to family conflict or risk, there are improved family dynamics and safety factors by the end of the programme	Distance Travelled Assessment	Safer London
	Improved work-related skills, knowledge and employment: Of the number requiring support, there is an increase in the numbers accessing and sustaining engagement in education, training and /or employment (ETE)	Distance Travelled Assessment	Safer London

Appendix 3: Performance

LGE Performance Data: 1st February 2016 - 31st March 2021						
Throughput	**Year 1*: FY2016/17**	**Year 2: FY2017/18**	**Year 3: FY2018/19**	**Year 4: FY2019/20**	**Year 5: FY2020/21**	**TOTAL**
Enquiries Number of enquiries that have come through to referral team. Could be general or referral specific (with a YP in mind).	586	271	345	533	494	**2229**
Referrals Accepted Number of enquiries that become referrals. Where YP meets the LGE referral criteria.	211	154	188	214	216	**983**
Disengaged Cases Those disengaged after being accepted as a referral but pre case opening or those that disengage during the intervention	69	121	41	4	5	**240**
Opened Cases Those that have attended their initial appointment and signed our agreement to commence work in this quarter.	103	116	116	160	208	**703**
Completed Cases (total to date since Feb 16) Those that have finished/completed the intervention that was planned. This will normally take on average 6 months.	21	74	51	70	54	**270**
No of completed cases that received core & three or more specialist intervention areas (strands)	N/A	72%	47%	29%	37%	
Open & active cases	**Q4 Year 1**	**Q4 Year 2**	**Q4 Year 3**	**Q4 Year 4**	**Q4 Year 5**	
Open Cases [Snapshot - those being worked with in quarter]	103	66	108	141	202	**620**
Number of open cases engaged with both core & specialist intervention areas (strands)	77%	100%	77%	75%	59%	
% that are under 18	28%	32%	23%	20%	52%	
% that are 18 to 24	55%	62%	69%	67%	44%	
% that are 25 and over	17%	6%	7%	13%	4%	
% Open cases that are on a current statutory order (all)	**N/A**	**59%**	**23%**	**47%**	**22%**	
Closed Cases	**Year 1***	**Year 2**	**Year 3**	**Year 4**	**Year 5**	
Total number of closed cases (closed after work has started)	28	89	39	114	110	**380**
Number of pre-initial closures(Closed before work started	12	47	27	5	15	**106**
Number of cases closed (not completed) after commencing work with the service (opening)	50	74	19	78	54	**275**
Outcomes [Distance Travelled, Completed Cases to Date]	**Q4 Year 1**	**Q4 Year 2**	**Q4 Year 3**	**Q4 Year 4**	**Q4 Year 5**	
Reducing / ceasing involvement in gangs	79%	85%	85%	84%	85%	**85%**
Reduction in harm caused by gang related activity	80%	83%	84%	84%	84%	**84%**
Offending behaviour	75%	74%	79%	78%	78%	**78%**
Of those needing support for improved relationships, there is an increase in the number reporting an improvement at the end of the programme	77%	89%	85%	83%	82%	**82%**
Increase in number accessing / increasing their ability to access housing	N/A	80%	77%	79%	79%	**79%**
Of those with an emotional or physical health need, there is an increase in the number reporting an improvement by the end of the programme	N/A	79%	83%	83%	82%	**82%**
Of those requiring support, there is an increase in the numbers accessing and sustaining engagement in education, training and /or employment	N/A	80%	81%	74%	73%	**73%**
Of those needing family support due to family conflict or risk, there are improved family dynamics and safety factors by the end of the programme	N/A	72%	73%	69%	69%	**69%**

*Year one data includes February and March 2016. ** It should be noted that figures presented here do not match exactly with those presented in the impact analysis due to differences in data collection/extraction between datasets.

Appendix 4: Offending & Victimisation across sub-groups

		PNC 12mths ALL		PNC 12Mths VIOLENT		PNC 12mths SERIOUS		PNC 24Mths ALL		PNC 24Mths VIOLENT		PNC 24Mths SERIOUS		Victim 12mths ALL		Victim VIOLENT 12mths		Vicitim SERIOUS 12mths	
		Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
High Risk	Cohort	257	257	257	257	257	257	139	139	139	139	139	139	292	292	292	292	292	292
	Incidents	313	334	68	102	38	62	357	339	89	91	47	61	223	155	128	81	58	37
	Individuals	112	114	53	54	22	27	86	86	57	43	27	27	118	86	86	59	48	33
	Proportion Off/Vic	43.6%	44.4%	20.6%	21.0%	8.6%	10.5%	61.9%	61.9%	41.0%	30.9%	19.4%	19.4%	40.4%	**29.5%**	29.5%	**20.2%***	16.4%	11.3%
	Mean	1.22	1.30	0.26	0.40	0.15	0.24	2.57	2.44	0.64	0.65	0.34	0.44	0.76	**0.53****	0.44	**0.28****	0.20	**0.13****
Low Risk	Cohort	248	248	248	248	248	248	192	192	192	192	192	192	282	282	282	282	282	282
	Incidents	342	331	73	63	41	59	534	542	105	104	80	95	199	122	112	54	58	23
	Individuals	105	89	47	37	22	25	115	107	66	49	39	37	106	69	76	39	50	19
	Proportion Off/Vic	42.3%	35.9%	19.0%	14.9%	8.9%	10.1%	59.9%	55.7%	34.4%	25.5%	20.3%	19.3%	37.6%	**24.5%***	27.0%	**13.8%***	17.7%	**6.7%***
	Mean	1.38	1.33	0.29	0.25	0.17	0.24	2.78	2.82	0.55	0.54	0.42	0.49	0.71	**0.43****	0.40	**0.19****	0.21	**0.08****
Above Avg Needs	Cohort	190	190	190	190	190	190	128	128	128	128	128	128	222	222	222	222	222	222
	Incidents	307	267	61	68	30	35	450	340	89	69	53	52	148	96	77	50	38	18
	Individuals	88	84	41	36	17	16	83	80	55	34	27	24	88	61	57	35	33	17
	Proportion Off/Vic	46.3%	44.2%	21.6%	18.9%	8.9%	8.4%	64.8%	62.5%	43.0%	**26.6%***	21.1%	18.8%	39.6%	**27.5%***	25.7%	**15.8%***	14.9%	**7.7%***
	Mean	1.62	1.41	0.32	0.36	0.16	0.18	3.52	2.66	0.70	**0.54****	0.41	0.41	0.67	**0.43****	0.35	**0.23****	0.17	**0.08****
Below Avg Needs	Cohort	326	326	326	326	326	326	207	207	207	207	207	207	364	364	364	364	364	364
	Incidents	367	410	86	100	49	86	456	554	109	128	74	104	284	186	169	85	81	43
	Individuals	136	125	64	58	27	36	121	117	71	60	39	40	139	96	108	63	67	36
	Proportion Off/Vic	41.7%	38.3%	19.6%	17.8%	8.3%	11.0%	58.5%	56.5%	34.3%	29.0%	18.8%	19.3%	38.2%	**26.4%***	29.7%	**17.3%***	18.4%	**9.9%***
	Mean	1.13	1.26	0.26	0.31	0.15	0.26	2.20	2.68	0.53	0.62	0.36	0.50	0.78	**0.51****	0.46	**0.23****	0.22	**0.12****
Under 20	Cohort	284	284	284	284	284	284	188	188	188	188	188	188	325	325	325	325	325	325
	Incidents	378	395	102	115	64	73	529	542	136	139	84	91	290	183	167	93	72	45
	Individuals	121	115	69	62	32	32	116	112	81	61	43	35	143	97	106	64	58	40
	Proportion Off/Vic	42.6%	40.5%	24.3%	21.8%	11.3%	11.3%	61.7%	59.6%	43.1%	**32.4%**	22.9%	18.6%	44.0%	**29.8%***	32.6%	**19.7%***	17.8%	12.3%
	Mean	1.33	1.39	0.36	0.40	0.23	0.26	2.81	2.88	0.72	0.74	0.45	0.48	0.89	**0.56****	0.51	**0.29****	0.22	**0.14****
Over 20	Cohort	240	240	240	240	240	240	154	154	154	154	154	154	269	269	269	269	269	269
	Incidents	306	287	47	55	18	49	400	371	65	65	48	68	145	101	80	43	48	16
	Individuals	106	97	37	33	13	21	93	90	47	37	25	31	86	62	60	35	43	13
	Proportion Off/Vic	44.2%	40.4%	15.4%	13.8%	5.4%	8.8%	60.4%	58.4%	30.5%	24.0%	16.2%	20.1%	32.0%	**23%***	22.3%	**13%***	16.0%	**4.8%***
	Mean	1.28	1.20	0.20	0.23	0.08	**0.20****	2.60	2.41	0.42	0.42	0.31	0.44	0.54	**0.38****	0.30	**0.16****	0.18	**0.06****
Intervention > 6mths	Cohort	222	222	222	222	222	222	143	143	143	143	143	143	247	247	247	247	247	247
	Incidents	279	284	57	78	32	43	424	399	85	92	58	73	203	122	120	66	50	25
	Individuals	95	89	38	41	22	20	92	88	54	45	32	29	104	76	76	50	43	23
	Proportion Off/Vic	42.8%	40.1%	17.1%	18.5%	9.9%	9.0%	64.3%	61.5%	37.8%	31.5%	22.4%	20.3%	42.1%	**30.8%***	30.8%	**20.2%***	17.4%	**9.3%***
	Mean	1.26	1.28	0.26	0.35	0.14	0.19	2.97	2.79	0.59	0.64	0.41	0.51	0.82	**0.49****	0.49	**0.27****	0.20	**0.10****
Intervention < 6mths	Cohort	298	298	298	298	298	298	195	195	195	195	195	195	343	343	343	343	343	343
	Incidents	393	388	89	91	48	79	489	492	110	109	69	84	226	162	121	70	68	36
	Individuals	129	120	66	53	22	33	114	111	72	51	34	36	124	83	89	49	57	30
	Proportion Off/Vic	43.3%	40.3%	22.1%	17.8%	7.4%	11.1%	58.5%	56.9%	36.9%	**26.2%***	17.4%	18.5%	36.2%	**24.2%***	25.9%	**14.3%***	16.6%	**8.7%***
	Mean	1.32	1.30	0.30	0.31	0.16	0.27	2.51	2.52	0.56	0.56	0.35	0.43	0.66	**0.47****	0.35	**0.20****	0.20	**0.10****
On Matrix	Cohort	196	196	196	196	196	196	143	143	143	143	143	143	214	214	214	214	214	214
	Incidents	373	326	75	92	44	66	518	491	117	134	73	94	131	84	87	37	52	18
	Individuals	116	103	55	46	24	30	110	106	70	56	37	42	87	56	66	31	47	17
	Proportion Off/Vic	59.2%	52.6%	28.1%	23.5%	12.2%	15.3%	76.9%	74.1%	49.0%	39.2%	25.9%	29.4%	40.7%	**26.2%***	30.8%	**14.5%***	22.0%	**7.9%***
	Mean	1.90	1.66	0.38	0.47	0.22	0.34	3.62	3.43	0.82	0.94	0.51	0.66	0.61	**0.39****	0.41	**0.17****	0.24	**0.08****
Not on Matrix	Cohort	328	328	328	328	328	328	199	199	199	199	199	199	361	361	361	361	361	361
	Incidents	311	356	74	78	38	56	411	422	84	70	59	65	285	173	148	86	63	37
	Individuals	111	109	51	49	21	23	99	96	58	42	31	24	134	95	95	63	50	33
	Proportion Off/Vic	33.8%	33.2%	15.5%	14.9%	6.4%	7.0%	49.7%	48.2%	29.1%	21.1%	15.6%	12.1%	37.1%	**26.3%***	26.3%	**17.5%***	13.9%	9.1%
	Mean	0.95	1.09	0.23	0.24	0.12	0.17	2.07	2.12	0.42	0.35	0.30	0.33	0.79	**0.48****	0.41	**0.24****	0.17	**0.10****
Completed Cases	Cohort	192	192	192	192	192	192	127	127	127	127	127	127	212	212	212	212	212	212
	Incidents	208	198	50	52	32	30	298	282	73	75	53	50	165	91	103	49	45	18
	Individuals	74	66	30	28	17	12	76	69	41	33	23	20	85	56	67	39	38	16
	Proportion Off/Vic	38.5%	34.4%	15.6%	14.6%	8.9%	6.3%	59.8%	54.3%	32.3%	26.0%	18.1%	15.7%	40.1%	**26.4%***	31.6%	**18.4%***	17.9%	**7.5%***
	Mean	1.08	1.03	0.26	0.27	0.17	0.16	2.35	2.22	0.57	0.59	0.42	0.39	0.78	**0.43****	0.49	**0.23****	0.21	**0.08****
Closed Cases	Cohort	332	332	332	332	332	332	215	215	215	215	215	215	382	382	382	382	382	382
	Incidents	476	484	99	118	50	92	631	631	128	129	79	109	270	193	144	87	75	43
	Individuals	153	146	76	67	28	41	133	133	87	65	45	46	144	103	99	60	63	37
	Proportion Off/Vic	46.1%	44.0%	22.9%	20.2%	8.4%	12.3%	61.9%	61.9%	40.5%	**30.2%***	20.9%	21.4%	37.7%	**27.0%***	25.9%	**15.7%***	16.5%	**9.7%***
	Mean	1.43	1.46	0.30	0.36	0.15	**0.28****	2.93	2.93	0.60	0.60	0.37	0.51	0.71	**0.51****	0.38	**0.23****	0.20	**0.11****

Bold denotes signifcant difference between pre and post periods. * Wilcoxon Signed Rank Test was used for frequency of offending, and ** McNemar Test used for proportion offending.

Appendix 5: Eligibility Criteria

LGE takes self referrals, referrals from families/carers/friends, statutory/non statutory organisations.

We encourage you to call to discuss any potential referral before completing a referral form so that we can be sure young people are eligible for the service. If LGE is not the right service we will do our best to sign post to an alternative provision.

To be eligible for referral, the young person (male or female) should be:

- aged between 16-24 associated with or involved in gangs (if they fall outside the eligible age range they will be considered on a case by case basis)
- at significant risk of harm from gang activity, (such as violence or exploitation), a risk to themselves, or pose a risk of harm to others motivated to end their gang involvement (if applicable) and are willing to work with the LGE service.

The young person will not be eligible:

- if they are not yet motivated to end their gang involvement (if applicable) and not willing to work with the LGE service
- if there is no evidence of gang association or risks from gangs
- if they are already receiving extensive support from the borough that they are residing in, or from other statutory organisations, or if the services they require are available locally to them (although if services are oversubscribed or not suitable then they will be considered).

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