

# Evaluation of County Lines Pilot Project

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**missing  
people**  
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# Evaluation of the County Lines Pilot Project

## Introduction

The County Lines Demonstration Pilot Project was funded by the Home Office to test out what might enable vulnerable children to move away from involvement in county lines drug distribution networks. It began in September 2017, with the objectives of trialling a range of interventions delivered by St Giles Trust and its partner Missing People, that had the potential to:

- reduce the number of children involved in county lines activity;
- improve the lifestyles and life chances of those who exit county lines activity, to reduce their likelihood of becoming re-engaged with gangs and crime;
- understand how a range of interventions can work effectively together to help children affected by county lines activity;
- develop a model that effectively tackles the issue of child involvement and exploitation in county lines activity, and
- facilitate enhanced intelligence and partnership working across agencies involved in crime, social services, safeguarding, health and other key agencies relevant to children involved in county lines activity.

This independent evaluation, carried out by JH Consulting, assesses the extent to which the interventions have contributed to achieving these objectives – for children, families and statutory services; the relative effectiveness of the interventions and any interactions between them, and the key learning points to take forward in service development for this highly vulnerable group.

The evaluation is linked to wider scoping research that draws together key learning from across over 20 different areas in England and Wales, identifying the key issues for vulnerable children involved in county lines, as well as emerging responses in tackling them.

The evaluation report is presented in the following sections:

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## Executive summary

The county lines pilot project began in September 2017 with the aim of testing out a range of interventions to support vulnerable children involved in county lines running between London and Kent so that they could exit the activity.

Child focused interventions included one-to-one casework (Kent OT) and phone based support (SafeCall). A further element of the project involved professional training of people with 'lived experience' to create a team of Peer Advisor volunteers who, once their training is complete, will be able to support the casework with affected children.

By the end of March 2018:

- 38 children and their families in two areas of Kent and three London boroughs have been provided with one-to-one, in person casework support, with 30 remaining on the caseload
- 7 children/young people and 20 family members have been supported through SafeCall in-depth phone services
- 9 people with lived experience of gangs/county lines/drugs are training as Peer Advisors

Overall, the pilot project has provided a range of very effective support for children involved in county lines activities, as well as their families and a range of professionals working with them.

### ***The effectiveness of casework in supporting vulnerable children and their families***

Specialist casework delivered to children and their families has had the greatest impact in helping children to move away from county lines involvement. This finding is confirmed by police, youth offending teams and social services, as well as by children and mothers. The majority of children receiving casework support show positive progress including: reductions in and/or cessation of missing episodes and coming to the attention of the police; returning to school or training; taking up positive social and sport activities, and improved family relationships, as illustrated below:

*"The cohort of clients (children) in the Dover area on average had approximately 123 missing episodes in the 6 months prior to St Giles involvement. This has reduced to 49 episodes in 4 months" (Kent Police)*

*"Of the three live cases we have, we have had no further missing incidents since SGT became involved" (London borough)*

*"She's there to really help me, to change my direction in life. What we talk about really helps me with my relationship with my mum." (boy aged 16)*

*"She's helping me to turn away from the stuff I used to do. I'm seeing her about my CV and to try some things out to see what I want to do for training and a job." (boy aged 17)*

*"He has 100% school attendance now, from zero. For the first time, he's come home with certificates" (mother of boy aged 13)*

*"He's focusing on his GCSEs rather than how many wraps he's got." (mother of boy aged 16)*

Given the length of the project and the starting points for the children (no involvement in school/training, frequent missing episodes involving drug running and significant violence, frequent contact with the police, poor family relationships, traumatic experiences, negative peer group involvement, poor engagement with statutory services) this is particularly impressive.

Caseworkers' lived experience and cultural competence gives them the credibility to establish trusted relationships, recognised by children, *"I know she speaks the truth because she's done things too"* and mothers, *"she connects with him on a level that I can't because she's been there and he knows it – she can help him to get himself out."* This, combined with *"a very professional approach"* and *"willingness to go out of their way to help"* result in a highly valued and effective service.

The caseworkers' trauma informed approach and understanding of the unique and serious risks to life facing children involved in county lines is a highly important feature which is helping to safeguard some of the most vulnerable children in the UK. Professionals in statutory and voluntary sector agencies acknowledge this specialist knowledge and the caseworkers' ability to work as part of a team to support children and their families.

The very short pilot period means that the full impact of the service has not been realised and cannot be assessed. Continuation of the service with robust evaluation would provide significant additional learning, including identifying the finer detail around 'reachable moments' and the most effective type of interventions. It would also enable assessment of the additional impact that Peer Advisors can have in supporting children receiving casework.

### ***Significant cost benefits for the public sector***

Casework has cost around £80,000 over 7 months, giving a unit cost of around £2,100, comparing favourably with that of an established 'standard' casework service. Pilot project costs included the development of processes and partnerships from a 'standing start', and intensive work with families as well as children. This provides value for money as well as significant savings for the public sector.

Kent police calculate £271,253 of savings from the steep drop in missing episodes alone, and observe that *"Clearly if this service was expanded upon, the potential time and cost reduction may prove significant."* These cost savings do not include what are likely to be very significant economies for wider police services, social services, youth offending teams, courts and other agencies.

### ***A model of mutually supportive partnership between the voluntary and statutory sector services***

SGT and Missing People have worked proactively with statutory sector and other voluntary sector partners to deliver effective support for children, their families and professionals.

Police services in Kent are of high quality and there has been a significant amount of work to raise awareness of, and response to county lines issues, particularly through the Margate Task Force cross agency initiative. Against this positive backdrop, senior staff highlight that SGT is delivering *"a much needed service that officers are not in the right position to provide"*.

They also highlight the *"massive savings to resources because they don't go missing and if they do go off the radar, the caseworker can usually tell us they are OK"*. Caseworkers work in close and effective partnership with statutory agencies, providing a bridge for children to engage with a range

of statutory services, including youth offending, adolescent and mental health services - *"I'm seeing that the young people are now engaging more with me too – because they see that she (caseworker) trusts me."* For a significant number of children *"it's the first time we've really had proper engagement"*.

The partnership is most effective where all players (statutory services and voluntary sector) take equal and shared responsibility for the safeguarding and progress of the child, where there is professional curiosity and willingness to learn from each other's experience (particularly the specialist knowledge of county lines involvement) and where roles are well-defined and complementary – *"I feel the right people are around the table now that we have St Giles as well – it gives the best possible chance for the kids."*

Professionals making use of the SafeCall service highlight the effectiveness of partnership working – *"she (child) is doing a lot better and that's down to teamwork, all of the agencies working together."* Liaison with a range of professionals in the police, youth offending, children's and other services enables safety plans to be established, and in some cases has helped to diffuse tension and improve relationships between parents and statutory services, as identified by a mother – *"It really helped that they (SafeCall worker) could put my case to social services. Things worked much better after that"*. It also helps professionals to gain a better understanding of county lines and children's involvement in it.

Both SGT and Missing People have robust information sharing protocols in place, a key factor that allows intelligence to be shared when appropriate, using processes that protect the confidentiality of sources to maintain the relationship of trust.

### ***An urgent need for sustainable and specialist casework***

85% of children referred for casework are Kent residents, a far greater proportion than was anticipated. This may reflect a change in the county lines 'business model', shifting to increased recruitment of local children. The greater proportion of Kent children on the caseload combined with short term funding for the service, and the absence of specialist provision in the county poses significant challenges and risks for the immediate future. There are risks around support being delivered by organisations without the relevant experience and skills.

London is relatively well served for specialist support, soon to include the MOPAC pan London county lines service. Kent, in common with many other areas outside London, had no specialist provision prior to the pilot project – *"I asked for help with my son – they (police) were very nice but they said they couldn't do anything. Over the summer he was sent to do beatings, he saw a fatal stabbing in Blackpool."*

The pilot reached capacity by the end of 2017 and there is significant unmet demand, with waiting lists of children - *"I haven't promoted the service with colleagues because I know that we'd be swamped, given the current capacity. But there are so many others out there who would benefit"* (Kent Police). This highlights the urgent need for the service and the value placed on it.

The nature and complexity of the challenges faced by affected children (and their families), and the experience of gang exit services in London, indicates that the development of the resilience and skills necessary for a sustained exit from county lines may take on average 12 months. The majority of the children involved in the pilot were not in positions to sustain or continue their progress independently at the end of March 2018, despite many having more positive relationships with

other statutory and voluntary sector services. The SGT worker remains pivotal in supporting children to engage and contributing to effective cross agency teamwork.

Shorter interventions for this very challenged group are unlikely to be cost effective, and may be counter-productive in terms of understandably negative reactions from parents and children as a result of withdrawal of services.

### ***Phone service provides effective support for parents***

The SafeCall service aimed to test out the effectiveness of pre-arranged phone support for children returning home after being missing and involved in county lines activity. 61 referrals have been made to the service, and 27 calls successfully completed. Of these completed SafeCall interventions, 20 were with family members and involved over 40 in-depth phone conversations with parents/carers, and a range of statutory professionals involved in the cases.

Significant nationwide promotion of SafeCall has resulted in fewer than expected referrals. This may in part be explained by areas outside of London having lower awareness of county lines and perhaps not recognising the need for the service. Planned changes in the branding, promotion and web presence for the service should help to increase awareness and take up, including making it clearer that children (and others) can contact the service without needing to be referred.

The low number of successful calls to children is primarily due to the challenge of engaging them in a phone call. Given that caseworkers in face-to-face contact with children still need to work hard to gain trust, this is not surprising. Where children have responded, Missing People have worked in partnership with agencies to maximise their ongoing support through agreeing safety plans and helping professionals to understand more fully the needs of, and risks to the child.

SafeCall is providing valuable help for parents, particularly where there is no 'on the ground' support available *"I wouldn't have got through things without those conversations (with the SafeCall worker). She explained things without putting the fear of God into me and it's helped me with my relationship with my daughter."*

Evidence from professionals and parents involved in SafeCall and SGT casework identifies that supporting parents and the wider family is a key element in providing the right conditions for children to begin to exit county lines activity. The SafeCall service can play an important role in helping to create these conditions.

The service is also helping to mediate between parents and statutory agencies – *"Because my daughter wasn't living with me, social services wouldn't tell me what was going on and I think they blamed me for what was happening. Since she (SafeCall worker) talked to them, they're including me now and things have really improved."* Professionals feel that the service is *"really helpful for parents – they need that support and there's not a lot out there for them."*

Missing People also supports some children and families affected by county lines through their live chat and 24/7 helpline services. The ability to provide a phone service that is able to have national coverage is very helpful given the general lack of specialist services for children and their families.

### ***Potential for greater interaction between services***

The strategy of piloting different interventions in tandem was intended to test out how they might usefully interact with each other, and the potential to increase impact through the linkages. Whilst some referrals to SafeCall have come from areas where SGT specialist casework has been delivered (London and Kent), there has been no interaction between the services at client level. The absence of interaction between services does not diminish the positive impacts that SGT casework and SafeCall have both achieved.

Where children and parents are receiving specialist one-to-one casework support, they have, understandably, not felt the need to take up the SafeCall service. Most of these children and families are continuing to receive this support and it does not appear that SafeCall is likely to provide a 'step down' service once casework has completed.

During the pilot period there have not been any referrals from SafeCall to the SGT casework support. This element of partnership working is important in maximising the range of support that children and families can access. It will form part of the further development of the phone service so that effective referral routes to continued support can be established with SGT and other specialist services.

### ***Recommendations***

Given the risks of not continuing the casework service, it is very positive that the Home Office has agreed funding for SGT to support the current caseload of children until September 2018, and partial funding for SafeCall phone service to December 2018. However, funding that can provide a more sustainable future for vital specialist services is essential. The cost savings identified by Kent Police provide a sound business case for funding specialist casework, including through the Police and Crime Commissioners.

The success factors and effective approaches identified through the pilot should be drawn on in developing national and local responses to supporting vulnerable children involved in county lines activity, including:

- Further delivery, development and expansion of one-to-one casework support for children and families delivered by voluntary sector organisations such as SGT that have specialist skills in supporting vulnerable children and young people involved in county lines, in partnership with statutory services and drawing on the key success factors identified in the pilot
- Provision of nationally available specialist phone support for children and families affected by county lines, building on the SafeCall pilot experience and ensuring that all staff have the relevant expertise and knowledge
- Specialist training for professionals (statutory and voluntary sectors), and including police, social services, YOS, schools/PRUs and health services
- Specialist awareness raising sessions for children and young people, in schools/PRUs and community/leisure settings to provide early intervention that may prevent children and young people becoming involved in county lines activity

- Provision of accurate information and support to raise awareness for parents and community leaders/activists
- Continuing evaluation of the impact, effectiveness and learning from the delivery of services, including sharing results, to maximise learning from the interventions delivered and provide a robust evidence base to inform ongoing service development locally and nationally

All of these recommendations are linked to, and should be taken in conjunction with those presented in the scoping report.

## Methodology

Evaluation activity took place throughout the 7 month pilot delivery period (September 2017 to end March 2018) and included:

- in depth discussions and debriefing with SGT workers delivering one-to-one casework support, and management staff;
- one-to-one in depth discussions with 4 children and 9 mothers receiving St Giles Trust in person casework support, and 3 mothers and 2 professionals receiving SafeCall phone service support;
- additional direct written feedback from 3 children and one carer receiving St Giles Trust in person casework support;
- in depth group and individual discussions with police, social services, youth offending teams and other voluntary sector organisations;
- one-to-one in depth discussions with management and delivery staff involved in the SafeCall service, and
- examination of case notes, soft outcomes trackers, monitoring data and other key information.

Discussions were guided by a set of key questions, tailored for each respondent group, to ensure consistency of approach. Direct quotes are shown in italics and speech marks but are not attributed to individuals in order to protect confidentiality. Where agency names are given, this is for clarity and is with the permission of named individuals in the organisation concerned.

## Brief background and context for the County Lines pilot

As stated in the Government's recently published Serious Violence Strategy '*County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas [within the UK], using dedicated mobile phone lines or other form of "deal line". They are likely to exploit children and vulnerable adults to move [and store] the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons.*'

It should be noted that 'county lines' and the related terminology is used primarily by statutory and voluntary sector organisations working in this field, not by children involved in the activity who will use a range of ever changing terms to describe this.

This phenomenon has been in existence for a number of years, but has recently grown significantly and rapidly, involving an increasing number of vulnerable children in criminal exploitation. The 2017 National Crime Agency (NCA) national briefing reports evidence of county lines activity in 88% of police force returns, with a conservative estimate of 720 lines operating across England and Wales. The majority of lines originate in London, followed by Liverpool.

St Giles Trust (SGT) has extensive experience of delivering services to help children and young adults move away from gang involvement. Through its work, the organisation became aware of county lines export activity in London and a number of import areas including South Wales, Essex, Suffolk and Kent, with an increasingly young cohort of children becoming involved. This included children repeatedly going missing from home or care and being arrested with drugs and/or money on them in areas outside of London.

The missing child aspect of county lines led SGT to invite Missing People to become a partner in the pilot, recognising the organisation's significant expertise in supporting missing children and their families through phone, web-based and return home interview work.

SGT's experience indicated that, outside of London, services for children caught up in county lines are not well developed because the level and nature of gang and county lines related activity is lower and less violent than in the capital and other major UK cities. Local statutory and voluntary sector services had consequently not needed to develop the approach, expertise and skills required to tackle this issue, and some were not fully aware of the activity. In addition, any services that are available are restricted to children who are resident in that area. London children who are arrested out of London with drugs have no locally available services funded for them and present a significant issue for local police and other services.

The pilot offered the opportunity to test a range of support for vulnerable children involved in county lines, regardless of their 'home' location, including offering a solution for statutory organisations trying to return London children to their home boroughs.

Kent was one of a number pilot areas suggested by SGT, and was chosen by the Home Office as there were no other similar activities in the county. It is a large and diverse county. Margate was identified as the initial focus for one-to-one casework because of the large number of county lines running from London into the town, and consequent levels of child exploitation. In addition, the innovative cross agency Margate Task Force and Missing Child & Exploitation Team (MCET) provided a very helpful single point of contact for referrals as well as effective and supportive partnership working.

## Pilot elements and delivery

The overarching aim expressed in the pilot's theory of change was that *'fewer children and young people are involved in county lines activities and there is a more effective network of support for those who are involved'*. The pilot set out to test the potential effectiveness of four interventions designed to achieve this aim, as follows:

- **Kent Out There (OT) (St Giles Trust):** One-to-one casework support for children involved in county lines activity (London and Kent residents) to test the theory that through the provision of skilled, knowledgeable and flexible support from a caseworker with 'lived experience', children will be able to exit county lines drug distribution networks, reconnect with their families and begin to build positive lifestyles, free from drugs, crime, gang involvement and exploitation.
- **SafeCall (Missing People):** Provision of a nationally available phone support service to test the theory that the return of a child who has been used to carry drugs is an ideal window of opportunity to assess risk and offer intervention to them and/or family members that will help them to reduce their risk of involvement in and/or exit the activity.
- **Peer Advisor Service (St Giles Trust):** Delivery of a sector standard NVQ Level 3 Advice and Guidance training programme to enable people with 'lived experience' of being involved in the criminal justice system, addiction and other challenging circumstances to become professionally qualified volunteer Peer Advisors who can support vulnerable children and young people involved in county lines activity. The inclusion of this element was to test the theory that the SGT Peer Advisor model which is particularly effective in supporting gang/county lines affected children and young people in London can offer similar opportunity and support to those in Kent, including establishing a 'pipeline' that could eventually provide paid workers with this expertise to build capacity in areas with no similar services.

**Kent OT one-to-one casework** was the largest and most complex element of pilot delivery and was the first service to be up and running, with a referral on the waiting list in August 2017 and formal delivery starting in September 2017 when the Home Office funding was approved. The expectation was that there would be a significant number of referrals of London children and that the remainder would be focused in the Margate/Thanet area of Kent. Staff were recruited accordingly. The full-time SGT London based worker appointed to the pilot was expected to support a majority of children from London. The part-time Margate based worker was expected to work with Margate/Thanet based children.

In total, 41 children/young people have been referred to the SGT casework pilot between August 2017 and February 2018, with 38 of these engaging with support. Of the 41 children, 32 were from Kent, and 15 of these were in the Dover rather than Thanet area.

Around 60% of referrals have come via the police, with the majority of the others being made by social services and the youth offending service (YOS).

Caseworkers have delivered a highly valued and excellent service for children and their families. However, the pressure of needing to stretch pilot delivery over a much larger geographical area (from Enfield and Redbridge in North London to Dover in South Kent) has demonstrated the need for a locally based resource wherever possible.

The change in the expected geographical profile of the cohort appears to reflect the evolution of the county lines 'business model' that has been observed during the course of this pilot and the scoping

work. Rather than mainly using children recruited in the source area ie: London to take drugs to county areas and stay in that area to distribute the drugs, it appears that county 'hubs' are being established, recruiting local children to distribute drugs that are supplied by a runner from the source area.

This has advantages for the line owner – supply can be achieved in a day trip which avoids the potential trigger of children going missing overnight or longer, and local children are likely to be a cheaper workforce and more easily intimidated and coerced, and less likely to be noticed in a local area. This change in model appears to be emerging in areas other than Kent, particularly those within a day's journey from London. That said, there remain vulnerable London children who are involved in county lines activity and who are being trafficked. In addition, Kent children are being trafficked – to London to get drugs supply and on county lines operating in different parts of the country including Devon, Wales and Cambridgeshire.

Of the children who have received casework support, 9 cases have been closed because:

- 4 children have been moved to an area where it is no longer possible to provide casework support (Gloucestershire, Essex, Shropshire, Bangladesh)
- 2 children are serving custodial sentences (for offences committed before they were referred to the project)
- 3 children did not engage after a period of attempting to work with them

**The SafeCall service** became available in November 2017. At the request of the Home Office, it was originally promoted in a limited number of areas in the UK to avoid contaminating other ongoing pilot activity. Following relatively low take up of the service, it was promoted to all areas through Missing People's extensive network of partners including police force missing persons contacts, local authorities, youth offending teams and other organisations. It was also promoted through the scoping research discussions with agencies across over 20 areas in England and South Wales. Wider promotion resulted in an increase in referrals, although these are still lower than expected. Training was provided by SGT to Missing People staff to provide them with the specialist knowledge and skills for supporting children involved in county lines activity.

To date, 61 referrals to the service have been made, 33 of children and 28 of parents/carers. This led to 358 attempts at contacting the child or parent.

27 successful initial phone calls resulted, and involved a range of follow up calls and texts. Of the 27 interventions, 7 were with children/young people and 20 with family members. 15 children/young people and 2 parents declined calls, with the remainder not being able to be completed because the child/parent could not be reached, including being provided with an incorrect or not functioning phone number. Only 3 inappropriate referrals were made. The source of referrals is evenly split between the police, social services, Missing People's other services and parents/carers. The majority of statutory service referrals are from London, with a small number from Sussex, Hertfordshire and Northamptonshire.

Despite the lower than anticipated number of referrals and completions, significant work that is valued by parents, children/young people and professionals has been carried out in the calls that were successfully completed. The SafeCall service has provided more than a 'one off' phone call and has been delivered by skilled and dedicated staff "*who you know really care about what they do*" (parent). Further analysis of the service is presented later the report.

**SGT Peer Advisor training** was the last pilot element to begin. In December 2017, a group of partners was established that could refer potential trainees and/or offer placements to Peer Advisors in training. These organisations include:

- Kent police
- CGL (drug service for ex-offenders)
- Probation service
- Infozone (Youth hub)
- Trinity Foyer Kenwood (accommodation for young single homeless)
- Salus - Shepway Hub (support for children & young people)
- Trust New Learning (School)

Nine people have been recruited to the project, the majority are ex-service users and include two trainees on Release on Temporary Licence (ROTL) from prison. All trainees have lived experience of one or more of the following: gang/county lines involvement, being in prison/youth offending, child criminal and/or sexual exploitation, drug/alcohol issues.

Delivery of the Level 3 IAG Learning to Advise course took place in February and March 2018, with trainees moving into placements in which to complete their training, including observations of one-to-one support sessions with clients. Placement providers include the Community Support Unit in Tunbridge Wells, Little Forest Community Centre, Infazone Youth Hub and Maidstone Probation Service. Placements will support the practical skills development and enable Peer Advisors to work directly with children and young people who are affected by county lines activity, using their skills and lived experience in a similar way to SGT caseworkers whilst being closely supervised and supported.

The Peer Advisor programme is also enabling strong networking relationships to be established with Community Safety Teams in Maidstone and Tunbridge Wells, as well as with West Kent County Council and local schools. These relationships are helping to develop new, additional services to help tackle county lines issues, including SGT securing some additional funding for parenting group training which will be delivered in Maidstone.

One Peer Advisor has already made a very positive impact through taking part in an evening outreach event delivered by a Community Safety Partnership (CSP) where he accompanied police officers going out to engage with at risk/involved young people on the street. The Peer Advisor was able to engage with young people really effectively and was highly valued by the CSP, with all agencies keen to involve him in further activity. This Peer Advisor has also started supporting one of the children receiving SGT casework support.

The Peer Advisor programme is enabling people who are often excluded from this type of work to gain professional qualifications and experience which can not only lead to meaningful volunteering roles, but also paid work in a variety of support roles. The longer term objective is that by professionalising people with lived experience, and demonstrating that they can sometimes be more effective caseworkers than traditional staff, local agencies will be influenced to change their culture, becoming more open to employing people with lived experience. In this way, workforce diversification can be seen as a service delivery improvement rather than a, sometimes cumbersome, add on.

Given this model, and the lack of specialist services available in Kent, if the Peer Advisors are able to gain paid roles, this could make a significant contribution to developing these services in the county and could also be a helpful model for national roll out.

This element of the pilot is continuing post March 2018 and it is too early to evaluate the impact of the support provided by Peer Advisors to children affected by county lines activity. Further review will be provided later in the year.

### Who are the children affected by county lines?

In order to assess fully the impact that that the pilot, and in particular the one-to-one casework has had, it's important to understand the challenging and complex starting points for the children. The profile of the cohort of children who have engaged with casework is:

- 90% male
- Predominantly white British (64%)
- Other ethnicities: Black British/Caribbean/ African (12%) Asian (10%) Mixed Black/White (7%) White other (7%)
- 50% aged 13-15, 50% aged 16-18
- 70% resident with primary family, 30% in local authority care/living away from area with extended family/supported accommodation
- 40% have had a child protection plan in place at some point during the casework support
- 100% are not in mainstream education, and are either in alternative provision (PRU) or not in any form of education
- 70% under the Youth Offending Service
- 60% with a diagnosed or undiagnosed disability (ADHD, deafness, autism, dyslexia), with a small number having Education, Health & Care Plans in place
- 100% are drug users, mainly cannabis but a small number also use MDMA, cocaine
- 60% have issues with alcohol
- 100% have experienced serious assault/violence (often as a combination of victim, perpetrator and/or witness)
- all have had episodes of missing from home/care, with some going long distances (Wales, North West, West Country, East of England) and for significant periods of time

The gender and ethnicity of the cohort reflect the geographical spread. The majority of children are of white British heritage because most are from Kent. All the London children are of BAME heritage, reflecting the over-representation of non-white London children (and adults) involved in county lines in the capital. The ethnicity factor is important in considering how to tackle the issue of child exploitation. Not only do we know that line owners are now selecting children that match the ethnic make-up of their market areas, but also there remain stereotypes and assumptions based on ethnicity, not least with the children themselves.

All children in the cohort are involved in county lines activity, the majority have medium to high level involvement with a minority being on the fringes of involvement. The children come from a variety of backgrounds including those with multiple interventions from public services because of chaotic and risky home circumstances, looked after children and those from well-ordered and materially

comfortable families. Involvement in county lines, whilst more frequent amongst children who are experiencing deprivation, is certainly not restricted to this group.

Some examples of the difficult and complex starting points for the children include:

13 years old, ADHD diagnosis, excluded from school, not attending PRU, reputation for violence and carrying knives, head injury from being hit by a car whilst fleeing the scene of an assault at which he was the perpetrator, active involvement in drug running/dealing network, mother has been asking for help for 7 years.

16 years old, dealing drugs from aged 13, numerous missing from home episodes lasting for 2-3 weeks and involved in county lines activities in other parts of the country, under the YOT, seen as an 'experienced operator' by local children with resulting pressure to act the big player, not in any form of education, serious previous adverse childhood experiences, drug and alcohol abuse leading to chaotic and risky behaviours, arrested for being drunk and disorderly whilst on his tag, involved in extreme violence, carrying weapons.

15 years old, arrested during a high risk drugs deal, under the YOT and on tag, in debt to the county line, several missing episodes involving county lines, violent attacks on him and threats to the family, excluded from school and not attending PRU.

Money is a major factor driving children's involvement in county lines activity, even for those from families with working parents and a good income. Although exploited children see only a tiny fraction of the money that is being generated through a county line, for a young teenager, being able to earn £100 per day or more is highly attractive. Caseworkers are skilled in being able to *"explain to them in a way that they understand that the money isn't worth it, and to give them options that might not get them as much right now, but at least they won't be dead. But it takes a lot of patience to get that message through – it doesn't happen in five minutes."* *"They think the only way out of a line is in a box or prison. The caseworkers show them that there is another way, if they want it."*

### **Engagement in education is key**

In order to gain the skills and qualifications needed to get the well paid work that can ultimately provide the alternative to a life of criminal exploitation; children need to be engaged in education that they can see is going to provide them with the prospect of having a good life. All the children involved in the evaluation are outside of mainstream education and many are enrolled at Pupil Referral Units (PRUs). Once there, children rarely move back into mainstream education even where the arrangements were intended to be temporary:

*"he was excluded and went to the PRU in Year 8. He's now in Year 11"*

*"I got sent there five days before my birthday in November 2015. I was supposed to be there for six to eight weeks and I'm still there. Once you get sent in as a naughty boy, that's it."*

For many of the children involved in the pilot, the level of provision in the PRU is very low – *"I only get to go for one hour a day, I'd like to go more"*. Mothers and professionals recognise the potential for involvement in negative activity that can result from this – *"He's on twilight hours so that means*

*one hour at 4pm, so there's an awful lot that he can get up to for the rest of the time."* PRUs will reduce the already few hours of attendance if they feel the child is disruptive. Whilst the pressures facing PRUs are considerable, this is not helping children and sends a message that could be interpreted as saying that they are beyond help and that their education isn't of importance. Caseworkers are providing effective support to help engagement in education, as shown in the following section of the report, however, a system that does not engage children and that provides them with enough free time to continue county lines or other exploitative activity is clearly not helpful.

There are wider issues about school exclusion, what should the responsibilities of mainstream education be and how changing inspection practices could help to incentivise schools differently so that fewer children find themselves excluded and on what is currently a very negative pathway. These issues are explored further in the linked scoping report.

Whilst not the primary focus of the project, the provision of earlier intervention such as awareness raising sessions in schools and PRUs may have prevented some of the children supported through the pilot activities from becoming involved in county lines. The introduction of this type of activity, delivered by those with the credibility of lived experience, should be considered to help prevent more children experiencing the exploitation of county lines involvement.

### ***Group pressures amplify the issues***

An added challenge in supporting children to move away from county lines involvement is that many of them are known to each other through the drugs network. This is particularly the case in the Kent pilot areas, and the scoping research confirms a similar picture in other parts of the country. Relationships between the children are frequently tense, even where they are involved in the same county line. Suspicion and fears about each other jostle with pressures to be loyal to the group, and there can also be competition to move up the pecking order of the line.

An issue or incident with one child almost inevitably has a ripple effect for the group, disrupting progress and creating a febrile and volatile environment where further problems can arise quickly. This, in combination with the negative effects of social media and the 'normal' highs and lows of adolescence, creates a challenging environment for statutory and voluntary sector services alike.

One positive consequence of this group scenario is that mothers in Dover have come together as a formally constituted group to act as a forum for information sharing and mutual support, as well as to be able to advocate and 'campaign' on the issues affecting their children. The group is highly valued because, *"other friends back off because what is going on is really horrible and they can't relate to it. When you're having a really bad time, the group really helps – you can talk to them and they're not shocked and disgusted because they're going through it too."*

### ***SafeCall supports a very a similar cohort***

The profile of children using SafeCall and other Missing People services such as live chat is very similar to that of the children being supported through casework. Around half of those referred to SafeCall are looked after children or have a child protection plan in place. Among the risk factors identified in referrals, drug issues, gang association and involvement in criminal activity are commonly indicated. Call log information identifies a range of issues in addition to being missing

such as stealing mopeds, drug debt, trying to exit gang/county lines activity and being stabbed in both legs for not wanting to take drugs out of London.

A live chat session with a 14 year old boy revealed *“I ran away from home when I was young, I was angry with everybody.....I used to sleep on kitchen floors and older boys would come in and kick me in the head to wake me up. By the age of 13 I started a gang... I’m nearly 15 now, I hardly ever go to school (PRU) and my mum always shouts at me so it’s best to stay out....she used to search through my room and find knives, weed, cocaine, condoms and she once found a gun, obvs she was mad”*

Discussions with parents making use of SafeCall support reveal a range of very challenging and distressing circumstances affecting their children:

Mother of a boy aged 18 with autism: *“He was bored and he was offered money. They groomed him and I didn’t know what that was. It was easy because of his autism and he wanted the money. One day he was supposed to be taking drugs somewhere and he met another young man involved in it. My son changed his mind and didn’t want to carry the drugs. The other one stabbed him in both legs. He was only looking for a job, friends and money and that’s what he got drawn into. He’s just got a job now, but it’s hard for him to keep his jobs because lots of the employers don’t understand autism.”*

Mother of a boy aged 14, arrested 200 miles from home: *“He went missing for 5 days. We mounted a big campaign to find him and eventually we found out he had been arrested and charged. He spent 3 days in a police cell because social services couldn’t find any accommodation for him. When he came back, there was nothing in his eyes. We found out he’d made friends with boys from another school. They made it look very glamorous and they knew he wasn’t doing well at school. They groomed him and made him believe that his family couldn’t afford anything, so it was all about the money. He got a 12 month YOT referral – he was told that if he’d been an adult he would have got 7 years. My husband used to have a really good relationship with him. Now he’s a broken man.”*

The common factor for the children, or parents of children, referred to SafeCall is that many have gone missing from home for significant periods of time. Where missing episodes are reported, the majority are over 24 hours and there are number of reports of 1-2 or 2-4 weeks.

Of the 7 SafeCalls completed with children/young people, all were male, 4 were aged 14/15 years old, 2 were 18 years old and one was aged 23. The age profile is higher than that for the casework service, however, the cohort size is small and therefore precludes any significant conclusions to be drawn. The areas that the children/young people came from include London (2) and one each in Surrey, Berkshire, West Sussex and Hertfordshire, with one ‘unknown’. This is interesting given that the majority of referrals to SafeCall come from London. However, as with the age profile, the small cohort prevents any firm conclusions being drawn.

## One-to-one specialist casework – the key success factors

Of the elements delivered through the pilot, the one-to-one casework approach has had the greatest measureable positive impact in enabling children to move away from county lines involvement and make positive choices to re-engage with education, statutory services, healthier activities and family relationships.

Kent police and one of the participating London boroughs report significant impacts on children going missing – a key indicator for those who are heavily entrenched in county lines activity. Kent police report that “no-one has gone missing out of county since St Giles has been involved.” They report that missing episodes in Dover have reduced from “123 missing episodes in the 6 months prior to St Giles involvement to 49 missing episodes (in 4 months)” since caseworkers started working with the children. Similarly, for the cohort of 14 children in Thanet, “the average number of missing episodes per month pre-St Giles involvement was 16.12 per month and post St Giles involvement – 5.65 per month”. For 3 of the London children, the relevant borough had no missing incidents reported once caseworkers had engaged with them.

Missing episodes are a very visible measure of change, and enable a range of other progress to be made including re-engaging with education and re-establishing relationships with the family. One child has just moved into paid employment with training which is a highly significant outcome in such a short space of time.

Key success factors for the specialist casework include:

- The ‘lived experience’ and/or cultural competence of caseworkers that gives them the credibility with children that enables relationships of trust and mutual respect to be established, and that helps to increase understanding and awareness for parents and for other professionals.
- Specialist experience in supporting vulnerable children involved in county lines activity. Importantly, caseworkers have an in depth understanding of the risks to life faced by children involved in, or trying to exit county lines, particularly with regard to drug debt. Their expertise in contextual safeguarding and the trauma informed approach is invaluable.
- Supporting the family (generally mother or main carer) as well as the child
- Dedication and tenacity – to keep working to engage children (and families) who are completely disengaged and often actively hostile to statutory services.
- Flexibility – to take support to the child and to adapt the style, intensity and nature of support to meet individual need.
- Openness and team working with statutory services, maintaining the confidentiality of the relationship with the child whilst facilitating better engagement with services.
- A clearly defined and independent role that is complementary to those of the various statutory services

The effectiveness of one-to-one, in person casework is confirmed by children, parents and statutory services. It draws on the principle of a child being able to engage with ‘one trusted adult’. Where it has been difficult (or impossible) for statutory services to engage these children, the SGT casework is able to take this role and, in doing so, enable the child to access a range of help.

The examples that follow illustrate the positive impact of casework. It is helpful to remember that the children speaking or being spoken about have been exploited, trafficked, arrested, lived in crack houses, assaulted and sometimes hospitalised, and have previously refused to engage with services.

### **Children:**

*"She (caseworker) understands me because she's been through it too. That makes it different from the others (statutory services). It's easier to talk to her and you can trust her."*

*"She keeps my head focused and I don't know how I'd do that if she wasn't around."*

*"She's helping me to turn away from the stuff I used to do."*

*"She talks to me about keeping my head and it's really good to talk to someone who knows. She's experienced it. I would tell others to talk to her – she's not going to report everything you say. She gets me books for my GCSEs and stuff, so she's got me thinking about that, and about getting a job in the new retail park. I used to be s\*\*t with my mum but now it's getting better because of her (caseworker). My mum couldn't see how she was going to help, but now she thinks she really has."*

*"I get along better with my mum, and there's no police in my life! I'm better at communicating with professionals."*

*"I now have a job and I feel more stable in my relationships with other people. Looking forward to the birth of my baby son and a happy relationship with my girlfriend. I feel more secure in my home life. I feel very confident when I'm with her (caseworker) because I know she has experience. That's helped in many facets (sic) of my life because it applied to me. And she has helped me when I have interviews."*

*"I'm starting a new course and I'm doing less drugs and working towards a goal."*

### **Mothers:**

*"To have someone who knows and who can help us to move forward is invaluable"*

*"She connects with him (son) on a level that I can't because she's been there and he knows it, and she can help him to get himself out of it."*

*"When she first came, I thought, my god how can she help us? But then I saw her talking to him (son) and I saw how engaged he was."*

*"My son had an important meeting and it went really well because of her (caseworker's) help. They were really impressed with John's social skills and I was really chuffed."*

*"She lightens up the house. We know that there isn't a magic solution, but the work she does with him makes such a difference to how we all feel. There's some hope where before there was none."*

*"The best thing to keep a good parent focused is the support she gets from the professionals and you (SGT caseworker) are a credit to yourself."*

*"I felt confident that she was honest and had experience of similar problems herself. Her interviewing skills, one-to-one or with Government agencies gave me lots of confidence." (Grandmother)*

### **Police:**

*"SGT makes a huge difference by giving a child a positive, believable option. They can build rapport where the police aren't able to."*

*"The casework is a lifeline – it provides the kids and us with the solutions to the problems that we know are there."*

*"not every child wishes to readily engage with the police or other statutory organisations. This is where the work of the St Giles caseworker is invaluable in understanding the true risks to the child, with the time and dedication to try and improve their chances in life."*

### Youth Offending & Social Services:

*"She (caseworker) is phenomenal, exceptional. There is tangible evidence of her impact – one of our lads has just started back at school and done 3 days this week – I can't remember the last time he was at school!"*

*"She's fantastic. She's established relationships with complex kids that we've really struggled with. They disclose more, and more quickly which means that we can get the intervention going sooner and avoid them getting more entrenched."*

*"She is so skilled at developing trust. She's walked it, she knows it. She understands the risks that the young people face. She understands their feelings but she doesn't shy away from talking to them about consequences. We need one of her on every unit."*

The casework approach takes the support to the child through home visits, meeting them for something to eat, for a walk or whatever will put them at their ease. Many affected children are, understandably, hyper-vigilant and distracted, either as a result of traumatic experiences or because they rightly fear the consequences of being seen to be exiting the line, or both. Caseworkers are skilled in taking a trauma informed approach, understanding that children's adverse childhood experiences will affect their ability to engage and progress. This includes making sure that children feel safe in the locations where they meet the caseworker, and acknowledging the need to be flexible, tenacious and patient to develop their engagement with services that can help them.

The SGT approach is very much that of serious casework – *"she gives praise when it's needed and she can be tough on them, and they'll still see her."* Leisure activities and fun experiences can form part of the intervention, but are not introduced until children show engagement and willingness to begin to take the difficult steps to exiting the activity. This is done through meeting and talking, and has been successful in this pilot and wider SGT work because caseworkers have the credibility of lived experience, enabling them to challenge and support the child within a relationship of trust and respect.

As a child begins to show commitment to building a relationship with the caseworker, a variety of activities, tailored to their age, needs and preferences are offered to help them open up new horizons and interests. In most cases, this involves cost eg: gym membership, short courses such as CSCS (construction), motocross etc. SGT is providing some match funding for this essential element of the work. It is particularly important because *"it's no good offering support and then not being able to follow through with something tangible – what they (SGT) are able to access for them contributes to the credibility of the service and shows young people that they are valued."*

Casework is extremely complex and often typified by 'two steps forward, one step back' because of the complex and serious nature of the challenges. The following example provides an illustration of this and the length of time required to help the child develop the resilience and maturity they need to sustain progress.

**Child 'A', aged 15**, and a Kent child was referred in August 2017 having been arrested during a very high risk drug deal. He had been involved in county lines in Kent and Wales, with repeated episodes of being missing from home. At the time of being referred to the SGT caseworker, the police had recommended to the social worker that he be put in secure accommodation as all other avenues of support were proving fruitless and he was not willing to engage with services.

At this point, he had sporadic contact with a caseworker for around 4-6 weeks during which time he was moving in and out of county lines activity, justifiably in fear of his and his family's safety if he

exited, and on occasions feeling that things were OK and that he would carry on working for the line. During this time he was beaten by members of the line and was in debt to them. He has ADHD type symptoms and was a heavy cannabis user.

Through extensive casework with him and his mother, in partnership with the police, social services and youth offending, he has been supported to keep his court order conditions. He is now making some progress in attending the Pupil Referral Unit and largely keeping out of trouble – *“he’s focusing on his GCSEs rather than how many wraps he’s got”*. Through the casework support he was able to get involved in going to the gym and moto cross *“which have been great stabilisers”*.

He also was helped to engage with Addaction and Porchlight to offer additional support. In February 2018 he was taken off the child protection register, recognising the progress that he has made, and that he had stopped using cannabis completely. In March 2018 he was awarded star pupil at his PRU, offered work experience at the motocross and has applied for a Saturday job.

However, he has become very anxious because an associate is due for release from custody in March and he thinks he will be targeted because he was put on a tag rather than being given a custodial sentence. His fear is that his associate thinks that he must have ‘snitched’ to avoid custody. This fear has been further strengthened as another associate has just been given a custodial sentence.

His tag is also due to be removed in March which potentially will make him vulnerable to coercion. Some mental health support is being arranged for him, however, the ongoing support of his caseworker is needed to help him engage with this and to provide stability through the months ahead so that he doesn’t slip back into county line activity – *“it’s so important that he doesn’t feel that everything around him has changed at the crucial milestones (coming off tag, doing GCSEs, starting college)”*

**Child’s view of the casework support** (he had introductory support from a male caseworker and is now receiving ongoing support from a female caseworker): *“At the beginning, his words really helped me – he knew what I was going through and he helped me to see there might be another way.....She’s there to really help me, to change my direction in life. She keeps my head focused and I don’t know how I’d do that if she wasn’t around. What we talk about helps me with my relationship with my mum. I like the way that she deals with things.”*

**His mother’s view:** *“He was arrested early in the year with large amounts of class A on him. He (son) thought that no-one understood the gang world, especially me. He thought the caseworker was pretty cool. Being an ex-gang member is a unique thing – it works. He didn’t tell my son what to do, he helped him to confirm what was in his head – that it wasn’t a great thing to be doing. There was a week when they (the line) were calling my son up. It was hard and it was so good to have the caseworker there. All the police can do is use the law, send him away to a foster carer. We’ve had one and half years of being completely out of control. Social services don’t know how to deal with it – child protection don’t have a gangs category.*

*The caseworker calls me up and I can offload. If I did that with social services, they’d write it all down. People don’t realise how exhausting it is. Every time he went missing, social services have to call it in and then the police come and do a bedroom search and that happened every few days. It’s always someone different so you have to go through the whole thing again, and you have to manage all these different people. Then you have him being beaten up and the fear of them coming round here. Having the caseworker helps you to be sane and you know your son is getting good help.”*

**His social worker's view:** *"I can't sing their (SGT's) praises enough. When you think that we were planning to put him into secure accommodation out of area – the negative effects that would have had for him and the cost that involves. We were a bit out of our depth and they have that specialist knowledge. They don't have the stigma of being a social worker. When my relationship was quite strained with him, the SGT worker could do the therapeutic stuff that made the difference. And they are so good at working with us – they are really approachable and they prioritise the child. He's really turned himself around – he wants to mentor others who have got into the same trouble. It's fantastic – together, we've been able to give him his childhood back. But it would be a mistake to stop now. He has big changes coming up – GCSEs and the summer holidays and going to college – it can go off the rails easily. It's fragile and he needs to know the support is there if he starts to wobble."*

A second example involves a 16 year old Kent child who had been selling drugs from the age of 13, has had significant adverse childhood experiences, was involved in county lines in Kent and Wales and had become an important local 'player'. Whilst being exploited himself, he was recruiting younger children to the line. He is on a 12 month court order and electronic tag. It took some time for the caseworker to gain enough trust for him to begin to disclose the severity of his involvement, including drug debt. Unlike the majority of children who generally limit their drug taking to cannabis use, this child had fairly serious alcohol and cocaine use. After 18 months of being out of education, he caseworker eventually supported him to re-engage and attend the PRU and a motocross course. However, *"he flits in and out of chaotic to normal behaviour. It is obvious that he's enjoying some sort of normality in his life, however, when it comes to alcohol and substances, he loses all control"*. This has very recently led to him stealing drugs from the line that he was previously involved with, resulting in him needing to be relocated because of the risk to his life. The caseworker has supported him throughout this incident and will continue to work with him to try and re-establish the progress that he was making previously. He is also now being supported by one of the newly trained SGT Peer Advisors.

Casework support is highly individual and the length, intensity and nature of the intervention will be different for each child. Common to all the pilot cases is that caseworkers are also providing significant support for the wider family, usually the mothers/carers of the children. This is a key element in the success of the approach for a number of reasons including: helping the mother/carer to understand what their child is involved in; suggesting strategies and support to help improve relationships with the child; helping to diffuse tension, and providing advocacy and/or a link with statutory services, as the following examples from mothers illustrate:

*"There's good stuff on the internet about drugs, but what he (son) was involved in was all about organised crime. The St Giles people are great because they can explain it all to you. Even though it's horrible to find out the real story, it helps because you know more about what you're dealing with. With the caseworker you can put together a plan. There's hope."*

*"We get on better. Some of the tension has gone. He's still a teenager, but the support has opened up lines of communication – and I hear him laughing – I haven't heard that in a long time."*

*"She is brilliant with him (son). She talks through the consequences of what he's doing, she doesn't lecture him so he takes notice. She helps him and me to understand our rights, but it's also about responsibility. It's so refreshing to have someone not bleating out of a book."*

*"She's helped in supporting him to keep his YOT hours and is a really good way of keeping it all together – all the services that get involved."*

## ***Understanding the very serious risks for children***

An essential and unique feature of the caseworkers' experience and skill is the understanding of the very serious risks that children face when they are involved in or trying to exit county lines activity. This understanding is pivotal to the safety of the child, but rarely understood fully, even by professionals working in the statutory or voluntary sector, unless they have had specialist training or personal experience.

Social work training and practice focuses, quite understandably, on risk and safeguarding in the family context. In the county lines context, this can and does result in children not being regarded as reaching the threshold for services because the family circumstances may be stable and external risk is not factored in. An awareness of contextual safeguarding which involves fully assessing the wider risks to the child posed by their environment outside of the family has only recently been recognised as critical in understanding the risks affecting children involved in county lines. It is a useful concept that has helped in taking forward effective identification of, and response, to 'external' risks to the child, for example, through child sexual exploitation (CSE) perpetrated outside of the family.

However, the nature and risks of involvement in county lines is not the same as CSE. Whilst those risks and safeguarding issues associated with CSE are certainly serious and damaging to the child, there is a specific risk to life associated with county lines. Children can be in extreme danger for a number of reasons:

- having drugs and/or money confiscated by the police
- suspected of being 'snitches'
- having been coerced into working for another, rival line
- suspected or known to be trying to exit county lines activity

All of the children supported through the pilot have experienced some level of physical violence, a minority enough to be hospitalised. Around 20% of children on the caseload at any given time were living away from their home addresses for reasons of safety – either through being placed out of area by social services or through going to live with other family relatives. In addition, threats against family members are common and some children's family homes have been 'visited' by those in 'middle management' positions in the lines.

*"Social services and others can't help because my son has seen things that they'll never see. It's extreme, there are things that most of us will never experience, and they'll only engage with someone who's lived that life because they know that the caseworker really gets that their life is in danger."*

In one very recent incident, a family needed to be temporarily re-located. The risk to the child (and family) was immediately identified by the SGT caseworker who took swift and persistent action to bring this to the attention of statutory agencies that had the responsibility for safeguarding, as recognised by Kent police:

*"there are significant qualitative examples where St Giles' input has significantly benefited the safeguarding outcome. Recently a young child became at risk of harm through his involvement in drug criminality. The child was moved from his home address out of the area reducing the possibilities of him coming to harm. The risks to the child were fully understood by statutory organisations due to the work of his St Giles key worker and the close working relationship between the various agencies. This meant the move could be facilitated and allowed the coordination of the safety plan surrounding the child to be communicated effectively."*

Drug debt is a particularly difficult issue that has affected a number of children on the pilot. This debt can be created through a number of ways including where drugs/money has been confiscated by the police, or where the child has been subject to robbery, including false robbery by a member of the line. When a child has a drug debt, this is used by the line as a means of coercive control, commonly referred to as debt bondage. As outlined, not all professionals understand the implications of debt bondage, including the severe risk to life and limb.

The trust developed between children and caseworkers has enabled them to disclose where they have drug debt (where it is not already known about through police confiscation). Caseworkers have worked with professionals to help develop their understanding of the issue and the safeguarding requirements for the affected children. There are no simple solutions, however keeping the child (and family) safe is the primary objective.

The question of how the debt should be handled is a linked but separate issue. Approaches vary according to the individual circumstances but may include trying to pay off the debt. Where there is significant enforcement activity focused on the line(s) involved in the debt, the threat to the child's life may be reduced if line members are trying to keep a low profile. However, this is by no means foolproof, and the increased threat to the line may lead to escalation of violent attacks and retribution.

### ***Significant and continuing need for a highly valued service***

Statutory services in the one-to-one casework pilot areas, particularly Margate and London boroughs, have greater awareness of county lines activity than some other areas of the country. However, this is not consistent across all organisations, managers and practitioners. Even with relatively well informed and proactive statutory services, SGT's casework is still regarded as providing a vital role if children are to be supported to exit county lines involvement (see assessment by Kent Police in Appendix 1).

SGT had previously delivered professionals training for some statutory services in Thanet – *“before, we didn't know enough about gangs and county lines. The training really helped us to have a higher level of knowledge.”* This is also the case for some London boroughs, some of which also have SGT's SOS Gangs service.

That said, the pilot has revealed that, in common with many parts of the country, including some areas of London, awareness of, and response to vulnerable children involved in county lines is patchy across statutory organisations. This is demonstrated, for example, by children not being regarded as reaching the threshold for child protection plans, and occasions where the serious threat to life posed by county lines involvement is not fully appreciated or responded to appropriately.

Police services in Kent are of high quality (as identified in the HMI report) and there has been a significant amount of work to raise awareness of county lines issues and develop partnership responses. The Margate Task Force (MTF) cross agency initiative has played an important role in facilitating the delivery of the pilot, and the Missing Child and Exploitation Teams (MCET) central to the response to county lines. The pilot has benefited from this partnership approach that puts the vulnerability of the child first and links intelligence on missing episodes and exploitation so that children can be supported more appropriately.

Against the backdrop of generally proactive and informed statutory services, the SGT casework is seen by police as *“a much needed service that officers are not in the right position to provide”*, a comment echoed by YOS and social services.

London has more services to which children can be referred, and many boroughs have cross agency arrangements including integrated gangs units, some of which have embedded voluntary sector workers. Areas outside of London are not so well served, as Kent agencies and mothers report:

*“People don’t understand the levels of risk that our young people face outside of London. Also, we have children and families being placed or moved outside of London, and they generally have problems. They are prime targets for the kind of grooming for county lines and other exploitation.”*

*“I’m really glad I heard about St Giles. It’s good to know that there’s an organisation that understands it (county lines). They are a really vital profession to have on board. There’s really nothing else that can help like this.”* (mother)

There are some high quality voluntary sector services delivering in Kent including Porchlight, Addaction and Breaking the Cycle. However, some do not have the necessary experience and background in the complex area of county lines involvement to be able to provide the specialist support required, particularly with regard to the high levels of risk to life. Others offer valuable services such as mentoring or diversion activities, but not the in depth casework that is necessary to create sustainable progress. SGT works closely with these organisations so that children can make use of their specialist areas of support, avoiding duplication and making the best use of available resources.

The casework capacity for the current pilot (30) is insufficient to meet demand, with waiting lists of referred children. *“What is absolutely clear is that 30 clients is not sufficient to meet demand. On a daily basis we are identify children that are at risk of exploitation and would be worthy of referring into the scheme. Because of the lack of availability of spaces it has been a deliberate decision not to advertise the services provided by St Giles, as simply to date, there is no further room.”* (Kent Police)

Peer Advisor training is currently in its early stages and is beginning to provide additional resource to support the casework role, however, there should not be an over-reliance on volunteer support for this highly challenging work. On the assumption that some Peer Advisors may eventually move into paid support/casework roles, this could provide a useful way of increasing specialist services in Kent and could also have useful applications nationally.

### **Cost savings for statutory services are considerable**

The scope of this evaluation precludes an in-depth analysis of the cost benefit of the casework service. However, some indication of the cost benefits can be provided. Kent police highlight the *“massive savings to resources because they don’t go missing and if they do go off the radar, the caseworker can usually tell us they are OK”*. The following figures provided by Kent police are based on NPCC’s calculation that each missing episode costs police forces £2,415.

For the Dover area, the *“cost saving is considered to be £119,543. This is based upon 13 children over a 6 month period,”* and *“based upon a cohort of 14 children in Thanet, the average savings over a 6 month period is £151,710”*

*“Taken together, this is a total saving (averaged over 6 months) of £271,253. Clearly if this service was expanded upon, the potential time and cost reduction may prove significant.”*

These cost savings are for the missing elements of the police service alone and for two of the three pilot areas. If the related savings, including through other police resources, reductions in putting children in secure accommodation and/or out of area placements, involvement in the criminal justice system and reduced need for social services/YOS intervention is taken into account, it is clear that the outlay of circa £80K for the 7 months service across 3 areas is excellent value for money and provides a significant net saving to the public purse.

The unit cost for the service is around £2,100 per child and family over 7 months. This compares favourably with the average cost of an established and more standard casework service (circa £2,200). Whilst the latter is for a 12 month period, it is for a service delivered in one London borough with established relationships with statutory and voluntary sector partners, as opposed to 3 different areas with significant travel time to cover the area and the need to establish relationships and effective processes in new areas. In addition, the standard casework approach generally involves variable levels of family intervention, rather than consistently significant and intense levels as is the case with the pilot.

If the service were to be continued, there may be some efficiencies as new referrals could be taken on as children move into positive outcomes, thereby reducing the overall unit costs. However, given the uncertainty about future funding, new referrals cannot currently be accepted.

Whilst the service clearly helps to save costs and provides value for money, the issue of which public agency bears the costs of intervention is a continual challenge. Some form of blended funding package that enables local and out of area children to receive support is the most obvious solution.

### **Mutually supportive partnership between voluntary and statutory services**

The approach of SGT and Missing People is to work in close partnership with statutory services, whilst maintaining the distinct *“independent role that means they (children) will engage and have trust.”* This close relationship is not always a feature of voluntary sector service delivery, but is clearly evident in the pilot and is a key contributory factor in supporting children to move away from county lines activity. Where the partnership approach has been most effective in the SGT casework and SafeCall services, the key features include:

- **Clearly defined roles**, recognising the independent yet linked role of the SGT caseworker and SafeCall worker and acknowledging that in order for that role to be effective the child must be able to develop a relationship of trust. *“We work as a team, joint visits, information sharing. She can engage when I can’t, but I’m seeing that the young people are now engaging more with me too – because they see that she trusts me.”*
- **Agreed information and intelligence sharing protocols** where appropriate safeguarding and trust are paramount. This includes caseworkers and SafeCall workers explaining clearly to children the instances in which they will share information. For caseworkers this also includes confidentiality agreements that enable SGT to protect their sources when sharing essential intelligence with the police. There are indications that the introduction of the new General Data Protection Regulation (GDPR) may hamper appropriate (and essential) information sharing. It is hoped that organisations will find ways of ensuring that this critical area of partnership is maintained in the interests of the children being supported.

- **Mutual respect between professionals, professional curiosity** and a willingness to learn from each other's expertise and find joint and sometimes novel approaches for the benefit of children. *"Because she's been on the other side, she has that credibility. I learn a lot from her."*

The partnerships developed through the pilot are proving highly effective in supporting vulnerable children and families. This includes through enhanced or re-engagement of children with statutory services including YOS, social services, CAMHS and PRUs. Caseworkers work with statutory agencies to understand their processes and the impacts for the child, providing advocacy support where needed. This can include drafting letters to the court outlining the support being given, providing valuable input into criminal justice processes so that children can have access to more positive pathways out of offending behaviour.

An additional benefit from both the casework and SafeCall services is that SGT and Missing People work across county boundaries. As identified in the linked scoping report, statutory sector organisations find it challenging to work across local authority and police force boundaries, hindering their response to the county lines business model that is designed to specifically work cross boundary and is extremely adept and effective in achieving it. SGT delivers gang/youth violence/ex-offender services in London, Leeds and Suffolk, as well as through another county lines pilot project in South Wales. This is enabling intelligence to be shared, for example, for a Kent child found in South Wales, as well as effective liaison between London and Kent to arrange support for out of area children.

Similarly, the advantage of Missing People's SafeCall service being nationally available is that where opportunities arise, staff share information between agencies in different areas, for the benefit of the child, even where the service is being provided to a parent/carer. If the service can increase the number of referrals from outside of London, this would provide additional benefits in helping statutory services to work across boundaries.

### A valued phone support service

The SafeCall service aimed to test out the effectiveness of pre-arranged phone support for children returning home after being missing and involved in county lines activity. Missing People offer a range of other services outside of the SafeCall pilot, including live chat for young people and their 24/7 helpline for missing people (including children) and their families. Children and families affected by county lines do make use of these services. The key differences with SafeCall are that it is a specialist service that can be taken up by children, family members and/or professionals through self referral and that it has increased levels of call backs, follow up and cross agency work.

The SafeCall service has given helpful support to participating parents/carers, professionals and children. The experience of delivering SafeCall, as well as wider feedback about the current lack of support for the families of children involved in county lines, suggests that a national help line for family members would provide a much needed service.

Despite significant national promotion and publicity, referrals to SafeCall were lower than anticipated. The majority of referrals from statutory agencies are from London, an area already better served with county lines/gangs services than areas outside of the capital. This may in part be due to the greater awareness of the issue in London (as identified in the linked scoping report) which would result in more staff recognising the value of the service.

Since the majority of take up has been from parents (and mainly mothers) it may also suggest that even where there are on the ground services for children and young people, where there is a lack of capacity for, or inclusion of, significant support for parents/carers, a phone service is very helpful.

27 pre-arranged SafeCall phone calls have successfully been completed. These are not simply one-off phone calls, but result from 358 contact attempts with individuals, indicating the significant level of time and effort that workers invest in delivering the service. Even when contact is established, the calls, particularly with parents, rarely involve a single intervention. The 20 SafeCalls that have supported parents included over 40 phone conversations of varying lengths and complexity, including sharing information with professionals. Just over half of all referrals to SafeCall were for children/young people.

### ***Challenging to engage young people***

The 7 SafeCalls completed with children and young people included a phone call with follow up support in the form of texts, very often a more appealing mode of communication for this group. The texts included a reminder to a young person about a college interview and follow up to find out how it went, providing details about a local Jobcentre and liaising/information sharing with social services (with the young person's permission).

The challenges in engaging children in the phone service seem to centre on the fact that many of those referred may not be 'in the right place' to accept help, and perhaps particularly where this is being suggested by a referral from a professional or a by a parent. For example:

*"She (child) is very evasive and I think her general lack of engagement means that she wouldn't benefit from a phone service"* (social worker) *"He (SafeCall worker) did speak to (my son), but he wasn't very responsive – he didn't see any problem with what he was doing."* (mother)

It can also be difficult to establish the relationship of trust required for full engagement of this group by phone. A 'warm handover' where there is good engagement on the ground, for example, through a return home interview, or as a result of an initial call to Missing People's 24/7 helpline service or live chat (both of which are instigated by the child) appears to have been the most successful means of engagement.

The SafeCall workers are skilled, personable and very pro-active in their approach to engaging those referred to them. Phone or on-line support for children/young people is clearly helpful and in some instances it can be easier to broach difficult subjects this way, as evidenced by Missing People's live chat and 24/7 helpline experience, as well as the successful SafeCalls with children/young people. In addition, SGT caseworkers will provide phone support to the children and families receiving casework services, which is appreciated in addition to face-to-face contact. In these examples, the ability to be able to engage with the child rests either with the child having made the decision to call, the child 'being in the right mindset to engage' or, in the case of the SGT casework, that the phone call is from someone with whom the child (or parent) has already established a relationship.

Whilst the greater take up of SafeCall by parents/carers points to further development of a phone service for this group, it is clear that there should also be the opportunity for children and young people to take up this service when they need to. A recent informal discussion with young people on the edge of involvement in county lines revealed that they would welcome a phone service.

Where children and family members have been successfully engaged, significant work in the form of repeated calls to make contact, takes place to get the engagement and this continues throughout

the support that's offered. Call records and discussions with SafeCall staff show a range of interventions ranging from information, advice and reassurance, to more in depth work with a child, or a parent and range of statutory sector professionals, as illustrated in the following examples:

### ***SafeCall work with a parent***

Child C is 13 years old and believed to be associating with several members of a "local gang" who were suspected of involvement with county lines. Information provided by police indicated that the child had been reported missing on several occasions and that his mother had found him in possession of cannabis that he insisted belonged to someone else. At the time of the referral, it was stated that he would not want to engage with SafeCall but it was felt that his mother would benefit from support.

On initial contact with the mother, she said that her son had been 'hanging around with 16/17 year olds' and went missing either "all weekend or during the day and returns home at 3am." She explained that she often felt intimidated by his behaviour which was 'escalating'. During this first conversation she said she had noticed that her son had a "black eye". She had tried to speak to him about this but he left the house without replying. She said she felt extremely concerned for her welfare and the wellbeing of her son who she felt was "unsafe" at home, and she did not want him to return home.

The mother was advised by the SafeCall worker to make contact with her son's social worker to notify her of her concerns as this would allow time for preparation and reduction of potential risk should he be homeless. The worker also explained that if he returned in the meantime and she felt her safety was comprised, she should contact 101 and let the police know.

As a result of our conversation with the mother and further follow up with other professionals working to support her son, the local authority moved them both to a safe location for 3 weeks. It was agreed that this was for their protection and in order to create a safety plan for their return.

The SafeCall service worked alongside other professionals supporting the mother and providing recommendations to help keep her son safe on his return. The worker also continued to work with the mother whilst she was away from home, providing confidential support, advice and practical information to help the mother keep her son entertained in the local area whilst away.

### ***SafeCall work with a child***

Child M (aged 17) was referred to SafeCall following a return home interview with another voluntary sector organisation. He had been feeling low after he had been kicked out by his mother following an argument and had asked a friend for some help so that he could make money to pay for somewhere to stay. His friend put him in contact with a gang who asked him to run drugs from London to Sussex.

He stated that he felt intimidated by their request and refused to run drugs. He was then threatened and told that he had incurred a debt of £400. He was forced to stay at a cuckooed address and was reported missing on two occasions for up to three weeks at a time.

He was referred into the SafeCall service where he talked at length about how he was feeling on his return. He and the SafeCall team worker created a safety plan to support him in accessing help should the gang make direct contact again. He was also given Missing People's Runaway Helpline details to access free, confidential support, 24/7 to speak to a professional out of hours if he was feeling low.

In agreement with the child, the SafeCall worker shared their concerns and information from the call with the professionals who were working directly with him to enable further planning around his safety. Furthermore, intelligence about the gang, the vehicle used and location were shared with police in the local area to aid intelligence gathering across geographical boundaries.

## **SafeCall provides much needed support for parents/carers**

A key finding identified through piloting the SafeCall service is its potential to provide a much needed form of support for families, particularly parents and carers. Where children are not receiving specialist casework that includes family support, parents can feel isolated and desperate. SafeCall has provided a range of important benefits for parents, including:

- **an essential space for distressed and isolated parents** to talk through shock, anxieties, frustrations and anger with an independent, knowledgeable and skilled person –

*“She let me talk and she listened. It didn’t matter what I talked about. It was fantastic. You can’t do that with social services. I needed someone I could just talk things through with, without being judged. She (worker) picked me up and made me stronger at a point when I didn’t think I could be.”*

*“I needed that person (SafeCall worker). It was really good to have someone independent from the authorities who understood what it was all about”.*

*“She (SafeCall worker) cared about me. She suggested that I talk to my doctor to get some help.”*

*“My son went missing. He was 14. I called Missing People because he’d been gone for 5 days. I’d done a big campaign and eventually I found out he’d been arrested. When my son came back you’re left in no man’s land. You feel completely lost after the initial flurry of the police and social services; nobody explains how to deal with these things. So I called Missing People and spoke to (the SafeCall worker). He was really, really good. He understood what was happening, he was independent so I could talk to him about everything and he gave me really good reassurance. People were pulling me in all directions, giving me their advice and opinions. He told me to go with my gut feeling and that was really helpful.”*

*“I’d seen it (county lines) on the TV, but you never think it’s going to happen to your child. It’s portrayed as a black, violent thing. It’s not just a black crime. It’s such a shock. You need to be able to talk to people who understand.”*

- **helping to increase understanding of county lines involvement** and what is happening with their child – *“She (worker) knew about things like gangs and could explain to me what my son had got involved in. She understands why young people get involved and it’s very helpful to understand that better. She explained grooming to me and why my son might be vulnerable, particularly because of his autism.”*
- **supporting parents to help reconnect with their children** – by offering the space for parents to talk, explore their feelings and voice their frustrations and anxieties, the SafeCall service appears to be helping to improve relationships between parents and children. Very often just having the opportunity to ‘offload’ can help to reduce tensions – *“It was very frustrating before I talked to (the SafeCall worker). My daughter wouldn’t listen. It put a massive wedge between us. Things are much better now.”*

There are also examples of how SafeCall support has helped the wider family. One mother explained that *“I spoke to her about my youngest child who suffers with anxiety. I talked to her about how I’d been keeping myself at home because of the problems. She encouraged me not to give up on trying to get my son back to school and now he is starting to go back.”*

### **An effective bridge between statutory agencies and parents**

Missing People work together with statutory agencies to find ways of supporting the child, for example, through devising safety plans. This is not only helpful for the child, but also the expertise of the SafeCall workers enables social services and other staff who do not have knowledge and expertise in county lines to understand more clearly the experiences and issues facing children and families. Some agencies have requested further briefings.

The SafeCall workers follow strict information sharing protocols, including observing safeguarding processes where appropriate and seeking permission from the client where it would be helpful to share other information for the benefit of the child. Workers are able to pass on valuable intelligence given to them by parents who would not feel able to disclose directly to statutory services, for example, witnessing where a son was forced into a car and threatened at knife point by a gang, believing that a daughter is being sexually exploited by a number of boys believed to be in a gang, and knowledge of a 'Snapchat' video of a daughter in the shower being circulated by a gang.

SafeCall workers have also provided effective mediation between some parents and statutory sector agencies to help build better relationships that can support the child. One worker described how *"there's often a communication barrier between parents and the services. We can help to tackle that barrier and sometimes we'll have parents and social services or YOT on the phone together, where previously they might have clashed."*

The SafeCall worker can often be in the position of having a more complete picture of the issues and needs in a particular case, playing a very helpful role in being able to advocate and mediate to achieve the best outcome for the child, for example, a mother who had concerns about her child but social services were reluctant to engage with her because the child's guardian and residence was with the grandparent. The SafeCall worker took the role of an advocate for the mother by being able to put her concerns to social services. The social worker is now involving the mother in the dialogue about the child which is benefiting both mother and daughter, including through much more positive relationships with social services. In the words of the mother:

*"Social services were coming down on me and I felt like they were blaming me for what happened with my daughter. They decided that she could stay with my mum, but then I was left out of all the discussions – they would only speak to my mum. My daughter was on a child protection plan and they wanted my mum to have guardianship. I was really unhappy about that. After (the SafeCall worker) talked to social services for me, they started including me in discussions about my daughter and giving me information. And now they've asked if I'd like to have the guardianship put on hold. It's still hard, but it's so much better now that I'm involved with what's going on.*

*Social services had to break her (daughter) before she could begin to change and she was in pieces but it needed to be done. From that point, things changed. She came off social media and she's not associating with the gang members anymore. She's my girl again – she'll come and talk to me and ask what I think about something. I wouldn't have got through things without those conversations (with the SafeCall worker). She doesn't just say the things that you want to hear – she really listens, she's very genuine and even over the phone you can feel that she really cares."*

### **Potential for strengthening referral to in-person services**

There is clearly value in the SafeCall service, however, the nature of a phone-based service means that it is limited in the scope of any ongoing support. Referral to face-to-face specialist services where they exist would provide a very helpful follow on from phone support for families and their

children. To date, there have been no referrals from SafeCall to SGT's casework service. This is probably due to the short time period for the pilot (SafeCall was operational only from November 2017). There is significant potential for further partnership development of supported referral from a phone service such as SafeCall to SGT's and, where they exist, other specialist face-to-face services.

The start of the new MOPAC funded pan London county lines service provides a further opportunity for Missing People to create effective cross referral routes not only with SGT, but also with Redthread, Safer London and Abianda.

### ***A need for a phone service***

The steady flow of enquiries from parents to SafeCall, Missing People's other services and to SGT and other voluntary sector organisations, points to a clear demand and need for services, including phone support. Missing People's ability to offer a national service is helpful, particularly where face-to-face services are being developed in areas that currently have no specialist provision.

Parents appear to be highly motivated to make use of web and phone based services, particularly to find out more about what's happening with their child and what they can do to help them.

However, their experiences include that, *"I couldn't find anything useful on the internet"* and *"I tried the NSPCC and it's difficult for them I think – they don't really deal with this kind of stuff."*

As highlighted earlier, an informal consultation with young people on the fringes of involvement in county lines activity revealed that they felt a phone service would be useful. This is interesting given the lack of take up by children of the SafeCall pilot service, but indicates that there are some young people who would welcome the opportunity for a confidential service delivered by knowledgeable and skilled workers. This is backed up by the fact that Missing People's live chat and 24/7 helpline are used by young people who have run away from home (for whatever reason). It may be that a change in the online presence and marketing of a service for county lines affected children/young people could improve take up, especially if it focused on self referral rather than through an agency or the family.

Missing People are in the process of reviewing how to take forward the SafeCall service, including re-branding and improving visibility and accessibility on the website. This would help to address the difficulties that have been experienced by parents and others trying to find information and support. Whilst it is clear that the service needs to be accessible by parents/carers and professionals, it should also be promoted to children and young people.

## Moving forward

The pilot has yielded a wealth of highly useful learning with respect to the relative effectiveness of interventions, key success factors and effective approaches, as well as the need and demand for specialist support services and emerging trends around county lines activity. The interventions have also delivered highly valued and effective support for children and their families.

Whilst the Home Office has agreed to fund SGT specialist support for the existing caseload of children and families to September 2018, and partial funding for the SafeCall service until December 2018, it is hoped that sustainable funding will be found to take forward these successful elements of the pilot work in the longer term.

The proven cost benefits and impacts of SGT's one-to-one specialist casework intervention provides a powerful business case for other public sector commissioners, including the Police and Crime Commissioners, to consider how this type of specialist intervention might be supported in areas that currently have little or no provision and that are experiencing significant impacts from county lines activity. In developing and commissioning specialist casework services to support children, young people and families affected by county lines, the success factors identified in the evaluation (page 16) should be drawn on.

Nationally available phone support such as that piloted through Missing People's SafeCall clearly provides a needed service, particularly for parents and where there is little or no availability of face-to-face services. Developments in web-based and other forms of promotion to increase understanding and take up, combined with more effective referral to other services would establish the intervention as a highly effective element within a range of specialist services.

Consideration should also be given to how other interventions not piloted through this project, but highlighted during the evaluation as gaps that are currently preventing a fully effective response to children's involvement in county lines activity could be delivered. These include:

- Specialist training for professionals (statutory and voluntary sectors), and including police, social services, YOS, schools/PRUs and health services
- Awareness raising for children and young people in schools, PRUs and community facilities to provide the early intervention that could reduce the risk of becoming involved in county lines
- Information and awareness raising for parents and community leaders/activists

To ensure that the continued development and delivery of specialist interventions takes a robust evidence based approach, the evaluation of impact and effectiveness should continue, and results should be shared widely to maximise learning and inform national developments.

The experience and learning from the county lines pilot project has also made a significant contribution to the wider scoping work commissioned by the Home Office which focuses on local issues and solutions, and how a nationally consistent approach to tackle the involvement of vulnerable children in county lines activity can be developed and implemented. Together, the learning and conclusions of the evaluation and scoping work can feed into and be further tested through a variety of Government initiatives including the delivery of various strands of the Serious Violence Strategy, Trusted Relationships work and other key activity focused on tackling violence, vulnerability and exploitation.

## **Appendix: Assessment of SGT Casework Support - DI Neil Watford, Kent Police, MCET**

*"In September 2017 Kent Police underwent a significant change in the policing structure which created divisional Missing Children and Exploitation Teams (commonly referred to as MCET). This team was set up to deal with investigations into missing children and join the aspects of criminal and sexual exploitation which is inextricably linked. The team are based under the Criminal Investigation Department (CID) and works very closely with the Op Raptor teams (gang enforcement), the Community Safety Units, and intelligence departments.*

*In November 2017, MCET became responsible for the referral processes into the St Giles Trust.*

*My observations surrounding the work of St Giles is that this is an invaluable service that provides significant additional safeguarding options given the lack of free disclosure to statutory agencies.*

*The MCET model is built upon the ambition to provide consistency to the child and the services working with vulnerable children. We have seen significant progress in children that have managed to disclose incidents of abuse after a rapport has been built with the officer. Whilst this is invaluable at time of crisis what is lacking is the ability to manage the child through the transition of exploitation. Also, not every child wishes to readily engage with the police or other statutory organisations. This is where the work of the St Giles caseworker is invaluable in understanding the true risks to the child, with the time and dedication to try and improve their chances in life.*

*St Giles have accepted referrals from 30 children across East Division, predominately in the Thanet and Dover districts. Intelligence indicates that both areas are affected by County Line operations, and regularly see young children involved in a variety of different forms.*

*Whilst St Giles has been running for such a short space of time and statistical evaluation is hard to complete however there has been a distinct reduction in the number of missing episodes.*

*The cohort of clients in the Dover area on average had approximately 123 missing episodes in the 6 months prior to St Giles involvement. Post St Giles involvement this has reduced to 49 missing episodes (in 4 months).*

*If these figures are calculated as an average the potential cost saving is calculated to be this is calculated as an average pre and post St Giles involvement to cost saving is considered to be £119,543. This is based upon 13 children over a 6 month period. Clearly if this service was expanded upon, the potential time and cost reduction may prove significant.*

*Notwithstanding the obvious demand reduction and cost saving there are significant qualitative examples where St Giles' input has significantly benefited the safeguarding outcome. Recently a young child became at risk of harm through his involvement in drug criminality. The child was moved from his home address out of the area reducing the possibilities of him coming to harm. The risks to the child were fully understood by statutory organisations due to the work completed by his St Giles key worker and the close working relationship between the various agencies. This meant the move could be facilitated and allowed the coordination of the safety plan surrounding the child to be communicated effectively.*

*What is absolutely clear is that 30 clients is not sufficient to meet demand. On a daily basis we are identifying children that are at risk of exploitation and would be worthy of referring into the scheme. Because of the lack of availability of spaces it has been a deliberate decision not to advertise the services provided by St Giles, as simply to date, there is no further room of their cohorts. I would be fully supportive of any funding options around expanding this service, not only in Thanet and Dover, but across other districts that have similar issues."*